Public Document Pack

Notice of Meeting

Health and Wellbeing Board

Thursday, 25th September 2014 at 9.00am

In the Council Chamber Council Offices Market Street Newbury

Date of despatch of Agenda: Wednesday, 17 September 2014

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact Jessica Bailiss on (01635) 503124
e-mail: jbailiss@westberks.gov.uk

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

West Berkshire
COUNCIL

To: Dr Bal Bahia (Newbury and District CCG), Adrian Barker (Healthwatch), Dr Barbara Barrie (North and West Reading CCG), Leila Ferguson (Empowering West Berkshire), Councillor Marcus Franks (Health and Well Being), Dr Lise Llewellyn (Public Health), Councillor Gordon Lundie (Leader of Council & Conservative Group Leader), Councillor Gwen Mason (Shadow Health and Wellbeing Portfolio Holder), Councillor Joe Mooney (Community Care, Insurance), Councillor Irene Neill (Children and Young People, Youth Service, Education), Matthew Tait (NHS Commissioning Board), Rachael Wardell (WBC - Community Services) and Cathy Winfield (Berkshire West CCGs)

Also to: John Ashworth (WBC - Environment), Jessica Bailiss (WBC - Executive Support), Nick Carter (WBC - Chief Executive), Andy Day (WBC - Strategic Support), Lesley Wyman (WBC - Public Health & Wellbeing), Councillor Graham Pask, Councillor Quentin Webb and Tandra Forster (WBC - Adult Social Care)

Agenda

Part I

			Page No.
	1	**Apologies for Absence** To receive apologies for inability to attend the meeting (if any).	
9.01 am	2	**Minutes** To approve as a correct record the Minutes of the meeting of the Board held on 24 July 2014.	1 - 12
9.07 am	3	**Health and Wellbeing Board Forward Plan** An opportunity for Board Members to suggest items to go on to the Forward Plan.	13 - 16
9.10 am	4	**Actions arising from previous meeting(s)** To consider outstanding actions from previous meeting(s).	17 - 18
9.12 am	5	**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.	

9.15 am 6 **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.

a **Questions submitted by Mrs Pearl Baker to the Health and Wellbeing Board**

1) Will the Board be implementing the new rights of carers as defined in the Care Act 2014?

2) Will the CCG, West Berkshire Council and the Berkshire Health Authority change their current 'stance' on free accommodation now defined below?

The Care Act amends s 117 MHA 1983 and will for the first time provide a definition of what comprises 'after care services' It modifies the first two of Mostyn J's requirements and notably, does away with the third all together. It now defines 'aftercare care services. As services which (i) meet a need arising from or related to the person's mental disorder (ii) reduce the risk of a deterioration of the person's mental condition. (and, accordingly, reducing the risk of the person requiring admission to a hospital again for treatment for the disorder. This would include those individuals placed into accommodation providing care and support as now qualifying to free accommodation under the Care Act 2014.

3) Will the Board look into why Care Manager Co-ordinators are being discharged from their obligation under section 117 enhanced care and support, including regular CPA meetings as defined in policy, leaving vulnerable clients 'at risk' and in breach of their statutory duties , including 'safeguarding'?

4) Will the Board look into why 'a crisis and emergency assessment' is not being carried out, in line with 'safeguarding?'

5) Are there any plans for West Berkshire to host a Care Act day for those Professionals and others interested in how West Berkshire Propose to Implement the Care Act?

6) How do the various agencies link in with the MONITOR who is responsible for monitoring Health and Social Care?

	7	**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

9.25 am	8	**Health and Social Care Dashboard (Tandra Forster/Jessica Bailiss)** Purpose: To present the Dashboard and highlight any emerging issues.	19 - 22

Integration Programme

9.40 am	9	**An update report on the Better Care Fund (Tandra Forster)** Purpose: To keep the Board up to date on progression with the BCF.	23 - 36

Health and Wellbeing Strategy/Joint Strategic Needs Assessment

10.00 am	10	**Draft Health and Wellbeing Strategy available for consultation (Lesley Wyman/Adrian Barker)** Purpose: To consult the Board on the revised Strategy.	37 - 56

Commissioning Plans
No items for discussion.

Public Engagement
No items for discussion.

Finance
No items for discussion.

Governance and Performance
No items for discussion.

Development Plan

10.20 am	11	**Development Plan for the Health and Wellbeing Board (Nick Carter/Marcus Franks)** Purpose: To keep an overview of the Board's progression.	57 - 60
10.40 am	12	**Proposal to merge the Local Strategic Partnership Management group and Health and Wellbeing Board (Nick Carter)** Purpose: To set out a proposal to merge the Local Strategic Partnership Management Board with the Health and Wellbeing Board.	61 - 76

Other issues for discussion

10.50 am	13	**Risk to the CCG if providers do not meet the NHS Constitution rights or pledges for patients (Cathy Winfield)**	77 - 80
11.00 am	14	**Protocol Agreement between the Health and Wellbeing Board and the Safeguarding Adults Partnership Board (Sylvia Stone)** Purpose: To present the Protocol Agreement between the Health and Wellbeing Board and the Safeguarding Adults Partnership Board.	81 - 82
11.10 am	15	**Pharmaceutical Needs Assessment (Lise Llewellyn)** Purpose: To present the PNA to the Board prior to final sign off.	83 - 160

Other Information not for discussion

	16	**Thames Valley Quality Surveillance - Dental Review** Purpose: To inform the Board of the recent dental review carried out by the Thames Valley QSG.	161 - 166
	17	**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. *(Note: There were no questions submitted relating to items not included on this Agenda.)*	

West Berkshire
COUNCIL

18 **Future meeting dates**
27 November 2014
22 January 2015
26 March 2015
28 May 2015

Andy Day
Head of Strategic Support

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

West Berkshire
COUNCIL

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, 24 JULY 2014

Present: Dr Bal Bahia (Newbury and District CCG), Adrian Barker (Healthwatch), Councillor Marcus Franks (Health and Well Being), Rachael Wardell (WBC - Community Services) and Lesley Wyman (WBC - Public Health & Wellbeing) and David Seward (Empowering West Berkshire)

Also Present: Jessica Bailiss (WBC - Executive Support), Nick Carter (WBC - Chief Executive), Andy Day (WBC - Strategic Support), Councillor Roger Hunneman (Deputy Liberal Democrat Group Leader), Heather Hunter (Healthwatch), Jeanette Longhurst (Berkshire West Intergration), Councillor Gwen Mason, Philip McNamara (Newbury and District CCG), Fatima Ndanusa (Public Health), April Peberdy (Public Health) and Cathy Winfield (Berkshire West CCGs)

Apologies for inability to attend the meeting: Leila Ferguson, Dr Lise Llewellyn, Councillor Gordon Lundie and Louise Watson

PART I

14. Election of Chairman and Vice-Chairman for the 2014/15 Municipal Year

Councillor Marcus Franks was voted as Chairman of the Health and Wellbeing Board and Dr Bal Bahia was voted as Vice-Chairman.

15. Minutes

The Minutes of the meeting held on 15 May 2014 were approved as a true and correct record and signed by the Chairman, subject to the following amendment:

Councillor Gordon Lundie had given his apologies for the last meeting of the Board.

16. Health and Wellbeing Board Forward Plan

Marcus Franks confirmed that the forward plan was being revised to reflect the revised Health and Wellbeing Board agendas going foward. This would be circulated to Members of the Board as soon as possible. The forward plan would be discussed at each meeting of the Health and Wellbeing Management Group.

Adrian Barker requested that each Board agenda contained an item on a theme featured in the Health and Wellbeing Strategy/Joint Strategic Needs Assessment, with the aim of giving the Board a better understanding of both areas.

RESOLVED that the idea of each agenda containing a theme featured in the Health and Wellbeing Strategy/Joint Strategic Needs Assessment be discussed at the next Management Board.

17. Actions arising from previous meeting(s)

The actions arising for the previous meeting of the Health and Wellbeing Board were noted by the Board. All actions had been followed up.

18. Declarations of Interest

There were no declarations of interest received.

19. Public Questions

There were no public questions received.

20. Petitions

There were no petitions presented to the Board.

21. Health and Wellbeing Dashboard (Tandra Forster/Phil McNamara)

Tandra Forster presented a slide to the Board, which featured a first attempt at a performance dashboard for the Health and Wellbeing Board.

The dashboard was split into three areas including Adult Social Care, Children's Social Care, Primary Care and the Acute sector. Each area would then contain up to three indicators. Those for Adult Social Care included two indicators around the delayed transfer of care. This included delays due to reasons such as housing or access into the West Berkshire community hospital. Tandra Forster explained that data represented a very vulnerable set of people. The third indicator was around the proportion of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. In essence this was about working with people to help keep then independent. Tandra Forster asked the Board to note that the threshold was currently at critical and therefore reablement was often a challenge.

Tandra Forster sought comments from the Board to gauge if they were satisfied with the information that was proposed for the dashboard or if there was other information they wanted included.

Phil McNamara further explained that Officers had begun looking at the dashboard a few weeks ago, with a view to identifying the key indicators. Many of the metrics identified were currently placed in the wrong areas, for example Clinical Commissioning Groups did not commission Primary Care. However it was reiterated that what the slide showed was an initial attempt and was very much work in progress. Once comments had been sought from the Board the next step would be to draft a further mock up of the dashboard. At one stage a more sophisticated version of the dashboard had been submitted however, the view had been formed that the simpler model was required. Tandra Forster reported that Health and Wellbeing Board's across the country were looking at doing something similar. The aim of the dashboard was to flag up immediate issues across the system that could help to indicate system resilience.

Rachael Wardell stated that it was important to look at what was already regularly reported on, along with that reported on by partner organisations. Rachael Wardell welcomed the idea of presenting the dashboard on one page however, felt that the Board also needed access to the context behind the data.

Cathy Winfield stated that the Better Care Fund (BSF) criteria were very important for the Board to keep an eye on. Tandra Forster further highlighted that there were other providers apart from the Royal Berkshire Hospital who needed to be included.

Cathy Winfield reported that the NHS had an Alamac system for monitoring purposes. This was a live information system that was currently under a lot of pressure. Cathy Winfield stressed that the BCF needed to be included as part of the dashboard.

Rachael Wardell gave further explanation on the Alamac system for those who were not familiar with it. The system had been introduced due to the pressure on hospitals to move people through the system. It included Officers meeting to talk about how issues could be moved forwards. Alamac collected information for example on how many beds were taken up. It flagged issues at the Royal Berkshire Hospital and helped in the identification of these issues so that work could begin to resolve them.

Councillor Graham Pask felt that it was critical that the Health and Wellbeing Board could access the information behind the dashboard. It was confirmed that the dashboard would only go to the Health and Wellbeing Board. Rachael Wardell highlighted that although the dashboard would only be presented to the Board, the indicators were shard more widely.

Phil McNamara stated that a completed version of the dashboard that took account of the comments made by the Board, would be brought the next meeting of the Board in September.

Adrian Barker felt that finance data and feedback from service users would indicate if there were problems within the system however, was sceptical as to whether there were currently any indicators on this. Cathy Winfield reported that some data was collected, which captured patient experience. Tandra Forster added that Adult Social Care carried out an annual survey however, this would be difficult to feed into the dashboard given it was annual and the dashboard would be reported on regularly. Tandra Forster suggested that she could bring the result from the annual survey to the end of year meeting.

Councillor Marcus Franks felt that what had been presented was a good start in developing the dashboard. He acknowledged that the BCF criteria were important however, felt that this could be reported on in the integration section of the agenda.

It was noted that the Children's Social Care section was currently blank. Rachael Wardell agreed that this was a very important area for the Board to view. The Children and Young People's Partnership had recently been disbanded and in doing so Rachael Wardell stated that issues would now come to the Health and Wellbeing Board and therefore there would certainly be a set of indicators for inclusion in the Dashboard.

Dr Bal Bahia stated that the Board only needed to see top level data, which was the aspiration for the dashboard. He stated that it was also about understanding the landscape and being clear on where it should go moving forward.

Lesley Wyman felt that the dashboard as it currently stood would be particularly difficult for the public to understand as it was very complex. Tandra Forster agreed with this and reiterated that the Board was only being presented with a first attempt. Councillor Franks felt that the Primary Care section should include something on quality and also access. The idea of the dashboard was to measure performance and if something was flagged as amber or red, the reasons behind the data could be investigated.

It was agreed that the dashboard needed to be in a completed state before being circulated to the Board. Tandra Forster reported that Jess Bailiss would be responsible for coordinating the dashboard and keeping it up to date.

Phil McNamara suggested that the dashboard go to the Integration Steering Group for discussion before going back to the Board. Tandra Forster stated that the next step was to obtain information from Children's Services, Primary Care and the acute sector.

David Seward noted the title 'System Resilience' and felt that the dashboard was only capturing reactive data rather than taking preventative measure approach. Tandra

Forster reported that the idea was the data would generate discussion, the Board could then put actions in place to help resolve the issue.

Councillor Quentin Webb queried how low numbers would be dealt with as these could generate high percentages. Phil McNamara confirmed that if there were low numbers this would be explained within the narrative.

Cathy Winfield confirmed that the CCG did look at the number of elective admissions. It was also suggested that Primary Care capacity could be looked at. Serious thought was currently being given to how Primary Care needed to change to meet current health needs.

Lesley Wyman reassured all that the preventative agenda and the wider determinants of health would form part of the Health and Wellbeing Strategy and underpinning performance framework.

RESOLVED that a completed version of the dashboard would be brought back to the next Health and Wellbeing Board in September, which took account of the comments made by members of the Board.

22. Integration Programme (Tandra Forster/Steve Duffin/ Phil McNamara)

Tandra Forster introduced her report, which aimed to assure the Board as to the progress on West Berkshire's Better Care Fund (BCF) Programme of work.

The BCF was a Government initiative established to promote integrated working with the NHS and £3.8 billion of investment nationally had been created to fund projects that delivered a more joined up approach to patient/service user pathways. The programme of work was comprised of projects that were being delivered both on a 'Berkshire' West' and West Berkshire basis.

The BCF framework was shaped by three overarching priorities, Elderly Frail, Children and Mental Health. Although work was being completed within each element Elderly Frail was the main focus on the first phase on the programme. There were five projects within the West Berkshire plan, which could be viewed in detail under Appendix A of the report and included:

1. Hospital at Home;
2. Joint Care Provider;
3. Nursing and Care Homes;
4. Health and Social Care Hub;
5. Personal Recovery Guide/Key Worker;

Projects were also underpinned by key enablers, which included:

1. System interoperability:
2. Seven day working
3. Workforce

Philip McNamara reported that the aim was to tick as many of the programme principles as possible, which were shown in the report as a matrix summary.

Philip McNamara moved onto the next section of the report on governance arrangements and highlighted that the Health and Wellbeing Board sat at the top of the governance structure for West Berkshire. Tandra Forster stated that it was important to note that they

were working as a whole system and therefore there was a whole other governance structure for the west of Berkshire.

Two projects were already at an advanced stage of preparation including Hospital at Home and Nursing and Care Homes. It was explained that Hospital at Home was about working with patients and through agreement identifying which patients were happy to be treated at home. Tandra Forster explained that it was a very complex system and there would need to be the involvement of a huge range of services. A pilot run with a single patient would be carried out to test the system. Hospital at Home had worked well in other countries and aimed to reduce demand on acute services.

Councillor Graham Pask queried how General Practitioners (GPs) would be informed about patients choosing to be treated at home. Dr Bal Bahia stated that there should be little impact on GP as responsibility of the patient would lie with the lead from the hospital where they were initially treated.

Philip McNamara reported that there were a certain cohort of patients that Hospital at Home would focus on, particularly younger able patients.

Cathy Winfield confirmed that there was a business case, which provided analysis on efficiency. The programme was currently behind schedule and the Clinical Commissioning Group (CCG) as a result was falling behind with possible savings. It was felt that this was inevitable given the complexity of the project. The business case could be tracked through the Quality, Improvement Productivity and Prevention Plan (QIPP).

Councillor Marcus Franks drew the Board's attention to section three of the report, which looked at the Programme Principles – Summary Matrix and queried why there was no tick for seven day working under Nursing and Care Homes. Philip McNamara confirmed that the tick had been omitted and he would ensure the matrix was revised accordingly.

Councillor Franks questioned the remit of the West Berkshire Integration Steering Group and if it was wider than the BCF agenda. Cathy Winfield confirmed that the remit of the group was wider integration as well as the BCF. Philip McNamara reported that the group largely worked to unblock issues in the system and therefore was very much an operational group, unlike the Health and Wellbeing Board which gave strategic oversight.

Tandra Forster highlighted that workforce did not form part of the BCF but was part of wider integration work taking place.

The Chairman invited Jeanette Longhust (Berkshire West Integration) to speak on the matter, who voiced how important it was to look beyond into the wider integration remit as some projects enabled the BCF to go ahead.

Adrian Barker had noted that the Government had asked for BCF proposals to be re-submitted. Philip McNamara confirmed that there was a revised process concerning the feedback. West Berkshire's approach to the BCF had been perceived in a very positive way and therefore it could be used and tailored to inform other systems.

Rachael Wardell stated that this had been picked up as part of the Fast Track process. Being part of the Fast Track initiative had not necessarily benefitted West Berkshire however, it had helped the Government to gain understanding. Rachael Wardell stressed that the rules of the game had changed that there was now a focus on outcomes in order to receive payment by results. There had been enormous good will by partners to adhere to the changing goal posts however, it was not helping West Berkshire in meeting its objectives.

Cathy Winfield reported that the only benefit to being in the Fast Track cohort was that plans were signed off early, which gave an ability to influence. Cathy Winfield was concerned about the guideline reduction from the Department of Health, to reduce

emergency admissions by 3.5 percent. She was concerned because the level in West Berkshire was already low making this target particularly difficult.

Adrian Barker questioned if money was only received if targets were met. Cathy Winfield reported that the Government were retaining £1 billion which would be performance related. This would only be received if admissions were reduced by 3.5 percent, which was an unrealistic target for West Berkshire where admission rates were already low. If the money was not earned through the payment by results reward scheme the CCG would have to find it from elsewhere, so it was a significant risk.

Resolved that an update report would be brought to each Health and Wellbeing Board meeting.

23. Health and Wellbeing Strategy/Joint Strategic Needs Assessment (Lesley Wyman/Phil McNamara/Tandra Forster)

Lesley Wyman introduced her report, which aimed to inform the Board on the timetable for updating the West Berkshire Health and Wellbeing Strategy (H&WBS). The H&WBS had been developed to provide local partners including West Berkshire Council, Clinical Commissioning Groups (CCGs), Healthwatch and the Voluntary Sector with a jointly-agreed locally determined set of priorities on which to base their commissioning plans within the reformed health and care system going forward.

There were five overarching priorities within the H&WBS including:

- Supporting a vibrant district;
- Giving every child and young person the best start in life;
- Supporting those over 40 years old to address lifestyle choices detrimental to health;
- Reduce childhood obesity in primary school children;
- Promoting independence and supporting older people to manage their long term conditions.

Underneath these priorities sat a whole host of objectives, which made monitoring particularly difficult. Lesley Wyman reported that they were looking to update and refine the objectives and this approach needed buy in from everyone. The H&WBS would then drive individual organisation plans. The aim was to focus largely on areas where joint working was taking place.

There was a changing landscape as part of the Better Care Fund/Integration agenda and this needed to be set out within the H&WBS.

The current Joint Strategic Needs Assessment (JSNA) was very different to how it was in previous years. It was a live online document, which was updated as new data became available.

Lesley Wyman drew attention to Appendix 1, which was an up to date health profile for West Berkshire. It showed that there were no major changes in West Berkshire's health statistics and that it was achieving similar to that nationally. The only indicator that had worsened since 2013 was 'killed and seriously injured on the roads'. The Board needed to consider if this was an area they would wish to focus on.

Lesley Wyman had studied the JSNA closely over the previous week to cross check it with the H&WBS. Comparisons had also been made to other authorities within the same deprivation deciles including Wokingham, Windsor and Bracknell.

Lesley Wyman stated that the H&WBS also needed to focus on vulnerable groups the wider determinants of health and tackling inequalities.

An item on the performance framework that would underpin the H&WBS would be brought to the next Board meeting in September.

RESOLVED that Lesley Wyman would report on the performance framework for the Board at its next meeting in September.

Lesley Wyman moved on to talk about the timetable for updating the H&WBS. A draft version would be brought to the September Board meeting and this would be followed by a consultation period from October through to November. The final version of the H&WBS would be brought the Board for sign off at its meeting in January.

Councillor Graham Pask was keen that focus remained on wellbeing and that preventative work was focused on. He hoped that the wellbeing aspect could be explored further at the next meeting of the Board in September.

Councillor Roger Hunneman noted that under Appendix A a number of the headings were blacked out.

RESOLVED that Lesley Wyman would look into this and report back.

RESOLVED that the Board were happy with the timetable for refreshing the H&WBS.

24. Public Engagement (Adrian Barker)

Adrian Barker introduced his draft report on community engagement to the Board. The aim of the report was to take an initial view of how the Health and Wellbeing Board should address community engagement.

Section four of the report looked at the Board's engagement role. Adrian Barker reported that the Board would mainly rely on work carried out by its members and therefore partners needed to cooperate and bring together what they carried out around engagement. Adrian Barker explained the Protocol set out on page 19 of the agenda, did not drive collective working however, would help form the foundations for this work.

Section five of the report suggested that a long term strategy for engagement be drafted. A lot of work was already being done however, it would be of benefit to bring this together in an environment of limited resources. The strategy would set out what needed to be done to improve engagement moving forward. In the short term Adrian Barker suggested that partners needed to build engagement into each strand of their work.

Adrian Barker drew attention to section seven of the report which set out five proposals for the Board to agree:

1. That a protocol for co-operation on community engagement between the HWB partners be agreed.
2. That those in the HWB partner bodies directly involved in community engagement relevant to health and wellbeing be asked to meet regularly to co-ordinate engagement activities.
3. That those responsible for bringing proposals to the Board or implementing its decisions, be asked to incorporate relevant community engagement from the outset.
4. That a strategy for the development of community engagement be drawn up.
5. That a regular slot for consideration of community engagement be included on the Board's agendas.

Councillor Marcus Franks referred to proposal number two and questioned if engagement could be a regular item on the Management Group agenda rather than

having a separate support group to look at the item. Adrian Barker explained the thinking behind proposal number two in that he felt this group needed to have a more practical nature and involve people who were responsible for engagement in their daily work. Cathy Winfield expressed her support for this approach and hoped that it would bring coherence to engagement work and support consultation on the H&WBS.

Tandra Forster explained that West Berkshire Council had a corporate Communications Team however, there was not somebody who led on communications for Adult Social Care exclusively. Engagement was largely carried out by members of staff as part of their roles.

Dr Bal Bahia commended the Protocol and acknowledged that overall aim of the proposals was to prevent organisations knocking at the same doors, asking the same questions. The engagement group would need to work with people on the front line to coordinate engagement.

It was confirmed that Healthwatch would lead on the community engagement strategy.

RESOLVED that the Board agreed the five proposals set out in the report.

25. Membership of the Health and Wellbeing Board (Andy Day)

Andy Day introduced his report, which proposed changes to the membership of the Health and Wellbeing Board.

In order to ensure that the Board remained equipped to meet the challenges it faced moving forwards it was proposed that the membership of the board be increased for eight to twelve to include:

- **The Portfolio Holder for Children and Young People;**
- **The Portfolio Holder for Adult Social Care;**
- **A Representative from the NHS England Local Area Team;**
- **An additional representative from the CCGs.**

Councillor Marcus Franks proposed that the Shadow Portfolio Holder for Health and Wellbeing also be invited to join the Board.

David Seward felt that the Board might be missing an opportunity in terms of seeking new membership. Andy Day confirmed that the Board were able to invite people to attend Board meetings when required. He reminded the Board that it was also a sub-committee of the Executive. If the membership was to increase beyond that suggested, it would risk becoming a forum. Councillor Franks supported this view and reported that at the recent development session, a clear move towards an executive/decision making model had been chosen.

David Seward felt that children and young people were under represented on the Board. He felt that there was an opportunity to have a new organisations join the Board that could offer new ideas and challenge in an informed way. The Local Strategic Partnership (LSP) had suffered similar challenges to those being experienced by the Health and Wellbeing Board. Councillor Franks explained that the work being carried out by the LSP was allied to this. He acknowledged David Seward's point however, felt that after one year in operation necessary changes were being made to the membership and this could be revisited again in 2015.

Andy Day stated that if a new organisation were to come forward, there was no reason why the Board could not invite them onto the membership if they would be sure to add value.

David Seward reiterated that he would like to see a children and young people representative on the Board as they were obviously a large user group of services. Rachael Wardell stated that the disbandment of the Children and Young People's Partnership due to its lack of momentum, should be seen as an opportunity as issues would now be brought to the attention of the Health and Wellbeing Board.

Councillor Bal Bahia highlighted that the portfolio holder for Children and Young People was being invited to join the Board as part of the report on governance. He felt that as the Board evolved further it would likely change in the future including the people who sat around the table.

RESOLVED that the proposals within the report and the additional proposal by Council Franks to include the Shadow Portfolio Holder for Health and Wellbeing, was agreed by the Board.

26. Protocol on the working arrangements between the West Berkshire LSCB, Health and Wellbeing Board and Munro Implementation Board (Rachael Wardell))

Rachael Wardell drew the Boards attention to the Protocol on the Working Arrangements between West Berkshire Local Safeguarding Children Board, the Health and Wellbeing Board and the Munro Implementation Board, which was for the Board's attention and agreement.

RESOLVED that the Board agreed to the above protocol.

27. Newbury & District CCG Quality Premium 2014/15 (Phil McNamara)

Philip McNamara drew attention to his report regarding Newbury and District Clinical Commissioning Group (CCG) Quality Premium 2014/15. The Quality Premium was a payment from NHS England to CCGs, in order to reward improvement in the quality of services commissioned and for associated improvements in health outcomes and reductions of health inequalities. The Health and Wellbeing Board were being asked to note and approve the CCGs Quality Premium measures for assurance.

The forecast actual potential value of the reward was a maximum of £575k for Newbury and District CCG, which could be invested in improvements in the quality of services that patients received.

Criteria had to be met to receive the funding. There were six measures in total that covered a combination of five national indicators and one local priority.

Cathy Winfield reported that the Royal Berkshire Hospital were high reporters of medication errors and there was concern regarding the national target on medication errors. A target was yet to be agreed with the Royal Berkshire Hospital.

Philip McNamara highlighted that the local measure was 'Carers'. In 2013 the CCG had done very well on identifying carers and a large number of new carers had been identified.

Councillor Franks referred to paragraph 1.7 regarding the acute system and noted the possible risk to the CCG. Cathy Winfield reported that a report could be brought to the next meeting that explained this risk further.

RESOLVED that a report be brought back to the next meeting which elaborated on the risk to the CCG if its providers did not meet the NHS Constitution rights or pledges for patients as set out in the report under paragraph 1.7.

Councillor Franks referred to section two of the report, regarding the measure: Potential years of life lost from causes considered amenable to healthcare (adults, children and young people). Councillor Franks queried the figure of 3.2 percent and questioned whether this was achievable. Philip McNamara agreed that further work needed to be carried out around some of the figures.

Regarding measure two: Improving access to psychological therapies; Councillor Franks queried if this related to capacity or waiting times. Philip McNamara confirmed that the proposal related to activity.

Regarding measure five: Medication errors; Councillor Franks queried what proportion of the problem belonged to primary care. Dr Bal Bahia reported that as part of the annual appraisal process general practitioners were suppose to comment on occurrences of medication errors.

Councillor Graham Pask questioned if targets were agreed by NHS England or if they were negotiable. Philip McNamara reported that some of the measures were nationally driven and there was a package of measures that had to be achieved. There was however, much more control over the local measure on carers.

Rachael Wardell queried what proportion of the CCGs budget £572k represented. Cathy Winfield confirmed that this was small at about half a percent. Rachael Wardell queried if there would be merit in breaking away from the Quality Premium system and the related bureaucracy, particularly when where was not total confidence the funding would be awarded. This could possibly free up resources to accrue funding in other areas. Cathy Winfield stated that a lot of the information required was already collected, apart from for the local measure and therefore it did not make sense for the CCG to withdraw. Many of the areas also fit in with the CCGs overarching programme of work.

RESOLVED that the Board were happy to agree the paper subject to further work on the figures being undertaken.

28. Funding Transfer from NHS England 2014-15 (Tandra Forster)

Tandra Forster drew the Boards attention to her report on page 43 of the agenda, which detailed the funding transfer from NHS England. It was important that the Board were informed on this.

For 2014/15 the funding transfer to West Berkshire Council by the NHS consisted of two allocations. The main component was £1,878 million and an additional granted for preparing the Better Care Fund of £417k. In order to secure the funding, agreement needed to be reached with NHS England on how they were being used. The Health and Wellbeing Board would play an active role in hosting the discussions between the two parties.

Tandra Forster highlighted that there was unlikely to be any under spend on the transfer of money. It was assumed that the template was a standard one used.

Cathy Winfield explained that the transfer funds from NHS England was an annual process however, this year there was an additional sum of money for BCF projects, which had to deliver against the seven criteria. Tandra Forster reported that the Board had already signed off the BCF, which included further detail on how the additional £417 would be spent.

RESOLVED that the Health and Wellbeing Board noted the report outlining the use of 2014/15 transferred monies.

29. Members' Question(s)

There were no Members' questions received.

30. Future meeting dates

It was confirmed that the next meeting of the Health and Wellbeing Board would take place on 25 September 2014.

(The meeting commenced at 9.00 am and closed at 11.20 am)

CHAIRMAN …………………………………………….

Date of Signature …………………………………………….

This page is intentionally left blank

Health and Wellbeing Board Forward Plan 2014/15

Ref.	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
18th September 2014 (Special Meeting)								
	Items for Discussion							
	Intergration Programme							
	Revised BCF Plans	To present the revised Better Care Fund Plans to the Board.	Discussion and approval	TBC	Tandra Forster			
25th September 2014								
	Items for Discussion							
	System Resilience							
	Health and Social Care Dashboard	To present a final version of the dashboard to the Board.	For Information and discussion	28th August	Tandra Forster/Jessica Bailiss	Health and Wellbeing Management Group	Part I	
	Integration Programme							
	An update report on the Better Care Fund	To keep the Board up to date on progression with the BCF.	For Information and discussion	28th August	Tandra Forster			
	Health and Wellbeing Strategy / Joint Strategic Needs Assessment							
	Draft Health and Wellbeing Strategy available for consultation - to include 3 appendices:	To consult the Board on the revised Strategy.	For Information and discussion	28th August	Lesley Wyman		Part I	
	Consultation plan for the Health and Wellbeing Strategy				Adrian Barker		Part I	
	Commissioning Plans/alignment framework				Lesley Wyman		Part I	
	Performance Management				Lesley Wyman		Part I	
	Commissioning Plans							
	No items for discussion							
	Public Engagement							
	No items for discussion							
	Finance							
	No items for discussion							
	Governance and Performance							
	No items for discussion							
	Development Plan							
	Development Plan for the Health and Wellbeing Board	To keep an overview of the Boards progression	For Information and discussion	28th August	Nick Carter/Marcus Franks	Health and Wellbeing Management Group	Part I	
	Proposal to merge the LSP Management group and Health and Wellbeing Board	To set out a proposal to merge the Local Strategic Partnership Management Board with the Health and Wellbeing Board.	To agree the recommendations set out in section 5 of the report.	28th August	Nick Carter		Part I	
	Other Issues for discussion							
	Berkshire West CCGs' Configuration.	To present a proposal to move from four CCGs in Berkshire West to a single CCG with four localities.	For information	28th August	Cathy Winfield		Part I	Withdrawn
	Risk to the CCG if providers do not meet the NHS Constitution rights or pledges for patients		For information	28th August	Cathy Winfield /Phil McNamara		Part I	
	Protocol Agreement between the Health and Wellbeing Board and the Safeguarding Adults Partnership Board	To present the Protocol Agreement between the Health and Wellbeing Board and the Safeguarding Adults Partnership Board.	For discussion and approval	28th August	Silvie Stone (independent chair)	Health and Wellbeing Board Communities Directorate Leadership Team	Part I	
	Pharmaceutical Needs Assessment	To present the PNA to the Board prior to final sign off.	For discussion	28th August	Lise Llewellyn		Part I	
	Other information not for discussion							
	Thames Valley Quality Surveillance - Dental Review	To inform the Board of the recent dental review carried out by the Thames Valley QSG.	For information	28th August	TBC (waiting to hear from Matthew Tait)		Part I	
27th November 2014								
	Items for Discussion							
	System Resilience							
	Health and Social Care Dashboard	To present the Dashboard and highlight any emerging issues	For discussion	30th October	Tandra Forster/Phil McNamara/Jessica Bailiss	Health and Wellbeing Management Group	Part I	
	Integration Programme							

Health and Wellbeing Board Forward Plan 2014/15

Ref.	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
	Integration programme	To present the highlight report on the Health and Social Care Intergration Programme	For Information	30th October	Tandra Forster/Philip McNamara	Health and Wellbeing Management Group	Part I	
	Health and Wellbeing Strategy / Joint Strategic Needs Assessment							
	Finalisation and agreement of the new Health and Wellbeing Strategy	The Board to finalise and agree the Strategy post the consultation period.	For Agreement	30th October	Lesley Wyman	Health and Wellbeing Board, key stakeholders and the public	Part I	
	JSNA Ward Profiles and Assets	To report on how the ward profiles can be used to identify links between deprivation and health.	For Information and discussion	31st October	Lesley Wyman		Part I	
	Commissioning Plans							
	Alignment of Commissioning Plans	To timetable/forward plan the alignment of commissioning plans	For Information and discussion	28th August	Tandra Forster		Part I	
	Public Engagement							
	Finance							
	Governance and Performance							
	Development Plan							
	Other Issues for discussion							
	LSCB Annual Report	To present the LSCB annual report	For information	30th October	Stephen Barber	Health and Wellbeing Board Communities Directorate Leadership Team	Part I	
	Other information not for discussion							
22nd January 2015								
	Items for Discussion							
	System Resilience							
	Health and Social Care Dashboard	To present the Dashboard and highlight any emerging issues	For discussion	11th December	Tandra Forster/Phil McNamara/Jessica Bailiss	Health and Wellbeing Management Group	Part I	
	Integration Programme							
	Integration programme	To present the highlight report on the Health and Social Care Intergration Programme	For Information	11th December	Tandra Forster/Philip McNamara	Health and Wellbeing Management Group	Part I	
	Health and Wellbeing Strategy / Joint Strategic Needs Assessment							
	Commissioning Plans							
	Public Engagement							
	Finance							
	Governance and Performance							
	Health and Wellbeing Performance Report	To give athe first report to the Board on performance against the Health and Wellbeing Strategy.		11th December	Lesley Wyman	Health and Wellbeing Management Group	Part I	
	Development Plan							
	Other Issues for discussion							
	Other information not for discussion							
							Part I	
26th March 2015								
	Items for Discussion							
	System Resilience							
	Health and Social Care Dashboard	To present the Dashboard and highlight any emerging issues	For discussion	26th February	Tandra Forster/Phil McNamara/Jessica Bailiss	Health and Wellbeing Management Group	Part I	
	Integration Programme							
	Integration programme	To present the highlight report on the Health and Social Care Intergration Programme	For Information	26th February	Tandra Forster/Philip McNamara	Health and Wellbeing Management Group	Part I	
	Health and Wellbeing Strategy / Joint Strategic Needs Assessment							
	Final Health and Wellbeing Strategy and Performance Framework	To sign off the final Health and Wellbeing Strategy and Performance Framework	For Information	26th February	Lesley Wyman	Health and Wellbeing Board, key stakeholders and the public	Part I	
	Commissioning Plans							
	Draft Strategy for community engagement	To present the draft strategy to the Board for comment.	For discussion	26th February	Adrian Barker		Part I	
	Public Engagement							
	Finance							
	Governance and Performance							
	Development Plan							
	Development Plan for the Health and Wellbeing Board	To keep an overview of the Boards progression	For Information and discussion	26th February	Nick Carter/Marcus Franks	Health and Wellbeing Management Group	Part I	
	Other Issues for discussion							

Health and Wellbeing Board Forward Plan 2014/15

Ref.	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
	Post Implementation Reflection on Special Education Needs Reforming	To report on the new way of working with Children with Educational Needs	Progress report for information	26th February	Jane Seymour	Health and Wellbeing Board Communities Directorate Leadership Team	Part I	
	Other information not for discussion							
							Part I	
28th May 2015								
	Items for Discussion							
	System Resilience							
	Health and Social Care Dashboard	To present the Dashboard and highlight any emerging issues	For discussion	30th April	Tandra Forster/Phil McNamara/Jessica Bailiss	Health and Wellbeing Management Group	Part I	
	Integration Programme							
	Integration programme	To present the position on integration to the Health and Wellbeing Board.	For Information	30th April	Tandra Forster/Philip McNamara	Health and Wellbeing Management Group	Part I	
	Health and Wellbeing Strategy / Joint Strategic Needs Assessment							
	Commissioning Plans							
	Public Engagement							
	Finance							
	Governance and Performance							
	Development Plan							
	Other Issues for discussion							

This page is intentionally left blank

RefNo	Meeting	Action	FP Ref	Action Lead	Agency	Agenda item	Comment
5	24-Jul-14	Each agenda to contain a theme featured in the Health and Wellbeing Strategy/Joint Strategic Needs Assessment to give the Board a better understanding.		Lesley Wyman	N/A	Health and Wellbeing Forward Plan	To be included on the forward plan once the Health and Wellbeing Strategy is adopted.
6		A completed version of the dashboard would be brought back to the next Health and Wellbeing Board in September, which took account of the comments made by members of the Board.		Tandra Forster/Phil McNamara and Jess Bailiss	West Berkshire Council/CCG	Health and Wellbeing Dashboard	This is on the September agenda
7		An update report on the BCF to be brought to every meeting of the Board		Tandra Forster/Cathy Winfield	West Berkshire Council	Integration Programme	Covered under the Integration Programme section of each the agenda going forward
8		Lesley Wyman would report on the performance framework for the Board at its next meeting in September.		Lesley Wyman	West Berkshire Council	Health and Wellbeing Strategy/Joint Strategic Needs Assessment	This is on the September agenda
9		Lesley Wyman to investigate the blacked out titles on the health profile date sheet for West Berkshire		Lesley Wyman	West Berkshire Council	Health and Wellbeing Strategy/Joint Strategic Needs Assessment	Complete
10		The timetable for the refresh Health and Wellbeing Strategy to be placed into the forward plan		Jessica Bailiss	West Berkshire Council	Health and Wellbeing Strategy/Joint Strategic Needs Assessment	Complete
11		The following five proposals were agreed by the Board:					
12		1. That a protocol for co-operation on community engagement between the HWB partners was agreed therefore needs to be signed.		Adrian Barker/Healthwatch	Healthwatch	Public engagement	To be circulated before Board meetings begins on 25th September
13		2. That those in the HWB partner bodies directly involved in community engagement relevant to health and wellbeing be asked to meet regularly to co-ordinate engagement activities.		Adrian Barker/Healthwatch	Healthwatch	Public engagement	Healthwatch to coordinate
14		3. That those responsible for bringing proposals to the Board or implementing its decisions, be asked to incorporate relevant community engagement from the outset.		Adrian Barker/Healthwatch	Healthwatch	Public engagement	Ongoing requirement
15		4. That a strategy for the development of community engagement be drawn up.		Adrian Barker/Healthwatch	Healthwatch	Public engagement	Added to the forward plan for March 2015
16		5. That a regular slot for consideration of community engagement be included on the Board's agendas.		Health and Wellbeing Management Group	N/A	Public engagement	Public Engagement is now a standing theme on future agendas.
17		It was agreed that the Membership be extended from 8 - 13 to include: The portfolio holders for Children and Young People and Adult Social Care; the shadow portfolio holder for Health and Wellbeing; A representative from NHS England Area Team; An additional CCG representative.		Jess Bailiss		Membership of the Health and Wellbeing Board	Both Support Officers informed.Waiting to hear from Matthew Tait on who will represent NHS England Area Team.
18		A report be brought back to the next meeting which elaborated on the risk to the CCG if its providers did not meet the NHS Constitution rights or pledges for patients as set out in the report under paragraph 1.7.		Cathy Winfield	CCG	Newbury & District CCG Quality Premium 2014/15	This is on the September agenda

This page is intentionally left blank

System Resilience - Health and Social Care Dashboard

Adult Social Care

Ref.	Indicator	Basis	Frequency	2014/15 Benchmark	2014/15 Target	Positive or negative trend (see key)	Latest data
ASC1	Average number of Delayed Transfers of Care which area attributable to social care per 100,000 population (18+)	Berkshire Healthcare NHS Foundation Trust	Monthly			↑	1.5 (July)
		Great Western Hospitals NHS Foundation Trust				↔	0 (July)
		Hampshire Hospitals NHS Foundation Trust				↑	2.7 (July)
		Oxford University Hospitals NHS Trust				↑	0.2 (July)
		Royal Berks NHS Foundation Trust				↑	1.3 (July)
		Total West Berkshire			4	↑	5.7 (July)
ASC2	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%	↑	90% (Q4)
ASC3	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				Awaiting data See Appendix 1
ASC4	Proportion of clients with Long Term Service receiving a review in the past 12 months	West Berkshire Council Adult Social Care	Quarterly				Awaiting data See Appendix 1

Children's Social Care

Ref.	Indicator	Basis	Frequency	2014/15 Benchmark	2014/15 Target	Positive or negative trend (see key)	Latest data
CSC1	The number of looked after children per 10,000 population	West Berkshire Children's Services	Quarterly		Between 38 and 46 per 10,000	↓	50.2 (Q1)
CSC2	The number of child protection plans per 10,000 population	West Berkshire Children's Services	Quarterly		Between 28 and 34 per 10,000	↓	39.2 (Q1)
CSC3	The number of Section 47 enquiries per 10,000 population	West Berkshire Children's Services	Quarterly		Between 20 and 25 per 10,000.	↓	27.9 (Q1)
CSC4	To maintain a high percentage of (single) assessments being completed within 45 working days	West Berkshire Children's Services	Quarterly		70%	↓	91% (Q1)
CSC5	Looked after children cases which were reviewed within required timescales	West Berkshire Children's Services	Quarterly		99%	↓	98% (Q1)
CSC6	Child Protection cases which were reviewed within required timescales	West Berkshire Children's Services	Quarterly		99%	↑	98% (Q1)

Acute Sector

Ref.	Indicator	Basis	Frequency	2014/15 Benchmark	2014/15 Target	Positive or negative trend (see key)	Latest data
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%	↑	96.9% (July 2014)
		Hampshire Hospitals NHS Foundation Trust				↓	93.8% (July 2014)
		Great Western Hospitals NHS Foundation Trust				↑	97.2% (July 2014)
AS2	Average number of Delayed Transfers of Care (all delays) per 100,000 population (18+)	Berkshire Healthcare NHS Foundation Trust	Monthly			↑	1.5 (July 2014)
		Great Western Hospitals NHS Foundation Trust				↑	0.4 (July 2014)
		Hampshire Hospitals NHS Foundation Trust				↓	3.2 (July 2014)
		Oxford University Hospitals NHS Trust				↑	1.1 (July 2014)
		Royal Berks NHS Foundation Trust				↑	3.8 (July 2014)
		Total West Berkshire		14.7 (2012/2013		↑	9.9 (July 2014)
AS3	**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%	↓	71.7% (June 2014)
AS4	A&E Attendances	TBC	TBC		TBC		Awaiting data
AS5	Number of non elective admissions	Royal Berks NHS Foundation Trust	Monthly				Awaiting data
		Hampshire Hospitals NHS Foundation Trust					Awaiting data
		Great Western Hospitals NHS Foundation Trust					Awaiting data
AS6	Numbers of 111 calls	Berkshire	Monthly				Awaiting data

Arrow key

Arrow	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

Acute Sector (continued)

Ref.	Indicator	Basis	Frequency	2014/15 Benchmark	2014/15 Target	Positive or negative trend (see key)	Latest data
AS7	Proportion of 111 calls converted to 999						Awaiting data
AS8	Friends and Family test - in - patient score	Royal Berks NHS Foundation Trust	Monthly				Awaiting data
		Hampshire Hospitals NHS Foundation Trust					Awaiting data
		Great Western Hospitals NHS Foundation Trust					Awaiting data
AS9	Friends and Family test - A&E score	RBFT	Monthly				Awaiting data
		HHFT					Awaiting data
		GWH					Awaiting data

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

Primary Care

Ref.	Indicator	Basis	Frequency	2014/15 Benchmark	2014/15 Target	Positive or negative trend (see key)	Latest data
PC1	GP referrals to secondary Care	CCG level	Quarterly		TBC		Awaiting data
PC2	Friends and Family Test	TBC			TBC		Data not yet available
PC3	Access metric to be defined	TBC	TBC		TBC		Data not yet available

Community Services

Ref.	Indicator	Basis	Frequency	2014/15 Benchmark	2014/15 Target	Positive or negative trend (see key)	Latest data
CS1	Mental Health - Crisis response % of responses witih 4 hours	Berkshire West	quarterly from Q2		85% Q2, 90% Q3 and 95% Q4		Not yet provided
CS2	Average number of Delayed Transfers of Care (all delays)	Berkshire Healthcare Trust	monthly		no target		Awaiting data
CS3	Rapid access to Community Services: 2 hour crisis reponse by Community Nursing and Rapid Response	Berkshire West	quarterly from Q2		90%		Not yet provided

Appendices

Appendix 1 - Indicator/Target Narrative

Appendix 1

Adult Social Care		
Ref.	**Target Narrative**	**Further explanation on indicator**
ASC1	**Adult Social Care Framework 2C Part 2** **This data is sourced from NHS England**	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
ASC2	**Adult Social Care Framework 2B Part 1**	(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). 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.
ASC3		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.
ASC4		Please see explanation for ASC3. 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 Tea, professional support but excludes all short term services and low level support.

Children's Social Care		
Ref.	**Target Narrative**	**Further explanation on indicator**
CSC1	**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.**	Looked after child: These are children who are looked after by the authority
CSC2		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.
CSC3		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.
CSC4	**Target Numbers come from those set in Children's Services' Service Plan. Trend data is based on the last quarter.**	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.
CSC5		
CSC6		

Acute Sector		
Ref.	**Target Narrative**	**Further explanation on indicator**
AS1		
AS2	**Adult Social Care Framework 2C Part 1** **See ASC1**	See ASC1
AS3		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.
AS4		
AS5		
AS6		
AS7		
AS8		
AS9		

Primary Care		
Ref.	**Target Narrative**	**Further explanation on indicator**
PC1		
PC2		
PC3		

Community Services		
Ref.	**Target Narrative**	**Further explanation on indicator**
CS1		
CS2		
CS3		

This page is intentionally left blank

Title of Report:	**Better Care Fund – Progress Report**
Report to be considered by:	Health and Wellbeing Board
Date of Meeting:	25th September 2014
Forward Plan Ref:	N/a

Purpose of Report: **To inform the Health and Wellbeing Board on the current position regarding the Better Care Fund schemes.**

Recommended Action: **The Health and Wellbeing Board note the report.**

Reason for decision to be taken: No decision required

Other options considered: None

Key background documentation: None

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

1. Introduction

1.1 This covering report introduces highlight reports drafted to update the Health and Wellbeing Board about progress on West Berkshire Better Care Fund projects.

2. Background

2.1 The Better Care Fund (BCF) has been established, using existing CCG funding, to promote greater integration between Health and Social Care. Whilst final approval of the plans by the Department of Health is not expected until November, work to deliver the projects is underway.

2.2 The West of Berkshire Integration Programme has been established around 3 key priorities – Elderly Frail, Mental Health and Children. The initial focus is on Elderly Frail as this is seen as the area that will create the most demand and BCF projects were selected on the basis that they would have the most impact in addressing this area.

3. BCF Projects

3.1 The BCF proposals comprised 7 schemes which have now been grouped into 5 projects:

(1) **Hospital At Home**

Reducing non-elective admissions into hospital by enabling patients to receive treatment in their own home

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

Create a single point of contact for health and social care services

(3) **Enhanced Care and Nursing homes support**

Reduce non-elective admissions from care homes by enhancing the level of support available to homes from health professionals.

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

Developing a more cohesive service which will reduce duplication, improve access and increase capacity. This will allow us to support more people to regain their independence after a stay in hospital and reduce demand for longer term care.

(5) **Personal Recovery Guide**

Reduce delayed transfers of care by supporting vulnerable clients to navigate the health and social care system.

3.2 Project progress is variable as some projects were already well underway as part of the CCGs QIPP savings programme. All have appointed project managers, nominated project teams and plans in place.

3.3 Going forward it is intended to keep Health and Wellbeing Board sighted on progress through the use of Highlight Reports. The first set is provided at Appendix A.

4. Other key deliverables that support integration

4.1 In addition to the main projects it is recognised that information sharing and workforce capacity need to be addressed to ensure effective integration. Both have appointed project managers, nominated project teams and plans in place. Highlight reports on these will be provided at the next meeting.

Appendices

Appendix A – Hospital at Home Project Highlight Report
Appendix B - Care Home CES in Berkshire West Project Highlight Report
Appendix C - Integrated Health & Social Care Hub Project Highlight Report
Appendix D - Joint Care Provider Project Highlight Report
Appendix E - Personal Recovery Guide / Key worker Project Highlight Report

Consultees

Local Stakeholders: n/a

Officers Consulted:

Trade Union: Not applicable

This page is intentionally left blank

Appendix A

Berkshire Healthcare NHS
NHS Foundation Trust

PROJECT HIGHLIGHT REPORT

NHS
Newbury and District
Clinical Commissioning Group

West Berkshire
COUNCIL

Programme Details (If Appropriate)	
Programme Title:	**Hospital at Home**
Programme Manager:	Katie Summers

Project Details		Report No:	1
Project or Work Package Title:	Hospital at Home		
Key Objectives:	The safe and effective management of high acuity patients in their usual place of residence who would otherwise have been admitted to secondary care. All suitable patients are assessed and transferred onto the service in a timely way with a comprehensive care plan in place. The provision of timely assessment and delivery of care/treatment plans, which are delivered through multiagency care coordination and information sharing, reducing duplication and unnecessary hand-offs between agencies Avoidable admissions from Hospital at Home are prevented through robust risk assessment prior to transfer onto the service. An increase in the provision of high acuity care in a primary, community or home environment, where appropriate. Increase in the level of clinical skills within the community required to safely manage higher acuity patients Reduction in spend in non-elective admissions into secondary care of the cohort identified in the original business case Delivery of an integrated approach with other health and social care services		
Report Period:	August 2014		
Report Author:	David Lighterness		
Project Sponsors:	Katie Summers - SRO Dr Johan Zylstra - Clinical Lead		
Project Manager:			

Project Maintenance Activities	
Risk Register reviewed\updated on	1st August 2014
Expenditure Forecast reviewed\updated on	21st August 2014
Project Plan reviewed\updated on	1st August 2014

Project Budget Status			
Red – Forecast spend unlikely to be able to be managed within available budget Amber – Spend to date exceeds forecast at this stage but can be managed within budget Green – Spend on target, no risks or issues identified			**Amber**
Total Project Budget:	**Forecast Spend :**	**Actual Spend to date:**	

PROJECT HIGHLIGHT REPORT

Berkshire Healthcare NHS
NHS Foundation Trust

NHS
Newbury and District
Clinical Commissioning Group

West Berkshire
COUNCIL

Comments on Budget Status:	

Schedule Status:

Red – Project behind schedule at present and is unlikely to be managed within original schedule Amber – Project behind schedule at present but can be managed within original schedule Green – Project on schedule, no risks or issues identified	**Amber**
Comments on Schedule Status:	Implementation of Project delayed from original business case timelines. Proof of Concept planned to start week commencing 22nd September 2014 with go-live likely to be in Quarter 4 2014/15

Progress this period:

- Dummy-run completed
- Proof of Concept Proposal including resource requirements audit approved
- Draft service specification in development
- Revised Risks and Issues log developed

Key events not achieved:

Non delivery of NEL QIPP target for the ytd period

Key events & targets for next period:

- Audit to be completed week commencing 8th September, with results collated following week
- POC Standard Operating procedures (SOPs) to be reviewed and completed
- POC criteria including supplementary requirements for initial weeks, governance, and reporting processes to be defined and agreed.
- Format for reporting the measures of success for the POC to be completed
- Leaflet for patients to be revised and updated
- Service Spec to be completed
- POC go-live week commencing 22nd September
- Contracting and payment mechanisms to be agreed

New issues raised in this period:

New risks identified in this period:

Change Requests/Exceptions reported in this period:

- None

Appendix B

Berkshire Healthcare NHS
NHS Foundation Trust

PROJECT HIGHLIGHT REPORT

NHS
Newbury and District Clinical Commissioning Group

West Berkshire COUNCIL

Programme Details (If Appropriate)	
Programme Title:	**Enhanced Care and Nursing homes support**
Programme Manager:	Katie Summers

Project Details		Report No:	1
Project or Work Package Title:	Care Home CES in Berkshire West		
Key Objectives:	A Community enhanced Service (CES) has been developed is to enhance the quality of comprehensive medical cover for all residents of registered Care Homes in Berkshire West. The objective of the Care Home CES implementation presents the case to reduce non-elective admissions - Introducing Community Enhanced Service to promote Supportive Care Planning - Fund additional Nurse trainers to Care Homes across West Berkshire - Revise the BHFT contract to mobilise IV therapy within Nursing Homes to reduce unnecessary admissions		
Report Period:	August 2014		
Report Author:	Kurren Varma		
Project Sponsors:	Katie Summers - SRO Dr Johan Zylstra - Clinical Lead		
Project Manager:	Kurren Varma		

Project Maintenance Activities	
Risk Register reviewed\updated on	1st August 2014
Expenditure Forecast reviewed\updated on	21st August 2014
Project Plan reviewed\updated on	1st August 2014

Project Budget Status			
Red – Forecast spend unlikely to be able to be managed within available budget Amber – Spend to date exceeds forecast at this stage but can be managed within budget Green – Spend on target, no risks or issues identified			**Amber**
Total Project Budget:	**Forecast Spend :**	**Actual Spend to date:**	
Comments on Budget Status:	On track		

Schedule Status:	
Red – Project behind schedule at present and is unlikely to be managed within original schedule Amber – Project behind schedule at present but can be managed within original schedule Green – Project on schedule, no risks or issues identified	**Amber**
Comments on Schedule Status:	5 out of 11 Newbury practice are signed up as of August 2014. By this stage we would have liked to have definitive answers from all practices in order to push forward as lower than expected sign up rates will have an impact on the planned reduction in NEL & QIPP savings for this quarter.

PROJECT HIGHLIGHT REPORT

Berkshire Healthcare NHS
NHS Foundation Trust

NHS
Newbury and District
Clinical Commissioning Group

West Berkshire
COUNCIL

Progress this period:

- Development of Care Home performance monitoring report, by care home
- BHFT to concentrate In reach Care Home Team on Care home with high NEL admission rates
- Care Home training support from Thames Valley Leadership Academy to be worked through

CES Sign up, as of 28/08/14:

- Newbury & District – 5 out of 11

Initial correspondence with those outstanding has been made with the view of sign up to be completed by the end of September.

Reduction in NEL Admissions – Overall decrease in Activity.

Data Set	M01	M02	M03
2013-14 Actual	8	12	14
2014-15 Actual	18	13	12
2014-15 Plan	5	7	8

Variation Target	13	6	4
Variation Target %	294.2%	89.8%	50.2%

Key events not achieved:

- Non delivery of NEL QIPP target
- 100% sign up by all practices not achieved

Key events & targets for next period:

<u>September 14</u>

- Aim to have 100% response rate from practices with regards to CES sign up.
- HRG analysis to ensure that In-Reach team are providing tailored training to Care Homes.
- Development of functional Monitoring Report

New issues raised in this period:

- Lack of Practices signing up to CES in Newbury.

New risks identified in this period:

- None

Change Requests/Exceptions reported in this period:

- None

Appendix C

PROJECT HIGHLIGHT REPORT

Berkshire Healthcare NHS
NHS Foundation Trust

NHS
Newbury and District
Clinical Commissioning Group

West Berkshire
COUNCIL

Programme Details (If Appropriate)	
Programme Title:	Better Care Fund Change Programme
Programme Manager:	Steve Duffin

Project Details		Report No:	1
Project or Work Package Title:	Integrated Health & Social Care Hub		
Key Objectives:	To create an effective integrated single point of access for health and social care across West Berkshire, Reading and Wokingham by: • providing one centralised point of contact across the whole system for patients, service users and health/social care professionals, available 24/7; and, • developing a model that provides simplified processes, a consistent approach, equity of access to services, less bureaucracy and less duplication		
Report Period:	August 2014		
Report Author:	Jane Brooks		
Project Sponsors:	SRO – Katie Summers		
Project Manager:	Jane Brooks		

Project Maintenance Activities	
Risk Register reviewed\updated on	Project due to commence 8 Sept 2014
Expenditure Forecast reviewed\updated on	Project due to commence 8 Sept 2014
Project Plan reviewed\updated on	Project due to commence 8 Sept 2014

Project Budget Status			
Red – Forecast spend unlikely to be able to be managed within available budget Amber – Spend to date exceeds forecast at this stage but can be managed within budget Green – Spend on target, no risks or issues identified			Green
Total Project Budget:	Forecast Spend :	Actual Spend to date:	
£68,000k	tbc	£0	
Comments on Budget Status:	West Berkshire contribution is £68,000 for 2015/16; funded from the Better Care Fund		

Schedule Status:	
Red – Project behind schedule at present and is unlikely to be managed within original schedule Amber – Project behind schedule at present but can be managed within original schedule Green – Project on schedule, no risks or issues identified	Green
Comments on Schedule Status:	The Project is due to commence 8 Sept 2014 when timescales will then be determined for delivery. The aim is to have an agreed model of an integrated health and social care hub in place and operational by June 2015 at the latest, although this might be in the form of a pilot across a smaller area initially, to ensure the success of the initiative prior to full roll-out.

PROJECT HIGHLIGHT REPORT

Berkshire Healthcare NHS
NHS Foundation Trust

NHS
Newbury and District
Clinical Commissioning Group

West Berkshire
COUNCIL

Progress this period:

- Project Manager in post
- Initial meeting of Project Board scheduled for 8 Sept 2014

Key events not achieved:

n/a

Key events & targets for next period:

September 14

- Project Board members & Project Team to be agreed
- Initial scoping Meeting to take place & review of Project Initiation Document
- Plan for workshop to allow wider engagement with key stakeholders and options to be identified

October 14

- Following workshop, options to be considered incl cost/benefit analysis
- Draft Memorandum of Understanding for consideration

New issues raised in this period:

n/a

New risks identified in this period:

n/a

Change Requests/Exceptions reported in this period:

n/a

Appendix D

Berkshire Healthcare NHS
NHS Foundation Trust

PROJECT HIGHLIGHT REPORT

NHS
Newbury and District
Clinical Commissioning Group

West Berkshire
COUNCIL

Programme Details (If Appropriate)	
Programme Title:	**Better Care Fund Change Programme**
Programme Manager:	Steve Duffin

Project Details		Report No:	1
Project or Work Package Title:	Joint Care Provider (Incorporating 7 Day Working and Direct Commissioning by Community Nurses)		
Key Objectives:	Joint Care Provider established with single management structure and joint commissioning. Affordable 7 day services in place across all relevant organisations that ensure appropriate levels of support are available for residents of West Berkshire. Simple and responsive commissioning arrangements in place to support Community Nurses.		
Report Period:	August 2014		
Report Author:	Steve Duffin		
Project Sponsors:	Tandra Forster – WBC and Fiona Slevin-Brown - CCG		
Project Manager:	TBC		

Project Maintenance Activities	
Risk Register reviewed\updated on	14th August 2014
Expenditure Forecast reviewed\updated on	21st August 2014
Project Plan reviewed\updated on	14th August 2014

Project Budget Status			
Red – Forecast spend unlikely to be able to managed within available budget Amber – Spend to date exceeds forecast at this stage but can be managed within budget Green – Spend on target, no risks or issues identified			**Red**
Total Project Budget:	**Forecast Spend :**	**Actual Spend to date:**	
To be confirmed	£185,000	£0	
Comments on Budget Status:	Whilst an allocation has been made from 'Call to Action' money no funds have yet been received		

Schedule Status:	
Red – Project behind schedule at present and is unlikely to be managed within original schedule Amber – Project behind schedule at present but can be managed within original schedule Green – Project on schedule, no risks or issues identified	**Green**
Comments on Schedule Status:	No BCF plans have received final approval from Department of Health (not expected until October / November) and the main BCF monies will not be available until April 15. It is therefore important that this project does not go-live and incur costs for any organisation until April 15 at the earliest.

PROJECT HIGHLIGHT REPORT

Progress this period:

- Project Brief approved by Integrated Care Steering Group on 14th August 2014
- All organisations have identified project team members
- Project Manager proposed by WBC and appointment being progressed

Key events not achieved:

- Funding to allow release of key project staff not yet received

Key events & targets for next period:

September 14

- Obtain funding to allow staff to be released to work on the project
- Project manager appointment to be confirmed
- Scoping Meeting to take place
- Options to be identified, considered and the potential solutions costed

October 14

- Joint Provider Model to be agreed
- Affordable 7 Day Service model to be agreed
- Procedure allowing direct commissioning of social care by Community Nurses to be agreed and documented

New issues raised in this period:

- Lack of clarity around the impact of the recently announced national changes to funding arrangements
- Use of BCF monies not adhering to the HWB agreed plans.

New risks identified in this period:

- Uncertainty surrounding the existence of the BCF after 2015/16 – risk is ongoing cost commitments being made by organisations without certainty of future funding.

Change Requests/Exceptions reported in this period:

- None

Appendix E

PROJECT HIGHLIGHT REPORT

Programme Details (If Appropriate)	
Programme Title:	**Better Care Fund Change Programme**
Programme Manager:	Steve Duffin

Project Details		**Report No:**	**1**
Project or Work Package Title:	Personal Recovery Guide / Keyworker		
Key Objectives:	Reduced length of hospital stays for elderly patients. Improving the patient experience by providing a smoother discharge pathway and quicker access to the full range of voluntary and statutory services. Supporting patients and their carers to be as independent as possible.		
Report Period:	August 2014		
Report Author:	Steve Duffin		
Project Sponsors:	Ian Mundy – Locality Director Dr Bal Bahia – Clinical Lead NDCCG		
Project Manager:	TBC		

Project Maintenance Activities	
Risk Register reviewed\updated on	14th August 2014
Expenditure Forecast reviewed\updated on	21st August 2014
Project Plan reviewed\updated on	14th August 2014

Project Budget Status			
Red – Forecast spend unlikely to be able to be managed within available budget Amber – Spend to date exceeds forecast at this stage but can be managed within budget Green – Spend on target, no risks or issues identified			**Red**
Total Project Budget:	**Forecast Spend :**	**Actual Spend to date:**	
To be confirmed	£173,000	£0	
Comments on Budget Status:	Whilst an allocation has been made from 'Call to Action' money no funds have yet been received		

Schedule Status:	
Red – Project behind schedule at present and is unlikely to be managed within original schedule Amber – Project behind schedule at present but can be managed within original schedule Green – Project on schedule, no risks or issues identified	**Green**
Comments on Schedule Status:	No BCF plans have received final approval from Department of Health (not expected until October / November) and the main BCF monies will not be available until April 15. It is therefore important that this project does not go-live and incur costs for any organisation until April 15 at the earliest.

Berkshire Healthcare NHS
NHS Foundation Trust

PROJECT HIGHLIGHT REPORT

NHS
Newbury and District
Clinical Commissioning Group

West Berkshire
COUNCIL

Progress this period:

- Project Brief approved by Integrated Care Steering Group on 14th August 2014
- All organisations have identified project team members
- Project Manager proposed by WBC and appointment being progressed

Key events not achieved:

- Funding to allow release of key project staff not yet received

Key events & targets for next period:

September 14
- Obtain funding to allow staff to be released to work on the project
- Project manager appointment to be confirmed
- Scoping Meeting to take place
- Options to be identified, considered and the potential solutions costed

October 14
- Key decision around service delivery method to be taken (employed staff, commissioning, use of voluntary sector or combination)
-

New issues raised in this period:

- Lack of clarity around the impact of the recently announced national changes to funding arrangements
- Use of BCF monies not adhering to the HWB agreed plans.

New risks identified in this period:

- Uncertainty surrounding the existence of the BCF after 2015/16 – risk is ongoing cost commitments being made by organisations without certainty of future funding.

Change Requests/Exceptions reported in this period:

- None

Agenda Item 10

Title of Report:	**Draft Health and Wellbeing Strategy**
Report to be considered by:	The Health and Wellbeing Board
Date of Meeting:	25 September 2014

Purpose of Report: To present a new Health and Wellbeing Strategy in draft form

Recommended Action: For discussion and consultation

Health and Wellbeing Board Chairman details	
Name & Telephone No.:	Marcus Franks ((01635) 841552
E-mail Address:	mfranks@westberks.gov.uk

Contact Officer Details	
Name:	Lesley Wyman
Job Title:	Head of Public Health and Wellbeing
Tel. No.:	01635 503434
E-mail Address:	lwyman@westberks.gov.uk

Executive Report

1. Background

1.1 The current West Berkshire Health and Wellbeing Strategy was adopted by the Health and Wellbeing Board in 2013. At the time of writing the Board was in its first full year, Public Health and Wellbeing had newly transitioned from the NHS into local government and the integration of health and social care was beginning to come centre stage.

1.2 The priorities that were selected within the H&WB Strategy were drawn from the Joint Strategic Needs assessment and based on the needs of the residents according to the most up to date information and data available. Five priorities were identified and within each priority area, a further six objectives were set out. Having 30 objectives made it very difficult to develop a performance framework and monitor progress in all areas.

1.3 The current Strategy contains a broad discussion about how the H&WB Board will work together to provide systems leadership to the health and social care delivery system across the district. This agenda has moved on considerably with the introduction of the Better Care Fund and its initial focus on caring for the frail elderly. Additional focal areas are mental health and children.

1.4 The H&WB Strategy will be much clearer about the integration of health and social care, beginning a process of bringing together commissioning plans for the NHS and local government

1.5 A decision has been made to rewrite the Health and Wellbeing Strategy, developing a new set of priorities that are more focused and clear with an accompanying performance framework. A decision will be required by the H&WB Board on whether the new H&WB Strategy should also contain the priorities that are currently within West Berkshire Council's Sustainable Communities Strategy, namely the wider determinants of health including economic development, housing, transport, sustainability, community development and community safety. The H&WB Strategy could refer to the Sustainable Communities Strategy so that all priorities will be addressed between them (keeping 2 strategies to cover all the priorities). Alternatively the priorities relating to the wider determinants of health can be removed from the Sustainable Communities Strategy and included in the Health and Wellbeing Strategy (all priorities in the one H&WB Strategy).

1.6 In the draft strategy the wider determinants have been added to the priorities on a page for consideration. If they are included clear outcomes will be added to the strategy to drive the work of the partnerships who will deliver outcomes on the wider determinants of health and wellbeing.

2. The new draft Health and Wellbeing Strategy is found as Appendix 1.

2.1 The following sections are included;

- Foreword written by Marcus and Bal (full titles and names to be added)
- Introduction – working in partnership to address the health and wellbeing of West Berkshire.
- Health and Wellbeing Board membership and responsibilities

- Outline of the picture of health and wellbeing in West Berkshire and challenges faced
- Discussion on the bringing together of the Health and Wellbeing Strategy and the Sustainable Communities Strategy and demonstrating how the Strategy will inform commissioning plans in both health and social care.
- Vision of Health and wellbeing in West Berkshire
- Underlying principles of how services will be commissioned to achieve the vision
- .overarching outcomes
- Priorities on a page
- Explanation of why each one is a priority. If the wider determinants are included then we will need additional explanation of how they affect health and wellbeing in West Berkshire.
- Outcomes Frameworks overlap
- Integration agenda including Better Care Fund.
- Joint commissioning approach.

2.2 The appendices in the Strategy are

Appendix 1 – consultation plan
Appendix 2 – performance monitoring framework
Appendix 3 – plans for joint health and social care commissioning alignment

Appendices

Appendix 1 – Draft West Berkshire Health and Wellbeing Strategy

Appendix 1

Draft

West Berkshire Health and Wellbeing Strategy

***Foreword** – To be completed.

Introduction

In West Berkshire we want to help people live longer, healthier and more fulfilling lives, and to improve the health of the poorest, fastest. Good health and wellbeing will be achieved by work on many fronts:

- ✓ protecting people from communicable diseases and adverse weather conditions,
- ✓ preventing ill health and disease,
- ✓ promoting positive health and wellbeing,
- ✓ increasing awareness of health risks and enabling individual behaviour change
- ✓ creating environments where healthy choices are the easy choices
- ✓ tackling inequalities in health, making the health and wellbeing of the people who are the worst off in our district as good as that of the most affluent

Health and wellbeing will be promoted throughout the life course, ensuring services are accessible from pre-conception to the end of life. The NHS, Local Authorities and the third sector are working more closely together to ensure integrated care that is evidence based and value for money, helping vulnerable groups and those with long term conditions be as healthy and independent as they can be.

The Health and Wellbeing Board brings together key partners across the District and has the following membership: Leader of West Berkshire Council, West Berkshire Councillors who lead on health and wellbeing, children's services and adult social care, the Director of Public Health, the Director of Communities, GPs from our two Clinical Commissioning Groups – Newbury and District (NDCCG) and North and West Reading (NWRCCG) and representatives from Healthwatch, NHS England and the Voluntary Sector.

The Board is responsible for

- ✓ preparing and publishing a Joint Strategic Needs Assessment (JSNA) to identify health and wellbeing needs of the local population;
- ✓ preparing and publishing a Joint Health and Wellbeing Strategy (JHWS) in line with the JSNA, with involvement of Healthwatch and the public;
- ✓ ensuring that the CCG commissioning plans have taken proper account of the Strategy;
- ✓ promoting integrated working between commissioners of health and social care services
- ✓ encouraging integrated working across wider determinants of health

What is the picture of health and wellbeing in West Berkshire?

- Life expectance at birth is 80.8 years for males and 84.6 years for females. This is better than the national and regional levels. On average a man in West Berkshire can expect to live in good health until he reaches 67.5 years and a woman until she is 68.8. This is better than the national average and similar to the rest of the south east.
- Early deaths from CHD, stroke and cancer have fallen over the last 10 years and the death rates of all of these are lower than national averages.

- Deprivation levels are generally low with long term unemployment, homelessness and levels of violent crime all better than national and regional averages.
- The healthy and wellbeing of our young people is generally good with lower levels of under 18 conceptions and under 18 alcohol related hospital stays lower than national and regional rates.
- The prevalence of obesity in reception and in year 6 children has slightly decreased since measurements began in 2006/7.

The challenges

- Life expectancy is 6.4 years lower for men and 4.4 years lower for women in the most deprived areas of West Berkshire than in the least deprived areas.
- Smoking prevalence is 18.8% which is higher than the regional average
- 65.5 % of adults are classified as overweight or obese which is slightly higher than regional and national levels
- The rate of people killed and seriously injured on the road is worse than the national average.

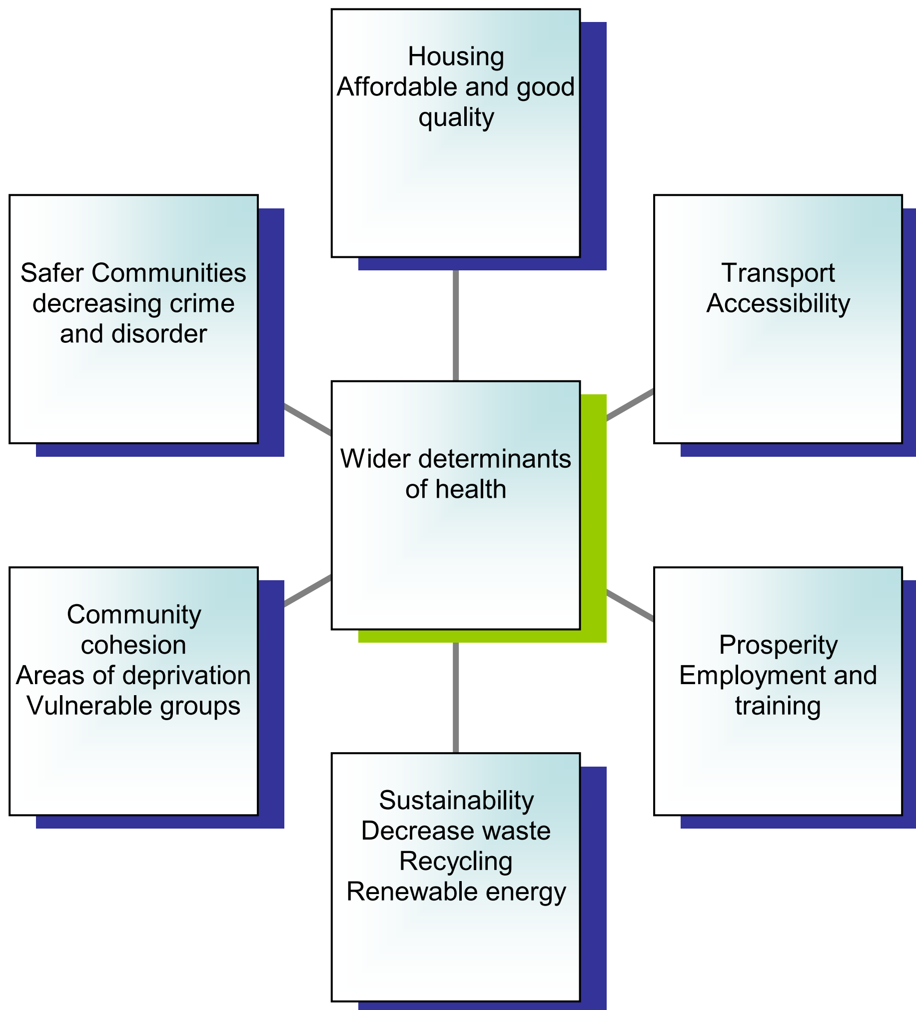
In West Berkshire the proportion of over 65s has increased from 2001 to 2011 by 23% compared to a rise regionally of 13%. The projected increase in West Berkshire from 2011 to 2021 in the proportion of over 65 year olds is estimated to be 34%. This is an increase of just over 8000 people in this older age group. It is also projected that there will be an increase in the number of older people with complex physical and mental health problems, including diabetes, dementia and depression that will require more health and social care services, more ageing carers with a greater cost to society. The importance of prevention and integrating health and social care services will be paramount.

*Awaiting data about hospital admissions due to LTC, emergency hospital admissions etc.

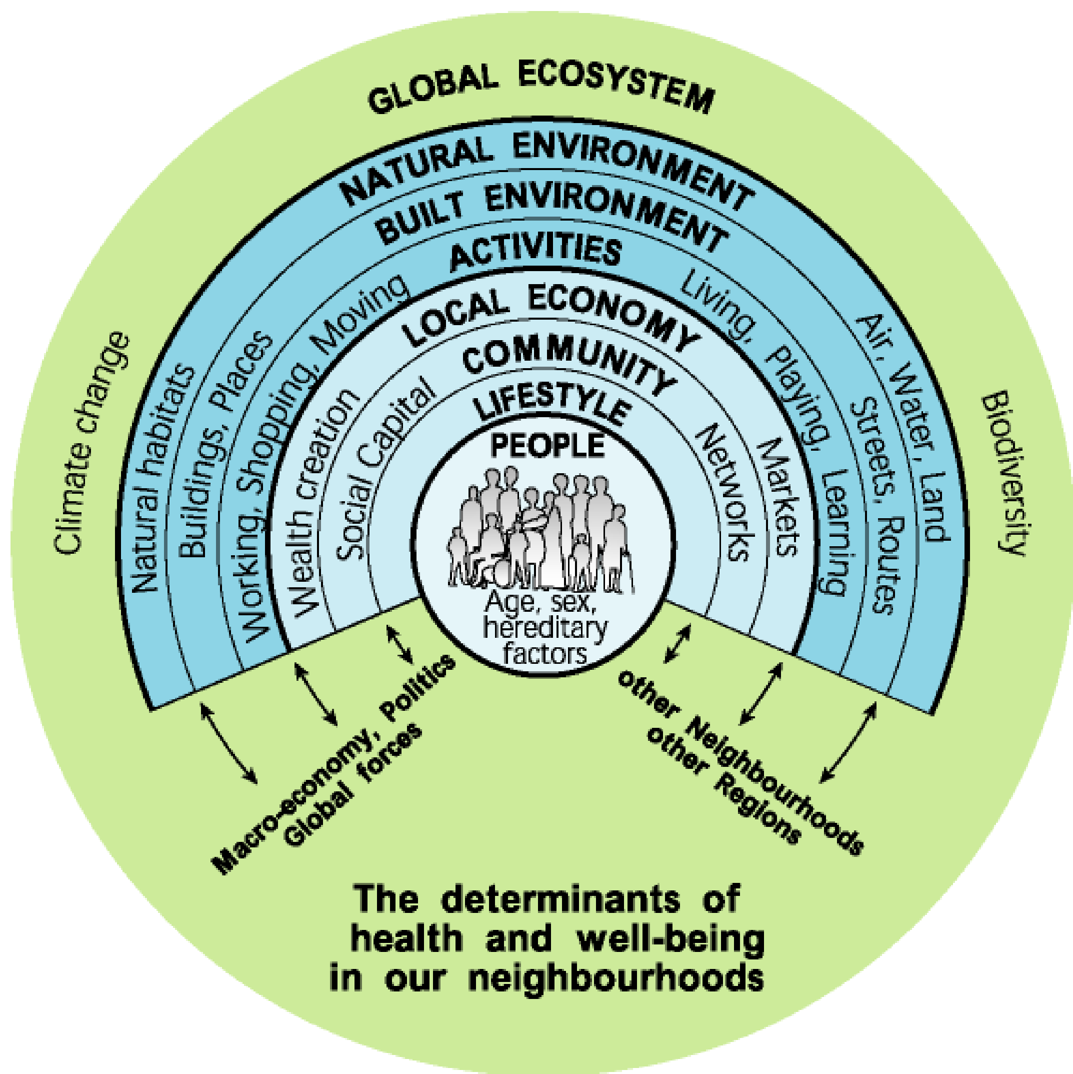
How will the Health and Wellbeing Strategy ensure that wider determinants of health are also addressed in the future?

The Health and Wellbeing Strategy links directly to West Berkshire Council's Sustainable Communities Strategy – 'A Breath of Fresh Air' that focuses on improving the wider determinants of health including housing, transport, economic prosperity, as well as safer and sustainable communities. In time the two strategies will be merged to create a single Health and Wellbeing Strategy that includes all aspects of health and wellbeing including the wider determinants of health.

A Breath of Fresh Air – West Berkshire's Sustainable Communities Strategy



What are the wider determinants of Health?



Vision for Health and Wellbeing in West Berkshire

All children, young people and adults will have the opportunities to achieve their potential and lead healthy, happy and safe lives. Inequalities in health will be tackled and vulnerable groups supported. There will be access to timely, integrated health and social care services, ensuring rural areas are well served. Our communities will be enabled and empowered to have control over their own health and wellbeing and wider determinants of health will be addressed in partnership.

This shared vision for what success will look like will enable partners to commit to making the best use of public money by working in new ways and sharing resources, including finance, people, buildings and information.

To accomplish our vision our services will be

- Delivered relative to need, ensuring areas with the highest need are targeted to address health inequalities
- accessible to all, taking into account disabilities, rurality and working patterns
- based on integrated care pathways, with all relevant providers working together to maximise the benefits of delivery
- evidence-based and provide value for money
- socially, economically and environmentally sustainable

This Health and Wellbeing Strategy sets out 11 key priorities, derived from the Joint Strategic Needs Assessment (JSNA)), that details West Berkshire's population and its needs, national and local drivers, service users' and carers' views, expert opinion and the evidence base for interventions.

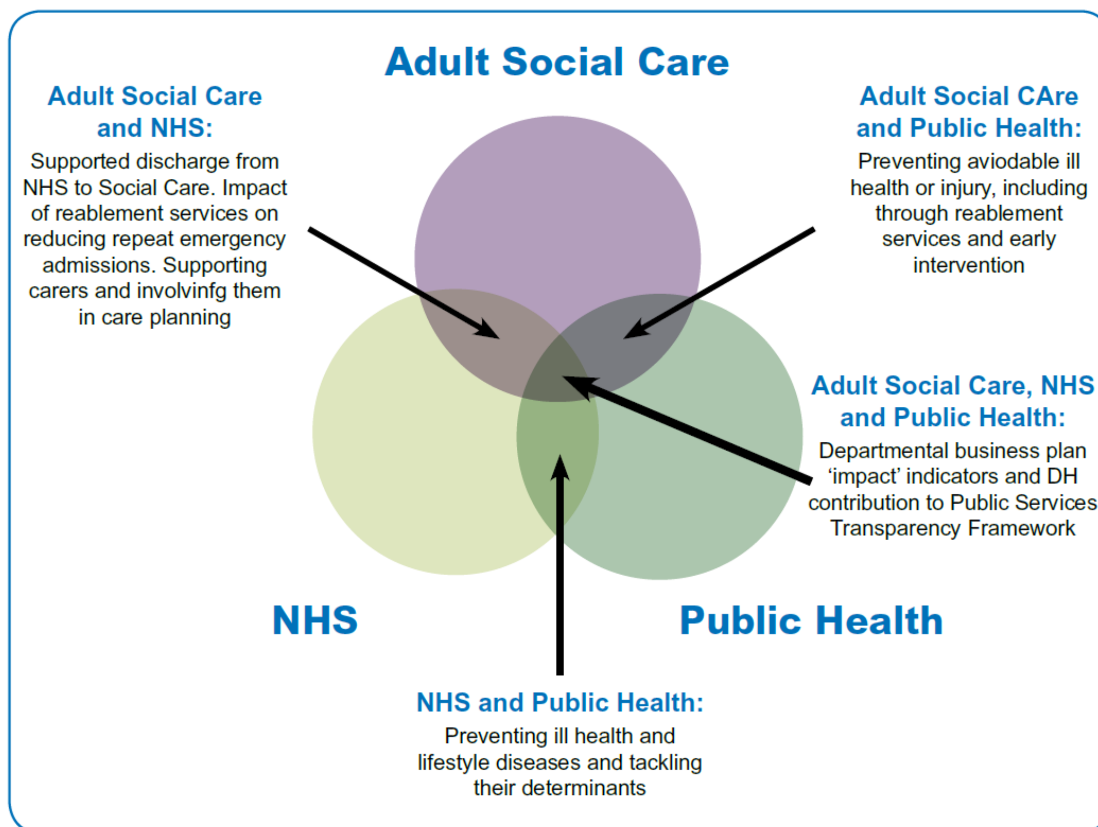
The overarching outcomes that drive the strategy are

- To prolong life expectancy at birth, whilst maintaining a high quality of life in later years
- To decrease the death rates from all causes, especially for those under the age of 75 years
- To decrease the gap in life expectancy between the least well off in our district and most affluent.

The priorities include promoting healthier lifestyles and positive mental health and wellbeing throughout the life course, preventing ill health plus providing integrated, high quality services though joint working, bringing together health, social care and the voluntary and private sector.

C H I	Emotional wellbeing	1. We will promote emotional wellbeing in children and young people, through prevention, early identification and provision of appropriate services
L D	Looked After Children	2. We will improve the health and educational outcomes of looked after children through high quality health, and social care support
R E N	Tackling inequalities	3. We will improve the educational achievement of children on free school meals to bring them into line with the overall achievement of all children
A D	Mental health and wellbeing	4. We will promote mental health and wellbeing in all adults through prevention, early identification and provision of appropriate services
U L	Alcohol	5. We will promote sensible and safe drinking and increase the number of people receiving effective and timely support for alcohol related problems
T S	Healthy weight	6. We will maintain or increase the number of people who are a healthy weight, by promoting physical activity and healthy eating and providing a range of evidence based weight management interventions
	Blood pressure	7. We will decrease the number of people registered with West Berkshire GPs who have raised blood pressure through prevention, early identification and provision of treatment
O	Carers	8. We will promote the health and wellbeing of all carers
L D E	Long term conditions	9. We will deliver integrated services to support and maintain the independence of people with long term conditions and disabilities
R A D	Falls prevention	10. We will maximise independence in older people by preventing falls, reducing preventable hospital admissions due to falls and improving rehabilitation services.
U L T S	Dementia	11. We will improve the lives of those residents with dementia through early identification, the provision of excellent, integrated care and support and increased community awareness of dementia.
W I D	Housing	12. We will increase the provision of affordable housing as needed and improve the condition of existing housing to combat fuel poverty
E R D	Economic development	13. We will increase employment opportunities, especially in rural areas, address the skills gap, ensure all young people transition successfully into jobs and improve tourism
E R M	Transport	14. We will improve and promote opportunities for healthy, sustainable travel, making the best use of West Berkshire transport assets.
I N A	Safer communities	15. We will reduce crime, anti-social behaviour and the fear of crime, ensuring young people feel safe and improve road safety.
N	Sustainability	16. We will increase the use of renewable energy and recycling, conserve our environment and promote diversity of local wildlife.
T S	Stronger communities	17. We will work with communities across the district to empower and enable them to be cohesive and strong, having control of their own health and wellbeing.
CROSS CUTTING PRINCIPLES FOR ALL SERVICES		
Equity Accessibility Integration Effectiveness Sustainability Preventative		

Integrating health and social care and the wider determinants of health and wellbeing



*Section on the integration of health and social care to be completed.

Joint Commissioning

The Health and wellbeing Board exists in a time when there are exceptional financial pressures on both the NHS and local government. Demand for services continues to rise, despite no real-terms increases in NHS resources and local government budgets being cut by more than 30 per cent. Our demographic changes, the increasing burden of disease and pressures on urgent care necessitate real changes in how we fund, commission and deliver our health and social care services.

The Health and Wellbeing Board was responsible for 'signing off' on local plans for the use of the new £3.8 billion Integration Transformation Fund – now called Better Care Fund (BCF). Although this represents only 3 per cent of the combined total NHS and adult social care budget nationally, this enabled the Board to begin to shape a key spending decision and it could be seen as a first step to overseeing the total health and social care budget in time.

The Board will need to develop further to do more than share information, co-ordinate high level strategies and plans, react to proposals and plans from partners, and oversee specific public health programmes.

The aim for our own Health and Wellbeing Board is that it will develop an 'executive decision-making role' across the whole local system of health, social care and public health, having an explicit remit to oversee commissioning of all services and to produce an agreed framework for integrated care, thus driving through the transformation of local services. This would be consistent with a policy thrust towards more integrated commissioning across the local NHS and local government.

There are legal powers for CCGs and local authorities to establish joint or integrated commissioning arrangements and this would enable the role of the Board to be strengthened without the need for further reorganisation. "Strong and purposeful relationships between CCGs and their respective local authorities – based on partnership not takeover – offer the best prospects for boards to lead the integration and transformation of local services effectively" (Health and Wellbeing Boards one year on, Kings Fund, Oct 2013).

This Health and Wellbeing Strategy will drive the development of the commissioning plans of both the Clinical Commissioning Groups within the NHS and Adult Social Care and Children's Services Commissioning within the Local Authority. We will move towards an alignment of commissioning plans across the whole Health and Wellbeing system. The Health and Wellbeing Board will lead this integrated system ensuring all partners work in collaboration to achieve the best outcomes for the residents of West Berkshire.

Appendices

Appendix 1 – consultation plan
Appendix 2 – performance monitoring framework
*Appendix 3 – plans for joint health and social care commissioning alignment (to follow)

Consultation on the revised Health and Wellbeing Strategy 2014

Healthwatch West Berkshire has been asked to lead the consultation on the revised strategy. Although they will lead the process, this will be with the full participation of the other Health and Wellbeing Board partners, namely the Council, CCG and Empowering West Berkshire.

The consultation on the revised strategy is due to take place between 29th September and 27th October. Given this tight timescale it will be important to have as much of the arrangements in place in advance, as possible.

The Health and Wellbeing Strategy covers a large amount of ground, from developments in the health and social care economy through to the variety of social determinants of health and the interrelations between them. This will need to be presented to make it as accessible as possible, but there is still likely to be only a minority of people who will want or be able to engage with it in its totality. There are likely to be more, however, who have a specialist interest in a particular aspect, for instance related to a particular client group or condition (e.g. mental health users, carers, young children, people with different sorts of disabilities or long term conditions). While ensuring the consultation is open to everyone, it will be easiest to reach the latter group (those with a 'specialist interest') through organised groupings, which includes both third sector organisations and statutory bodies. The consultation therefore needs to include the following elements:

- **Consultation open to all**, making it easy for anyone, anywhere to contribute
- **Targeted consultation** aiming to reach those with particular knowledge and interests particularly including those suffering the worst health and wellbeing and in most need of support. This should also include those with an interest in, and able to promote, positive health, such as sports and activity related organisations.
- Engagement with those who have, or could be enabled to have, a good **overview of the strategy** as a whole

Inevitably there will be some overlap between the categories, but they suggest the following sorts of activity:

Consultation open to all:

- The opportunity to contribute online via a website – Healthwatch can offer specific website page carrying information and tailored surveys. Healthwatch to provide links to the page for embedding in the websites of partners. Provision of information about the strategy and issues via e-bulletins, social media (Facebook and Twitter) that can be re-sent through partner websites, partner newsletters. Local press, t.v. and radio can also be used to publicise information.
- A number of public meetings throughout the district of perhaps one and a half to two hours each. Given the time scale this could be two per week in the first two weeks [4 events in different locations] of the consultation

period to allow a sufficient time for amalgamation of resulting data collection.
- Feedback through existing, regular activities e.g. Healthwatch outreach.

Targeted consultation:
- Written invitation to groups and organisations to respond to the consultation. As well as the voluntary and community sector, this would include specific parts of health and local government (e.g. housing, leisure, environmental health, NHS trusts, public and private social care providers) as well as other sectors such as criminal justice and the business sector.
- Meetings with particular groups and individuals. Ideally these would use the opportunity when groups were already meeting, and would consist of a short presentation on the strategy followed by discussion.

Informed engagement on the strategy as a whole:
- A longer session (maybe a half or full day) where a wide range of issues and the interrelationship between them can be explored before coming to a measured conclusion on the strategy as a whole. This could include a cross section of those with a specialist interest as well as a number of people who were not approaching it from any particular 'angle' such as representatives of patient participation groups or interested members of the general public. This might be best held in week three following the public meetings as online responses will have already been received and the public meeting responses will also be available.

Early agreement will be needed between the partners as to who will take responsibility for individual elements of the consultation process so that the process as a whole can be lead and co-ordinated by Healthwatch.

It is assumed that the Council will need to take the lead on the provision of information about the plan and decide whether there should be an 'easy read' summary. Healthwatch is however happy to take whatever initiative is required and can produce template/s for responses.

Draft Practical Operational Schedule

Sept 5th onwards:

- Healthwatch to book public venues for meetings at locations agreed by management board for **Consultation open to All**
- Set up web page for consultation information
- Set up social media FB and Twitter
- Prepare press releases
- Prepare information releases for all classes of potential participants
- Prepare database and setup contact with partners for forwarding information via their own databases

September 25th onwards

- Set up online surveys
- Set up links and test same for partner websites
- Contact papers to arrange press releases on 29th
- Arrange attendees for radio interview

September 29th

- issue press releases
- make sure radio interviews attended
- launch consultation page on website
- send out final e-bulletin information to all partners for onward transmission
- launch surveys

Week beginning 6th October

– two public consultations – **Consultation Open to All**
– **Targeted consultations** with interested groups
– Healthwatch Outreach and other partner outreach engagement

Week beginning 13th October

– two public consultations – **Consultation Open to All**
– **Targeted consultations** with interested groups
– Healthwatch Outreach and other partner outreach engagement

20th October – **Informed engagement event**

21st October – last day for submission by partners [to Healthwatch] of any reports for amalgamation into draft consultation documents.

22nd – 26th October amalgamation of data and information into reports by Healthwatch for L Wyman

October 27th – End of consultation and delivery of reports

- Nov 6th the final draft will be discussed again with the Management group
- November 18th Graphics to format the document
- November 18th for agreement at the November 27th Board

This page is intentionally left blank

Appendix 2
Performance Framework – How we will measure what we have done

Annual overall measures (PHOF – overarching indicators)

- Life Expectancy at birth
- All age, all cause mortality
- Premature mortality: Mortality from all causes under the age of 75
- Slope index of inequality for life expectancy

PRIORITY 1 – EMOTIONAL WELLBEING OF CHILDREN AND YOUNG PEOPLE
- TBC
- No of ELSA

PRIORITY 2 – LOOKED AFTER CHILDREN
- emotional wellbeing of looked after children (PHOF -2.08)
- Number of looked after children having timely health assessments (DfES)
- Number of looked after children having their teeth checked annually by a dentist (DfES)
- Number of looked after children who have up to date vaccinations (DfES)
- Number of looked after children obtaining 5 GCSEs (DfES)

PRIORITY 3 – TACKLING INEQUALITIES – CHILDREN
- School readiness – the % of year 1 pupils with free school meal status achieving the expected level in the phonics screening check (PHOF -1.02ii)
- School readiness – the % of year 1 pupils with free school meal status achieving a good level of development at the end of reception (PHOF -1.02i)
- % of those young people in Key Stage 4 with free school meals status achieving 5 or more A*-C including English and Maths (local indicator)

PRIORITY 4 – MENTAL HEALTH AND WELLBEING IN ADULTS
- % of adults in contact with secondary mental health services who live in stable and appropriate accommodation (persons) (PHOF - 1.06ii)
- gap in the employment rate for those in contact with secondary mental health services and the overall employment rate (PHOF - 1.08iii)
- excess under 75 mortality rate in people with serious mental illness (PHOF - 4.09)
- self reported wellbeing – people with a low satisfaction score (PHOF - 2.23i)
- self reported wellbeing - people with a low worthwhile score (PHOF - 2.23ii)
- self reported wellbeing - people with a low happiness score (PHOF - 2.3iii)
- self reported wellbeing – people with a high anxiety score (PHOF - 2.3iv)
- mortality rate from suicide and injury of undetermined intent (PHOF - 4.10)
- % of adults on the QOF depression register (local indicator)
- Numbers of people attending Talking Therapies (local indicator)

PRIORITY 5 – ALCOHOL
- under 75 mortality rate from liver disease considered preventable (persons) (PHOF - 4.06ii)
- alcohol related admissions to hospital (PHOF - 2.18)

- % of those referred accessing Tiers Two and Three treatment (local indicator)
- % of residents who are referred into treatment reduce their drinking to safe levels (local indicator)
- % of residents leaving treatment with a completed plan of care (local indicator)
- Number of alcohol and health campaigns successfully run (local indicator)

PRIORITY 6 – HEALTHY WEIGHT

- excess weight in 4-5 year olds and 10-11 year olds – 4-5 tear olds (PHOF - 2.06i)
- excess weight in 4-5 year olds and 10-11 year olds – 10-11 year olds (PHOF - 2.06ii)
- excess weight in adults (PHOF - 2.12)
- % of physically active and inactive adults – active adults (PHOF - 2.13i)
- % of physically active and inactive adults – inactive adults (PHOF - 2.13ii)
- Number of people enrolling on a health walk (local indicator)
- Number of children completing a Lets Get Going after school intervention (local indicator)
- Number of people completing an Eat4Health weight management course (local indicator)
- Number of people completing the Barometer weight management course (local indicator)
- Number of people enrolling on West Berkshires Walking for Health (local indicator)
- Number of people enrolling on a West Berkshire Run England session (local indicator)
- Number of new Activity for Health referrals (local indicator)
- Number of Children talking part in Seals free swimming lessons (local indicator)
- Number of children participating in Fun Station holiday sessions (local indicator)
- Number of children participating in the Phunky Foods school programme (local indicator)

PRIORITY 7 – BLOOD PRESSURE (ASTHMA?)

- Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s (NHSOF - 2.3.ii)
- TBC

PRIORITY 8 – CARERS

- social isolation – the % of adult carers who have as much social contact as they would like (ASCOF - 1.18ii)
- carer reported quality of life (ASCOF - 1D)
- Increase the number of Carers Assessment (Local Indicator)

NB There are other ASCOF indicators relating to carers having a positive experience of care and support.

- health related quality of life for carers (NHSOF - 2.4)

- Number of carers who are offered and take up an NHS health check (local indicator)
- Number of carers receiving an assessment (local indicator)

PRIORITY 9 – LONG TERM CONDITIONS

- Emergency readmisisons within 30 days of discharge from hospital (PHOF - 4.11)

- Proportion of people who use services who have control over their daily life (ASCOF - 1B)
- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF - 2B)
- Proportion of people who use services who feel safe (ASCOF - 4A)
- Delayed transfers of care from hospital, and those which are attributable to adult social care (ASCOF - 2C)
- Health related quality of life for people with long-term conditions (NHSOF – 2.0)
- Proportion of people feeling supported to manage their condition (NHSOF – 2.1)
- Employment of people with long-term conditions (NHSOF – 2.2)
- Are admitted to an acute stroke unit within four hours of arrival to hospital (NHSOF – C3.5)
- receive thrombolysis following an acute stroke (NHSOF – C3.6)
- Number of patients attending Activity for Health specialist classes including New Hearts (cardiac rehab maintenance), Easy Breathing (pulmonary rehab maintenance) and Macmillan Cancer classes (local indicator)
- % of people with long term conditions receiving personal health budgets (local indicator)
- Number of patients with long term conditions using assistive technology and telecare at home (local indicator)

PRIORITY 10 – FALLS PREVENTION

- rate of emergency hospital admissions for injuries due to falls in people aged 65 and over (PHOF - 2.24i)
- rate of emergency hospital admissions for injuries due to falls in people aged 65 and over – aged 65 to 79 years (PHOF - 2.24ii)
- rate of emergency hospital admissions for injuries due to falls in people aged 65 and over – aged 8o+ years (PHOF - 2.24iii)
- rate of emergency hospital admissions for fractured neck of femur in people aged 65 and over (PHOF - 4.14i)
- rate of emergency hospital admissions for fractured neck of femur in people aged 65 and over – aged 65 to79 years (PHOF -4.14ii)
- rate of emergency hospital admissions for fractured neck of femur in people aged 65 and over – aged 80+ years (PHOF - 4.14iii)
- Number of people attending falls prevention classes – Steady Steps (local indicator)
- Development of a comprehensive falls prevention pathway (local indicator)

- Average number of Delayed Transfers of Care which are attributable to social care per 100,000 population (18+) (ASCOF 2C Part 2)
- Proportion of older people (65+) who were still at home 91 days after discharge from hospital to reablement/rehabilitation service (ASCOF 2B Part 1)

PRIORITY 11 – DEMENTIA

- estimated diagnosis rate for people with dementia (PHOF – 1.16)
- Quality of life for people with dementia (NHSOF - 2.6 i-ii)
- Dementia –a measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life (ASCOF - 2F)
- People with dementia prescribed anti-psychotic medication (CCGOF - C2.14)
- Local indicators TBC

Agenda Item 11

Title of Report:	Development Plan for the Health and Wellbeing Board
Report to be considered by:	The Health and Wellbeing Board
Date of Meeting:	25 September 2014

Purpose of Report: **To present a first draft of the development plan for the Health and Wellbeing Board.**

Recommended Action: **Discussion and approval**

Health and Wellbeing Board Chairman details	
Name & Telephone No.:	Marcus Franks (01635) 841552
E-mail Address:	mfranks@westberks.gov.uk

Contact Officer Details	
Name:	Councillor Marcus Franks and Nick Carter
Job Title:	Portfolio Holder for Health and Wellbeing and West Berkshire Council Chief Executive
Tel. No.:	(01635) 841552 (01635) 519101
E-mail Address:	mfranks@westberks.gov.uk ncarter&westberks.gov.uk

Executive Report

The purpose of this report is show the vision of the Health and Wellbeing Board to become an executive decision making body that understands, drives and pushes to improve the health and social economy of West Berkshire.

The Board has recently reviewed its progress over the past three years using evidence drawn from the national research conducted by the Kings Fund.

As part of this review the Board took part in two development sessions, the first of which was facilitated by the Local Government Association. These sessions enabled the Board to consider what has gone well, what has gone less well and which Kings Fund scenario it wanted to move towards in the future.

Having chosen to move to a position of developing an executive decision making role, the 5 year development plan included within this report sets out the keys steps the Board will need to take in doing this.

This will have been achieved when the board is recognised that it:-

- Both controls and drives its agenda items. This will be helped by the refreshed strategy. The board will choose topics from the strategy that can be planned based on current action and action that is needed to meet the targets.
- Understands the current health and social care economy and makes sure resources are placed in the appropriate areas.
- Drives and enables joint commissioning.
- Sets out future integration of budgets and teams within the health and social sector to meet the needs of the district.

Appendices

Appendix A – Health and Wellbeing Board Development Plan

West Berkshire Health and Wellbeing Board
Development Plan

Appendix A

	Item	Notes	Target/ Completed Date
	Short Term – 0-1 year		
1.1	Development Sessions	For all HWBB members to work on developing the board and setting the direction of travel	30/04/14 29/05/14 Next planned 04/12/14
1.2	Membership Review	To review membership in line with business at HWBB meetings and direction of travel	Paper agreed at meeting 24/07/14
1.3	Set themes/ sections for use in future agendas and the forward plan	Themes/ sections chosen – System Resilience, Integration Programme, HWBB Strategy/ JSNA, Commissioning Plan, Public Engagement, Finance, Governance and Performance.	Used on Agenda paper for meeting on 24/07/14
1.4	Performance Dashboard	Agree and report on key high level measures for Health and Social Care Economy.	Final to be presented to September HWBB meeting
1.5	Map and monitor current/ upcoming integration work	To ensure the board is aware of all integration work and can push further integration work	Update given at HWBB meeting 24/07/14, on all future agendas
1.6	Understand timings of strategies & commissioning plans	To enable alignment of strategies and commissioning plans	December 2014
1.7	Set up of management group to support the work of the HWBB	To strengthen the support of the HWBB and to drive forward the work streams	No set up

EXECUTIVE DECISION MAKING MODEL

1.8	HWBB Strategy Review	To update strategy to reflect changes in HWBB work and check priorities against JSNA	Consultation end 2014. New strategy in place for March 2015	
1.9	Improve community engagement	Support Healthwatch and EWB in their engagement of the public and third sector organisations	End 2014	
2.0	Carry out LGA self assessment tool	To understand the progress made so far and to check development plan still accurate	March 2015	
	Medium Term 2 - 3 years			
2.1	Alignment of timing of JSNA, HWBB Strategy & commissioning plans	To ensure commissioning plans take a lead from JSNA and HWBB strategy.	September 2016	
2.2	Effective Community Engagement	For the board to be effectively engaging with the community to receive feedback before decisions are made. Opportunities for community to directly input into Board meetings.	April 2016	
	Long Term – upto 5years			
3.1	Identify further integration projects		2016 – 2019	
3.2	Work towards true integration – joint teams/ budgets		2017 - 2019	

Title of Report:	**Proposal to merge the Local Strategic Partnership Management Group and Health and Wellbeing Board**
Report to be considered by:	Health and Wellbeing Board
Date of Meeting:	25 September 2014
Forward Plan Ref:	

Purpose of Report:

To provide, as requested, an update to the paper 'Delivering the Council Strategy 2014/15' in particular the proposal to merge the Local Strategic Partnership (LSP) and the Health and Wellbeing Board (HWBB)

Recommended Action:

To agree the recommendations set out in section 5 of the report.

Reason for decision to be taken: To enable the Health and Wellbeing Board to consider the proposal to merge the HWBB with the LSP

Other options considered: In relation to the LSP and HWBB a 'no change' option could be chosen.

Key background documentation: Delivering the Council Strategy 2014/15 – Initial Report.

The proposals contained in this report will help to achieve the following Council Strategy priority(ies):

- ☐ **CSP1 – Caring for and protecting the vulnerable**
- ☐ **CSP2 – Promoting a vibrant district**
- ☐ **CSP3 – Improving education**
- ☐ **CSP4 – Protecting the environment**

The proposals will also help achieve the following Council Strategy principle(s):

- ☐ **CSP5 - Putting people first**
- ☐ **CSP6 - Living within our means**
- ☐ **CSP7 - Empowering people and communities**
- ☐ **CSP8 - Doing what's important well**

The proposals contained in this report will help to achieve the above Council Strategy priorities and principles by:

Portfolio Member Details	
Name & Telephone No.:	Marcus Franks (01635) 841552
E-mail Address:	mfranks@westberks.gov.uk
Date Portfolio Member agreed report:	

Contact Officer Details	
Name:	Nick Carter
Job Title:	Chief Executive
Tel. No.:	01635 519101
E-mail Address:	ncarter@westberks.gov.uk

Implications

Policy: The report raises no policy implications for the Council. The proposed merger of the LSP Strategy

Financial: The report has no financial implications. The integration of the LSP Strategy Group and HWBB work programme should provide for the more effective deployment of staff resources.

Personnel: The report has no personnel implications. There may be an opportunity to realign some staff responsibilities in Strategic Support.

Legal/Procurement: None.

Property: None.

Risk Management: The proposal outlined in the report is not seen to pose a significant level of risk. The greatest level of concern lies in the proposed merger of the LSP Strategy Group and the HWBB and the degree to which the operation and governance of both are compatible. The report proposes a way to marry the two however there remains a possibility that it may not work.

Corporate Board's Recommendation:

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?	☐	☐
• Is it a major policy, significantly affecting how functions are delivered?	☐	☐
• Will the policy have a significant impact on how other organisations operate in terms of equality?	☐	☐
• Does the policy relate to functions that engagement has identified as being important to people with particular protected characteristics?	☐	☐
• Does the policy relate to an area with known inequalities?	☐	☐
Outcome (Where one or more 'Yes' boxes are ticked, the item is relevant to equality)		
Relevant to equality - Complete an EIA available at www.westberks.gov.uk/eia		☐
Not relevant to equality		☐

Is this item subject to call-in?	Yes: ☐	No: ☐
If not subject to call-in please put a cross in the appropriate box: The item is due to be referred to Council for final approval ☐ Delays in implementation could have serious financial implications for the Council ☐ Delays in implementation could compromise the Council's position ☐ Considered or reviewed by Overview and Scrutiny Management Commission or associated Task Groups within preceding six months ☐ Item is Urgent Key Decision ☐ Report is to note only ☐		

Executive Summary

1. Introduction

1.1 Proposals concerning how delivery of the Council Strategy 2014/15 should be supported were bought to Management Board on 8th May 2014. Most of the recommendations were approved but Members requested that a further report be prepared which sought to clarify how a merged Local Strategic Partnership (LSP) and Health and Wellbeing Board (HWBB) would in practice work.

2. Proposals

2.1 A proposal to merge the LSP and HWBB is set out in the paper. It is acknowledged that there are potential incompatibilities in how both currently work. In particular development and delivery of the broader wellbeing agenda involves a wider set of partners than currently sit at the HWBB. Given the recently reviewed core role of the HWBB, simply increasing the membership of the Board is not seen as a practical solution. Instead it is proposed that special meetings of the HWBB are arranged to engage in the broader wellbeing agenda.

2.2 Oversight of the locality work which has been successfully introduced and developed by the LSP is seen as important element to retain in any merged arrangement. This has therefore, been built into the proposal set out in this report.

2.3 Finally, a number of smaller changes have been made to the original report that was presented to Management Board on 8th May 2014. These are also set out in the main body of this report.

3. Conclusions

3.1 It is felt that whilst it is not without risk, a merged LSP and HWBB could be made to work. Such an arrangement would be potentially more efficient and effective than the current arrangements and would mean that partners could engage in debate in one place rather than potentially two. Strategy could be focused into a single document, namely the Health and Wellbeing Strategy.

Executive Report

1. Introduction

1.1 Members received a report on the governance arrangements to support delivery of the Council Strategy at the Management Board meeting on the 8th May. The following were resolved;

1.2 *Recommendation 1: The LSP Strategy Board be disbanded and its role subsumed into a strengthened Health and Wellbeing Board.* ***A further report would be brought to Management Board to establish how this would work in practice.***

Recommendation 2: The Children and Young People's Partnership be dissolved noting that its supporting activities are now being pursued elsewhere. ***Agreed.***

Recommendation 3: Do we want to include something regarding the review of the OSMC work programme? ***This is being taken forward on July 15th through a meeting between the Leader, Chief Executive and the Chair and Vice Chairman of OSMC.***

Recommendation 4: That the Customer First and Community Involvement Programme Boards be merged. ***Not agreed. A revised proposal is included within the report.***

Recommendation 5: That a new 'Plan A' Programme Board be established as set out in paragraph 2.14.2 of the report. ***Agreed.***

Recommendation 6: That the current Procurement and Including Everyone Programme Boards be treated as 'business as usual' groupings and managing accordingly. ***Agreed.***

Recommendation 7: To note the establishment of a Business Improvement Group. ***Agreed.***

Recommendation 8: To create a new Health and Wellbeing Management Group to directly support an enhanced Health and Wellbeing Board noting that this group would include Officers from both the Council and the Clinical Commissioning Groups. ***Agreed.***

Recommendation 9: In light of recommendation 8, to dissolve the Public Health Integration Programme Board. ***Agreed.***

1.3 The purpose of this report is primarily to respond to the outstanding actions reflected in Recommendation 1 but also to clarify one or two more specific issues that have emerged since the May Management Board meeting

2. Background

2.1 The Local Strategic Partnership (also known as the West Berkshire Partnership) was established in 2002. LSPs were created as part of the Local Government Act 2000 with the remit placing a duty on local authorities to prepare a Community Strategy for their area, in partnership with other stakeholders, and to create a long term vision to improve the quality of life and services in an area.

2.2 Locally the Terms of Reference for the LSP are;

(1) to agree **a vision, key priorities and actions** to improve economic, social and environmental wellbeing for West Berkshire through the development, delivery and regular review of a Sustainable Community Strategy;

(2) to **coordinate partnerships and plans** to improve quality of life according to local needs and aspirations, share information, resources and expertise in alignment with Sustainable Community Strategy;

(3) to **maintain an overview** of all strategic partnership activity, where necessary reviewing and rationalising existing plans and partnerships.

2.3 The first Sustainable Community Strategy (SCS) for West Berkshire was published in 2002. The Strategy has generally been reported on annually and a complete rewrite was undertaken in 2008 covering the period up to 2026. This new Strategy is entitled 'A Breath of Fresh Air'. There has been no review of the Strategy since 2008.

2.4 Despite this the broad thrust of the SCS remains relevant to West Berkshire in terms of key issues and strategic priorities. The degree to which an SCS which is now 6 years old remains relevant to supporting the various Partnership Plans is perhaps questionable. There is undoubtedly duplication between the new Health and Wellbeing Strategy (H&WBS) and the SCS and in some parts of the Country the two have already been combined. It is felt that there would be merit in doing so here in West Berkshire not only because the resources are no longer available to produce 2 documents but also because one Plan/Strategy would eliminate potential confusion and duplication. If this approach was adopted then the current HWBS would need to be broadened to more effectively encompass the key wellbeing themes within the SCS. The HWBS is reviewed/refreshed annually so this would ensure that the Strategy does not become out of date as has happened with the SCS.

2.5 The LSP has acted as an umbrella for a number of sub partnerships since its creation in 2003. A number of these sub partnerships have come and gone but have included the;

(1) Children and Young People's Partnership/Trust;

(2) Greener Partnership;

(3) Housing Partnership;

(4) Health Partnership (and more latterly the Health and Wellbeing Board);

(5) Skills and Enterprise Partnership;

(6) Safer Communities Partnership.

2.6 The LSP's role in coordinating plans and partnerships has in reality been limited. There is an expectation that strategies and partnership action plans align to the SCS and has happened. The LSP has also acted as an escalation mechanism for issues sub partnerships have found difficult to resolve. It has also had funding which sub partnerships have been able to access although this has effectively dried up in recent years. The LSP does undertake a limited performance management and review role which has helped hold sub partnerships/organisations to account. This overview role has weakened in recent years and has not led to any form of strategic review through the SCS so its value has perhaps diminished.

2.7 As well as acting as a reporting line for the sub partnerships the LSP, or more correctly the LSP Strategy Group as it is formally called, has specifically led on the following since it was established;

(1) oversight of the Local Area Agreement process;

(2) establishment of a West Berkshire funding group with the Greenham Common Trust;
Trust.

(3) the development of a joint locality working, most notably in Greenham and Calcot.

2.8 The Local Area Agreement process (LAA) was disbanded four years ago by the Coalition Government when they came to power. The process was overseen by the LSP and the reward funding that was generated was used by the LSP to reinvest in priority programmes outlined in the Sustainable Communities Strategy.

2.9 The development of locality working by the LSP has been a noteworthy success. The LSP were quick to support what was initially called Parish Planning and is now more widely termed Community Planning. Resources were allocated to support its development and many of the LSP partners embraced the concept and have been instrumental in making it a success. More latterly the LSP led on the development of the successful Greenham Locality Project and has recently introduced a similar project in Calcot.

2.10 Such locality worked has become a 'hallmark' of West Berkshire and in considering the future of the LSP the continued support for, and development of what has been achieved, are seen as important.

2.11 The establishment of a strategic funding group with Greenham Common Trust also developed outside of the original terms of reference. The development of Grantfinder took place alongside this as well. Both were aimed at improving the coordination of local funding and grant giving and both have been successful. The Funding Group however has now effectively been wound up since the LSP no longer has access to funding following the end of Local Area Agreements. Grant finder remains in place but its ongoing management and development now lies with the Greenham Common Trust not the LSP.

3. Combining the LSP and Health and Wellbeing Board (HWBB)

3.1 Some analysis has been undertaken of the LSP Strategy Group meetings that have taken place over the past three financial years. This is set out in Tables 1 and 1b. The following can be noted;

(1) The LSP has continued to receive a relatively large number of verbal reports;

(2) The breadth of issues debated by the LSP has generally reduced over time although the agenda does appear to have broadened somewhat with the establishment of the Health and Wellbeing Board.

3.2 If the LSP and HWBB are to be merged then there are number of issues to be considered;

(1) The HWBB will need to retain the LSPs current role in respect of setting a broad vision for the District. This could be set out in writing through a wider framed Health and Wellbeing Strategy but the way in which partners are engaged in shaping and owning that Strategy needs consideration. The current Health and Wellbeing Board membership is primarily focused on organisations supporting the local health and social care economy. The forward plan is dominated by health and social care issues. There is no desire to change this since the Terms of Reference for the Board have recently been reviewed and it is accepted that the current membership and work programme around health and social care integration need to be accelerated. However if the HWBB is to address wellbeing issues then a wider range of partners will need to engage. Asking this wider membership to attend every meeting of the HWBB is not practical so the following is proposed;

(a) The HWBB sets aside 2 meetings a year to engage in the broader wellbeing agenda. The first would take the form of a half day conference at which a 'State of the District' presentation would be made followed by the presentation of a draft HWBB for the coming year. The conference would seek to engage the widest possible range of partners and other interests in shaping the draft;

(b) The second meeting would be six months later and would focus on progress with the delivery of the Health and Wellbeing Strategy and in particular the progress the sub partnerships and organisations were making with implementation. This would have a narrower range of participants than the conference with the focus being on those responsible for delivery.

(2) There is a strong desire to retain and promote locality working so a mechanism needs to be established for doing this through the HWBB. It is therefore proposed to establish a Community Support Sub-Partnership. This would encompass the LSPs existing work in Greenham and Calcot along with the wider community planning work which is well established across the District and involves a wider range of partners. In establishing this new Sub Partnership it is proposed that the current work of the Council's Community Involvement Programme Board would be folded into it. The opportunity to take this work forward within a partnership setting as opposed to just within the Council should be beneficial.

Fig 1 shows the current and proposed partnership structure and Appendix 1 sets out draft proposed terms of reference for the proposal.

3.3 If the proposed arrangements in Fig 1b are endorsed the Membership of the Community Support Partnership would need to be agreed. It is suggested that the current LSP Strategy Group may wish to consider this. To ensure continuity it would also seem appropriate to ensure that the Chairman of the Community Support Sub-Partnership is also a Member of the Health and Wellbeing Board.

Table 1a Analysis of LSP Strategy Group Meetings 2011/12 – 2013/14

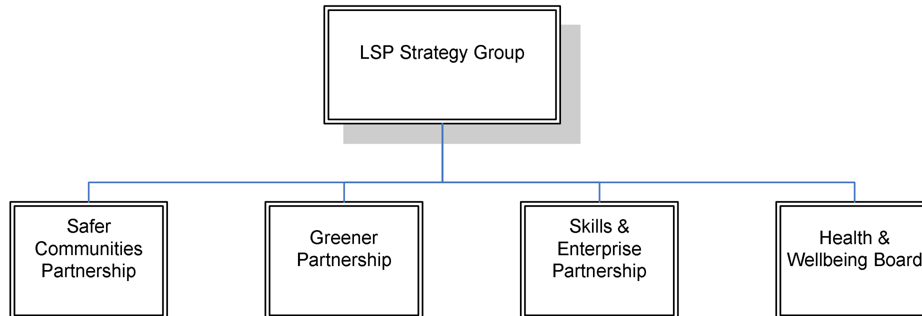
Year	**No of Meetings**	**Verbal Items**	**Written Items**	**Total number of requested**
2011/12	5	16	7	23
2013/14	3	5	6	11
2014/15	4	11	5	16

Table 1b Analysis of main content of LSP Strategy Meetings 2011/12 – 2013/14

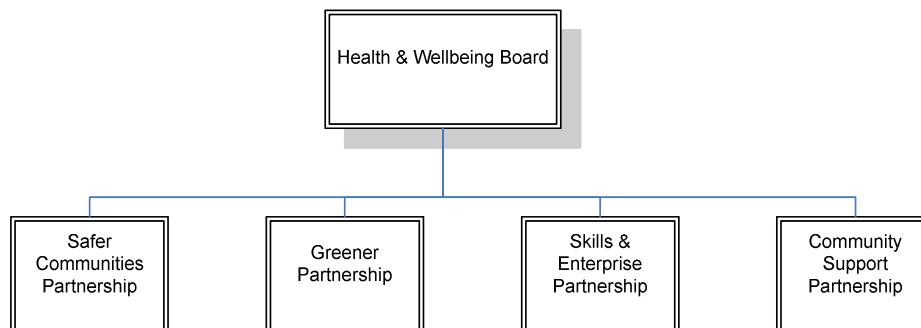
2011/12	**2012/13**	**2013/14**
Institute of Animal Health Troubled Families Locality Working Funding Local Enterprise Partnership Governance SCS	Locality Working Monitoring of Sub-Partnerships Funding	Locality Funding JSNA Funding Community Furniture Project Monitoring of Sub-Partnerships Planning

Fig 1. The current LSP governance arrangements and the proposed governance arrangement following the merger of the LSP and the Health and Wellbeing Board

a. Current Arrangements



b. Proposed Arrangements



4. Other Issues

4.1 A number of smaller issues have been raised since the original ‘Delivering the Council Strategy 2014/15’ report was presented to Management Board on 8th May 2014. These include;

- given the changes that have been proposed earlier in the report, the overarching governance arrangements set out in the earlier report have had to be altered. These are set out in Appendix B.
- some minor changes have been made to the Terms of Reference distributed with the previous report. These are shown as tracked changes in Appendix C.

5. Recommendations

(1) That the proposed merger of the LSP Strategy Group and HWBB be agreed as set out in this report and that the merger takes effect from January 1st 2015, subject to consultation with both the LSP Strategy Group and HWBB.

(2) That the possibility of merging the Greener Sub-Partnership and the new Community Support Partnership be explored.

(3) That the Terms of Reference of the proposed Community Support Partnership be agreed as set out in Appendix A subject to comments by the LSP Strategy Group, HWBB and the Partnership itself.

(4) That the minor changes set out in Appendix B and C be agreed.

Appendices

Appendix A – Proposed terms of reference for the Community Support Partnership
Appendix B – Proposed changes to structures

Consultees

Local Stakeholders: *

Officers Consulted: *

Trade Union: *

Appendix A

Community Support Partnership

Sponsors: TBA

Membership: To be determined by the Health & Wellbeing Board but will include representation from public and community/voluntary sector.

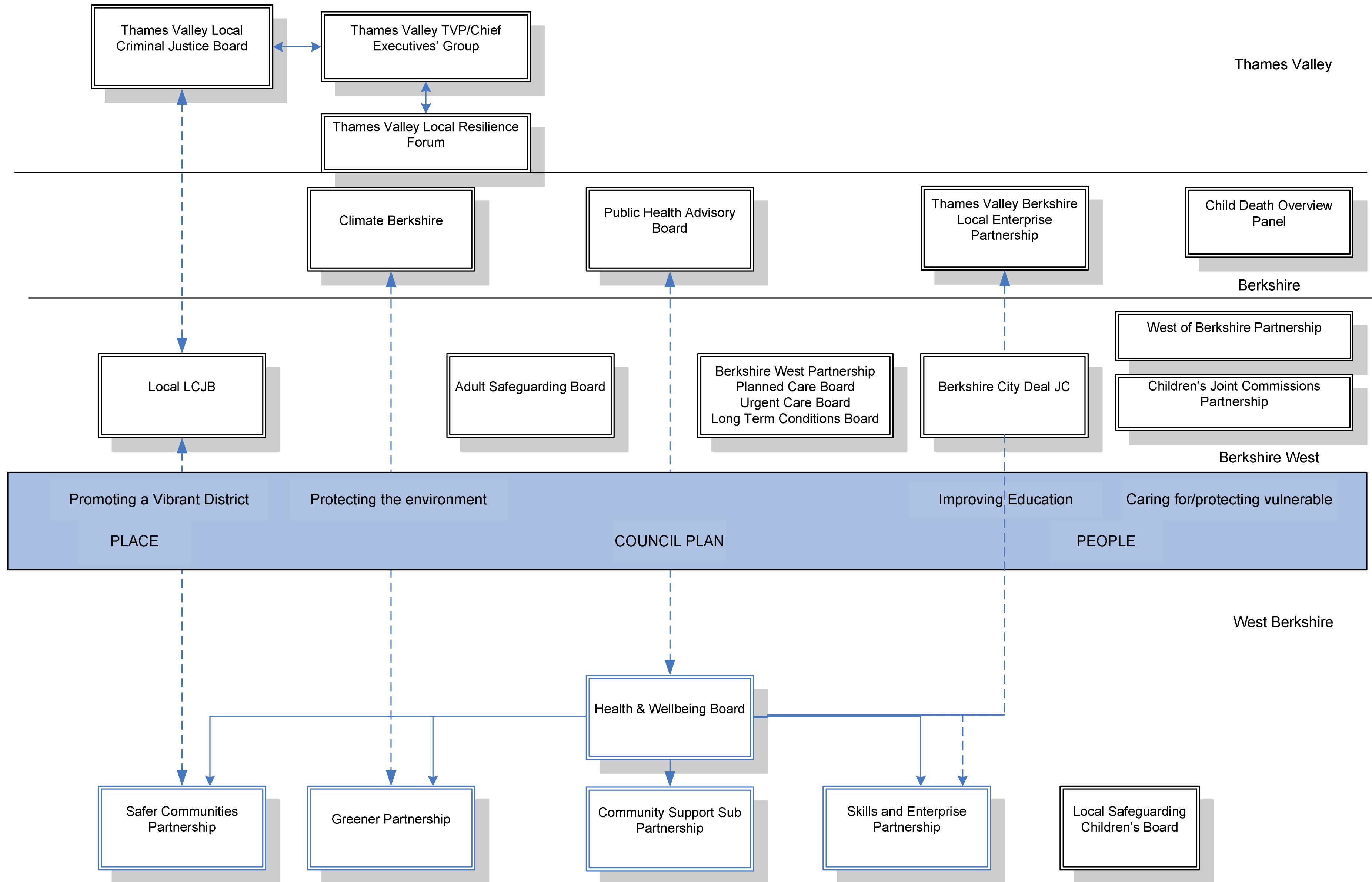
Terms of Reference

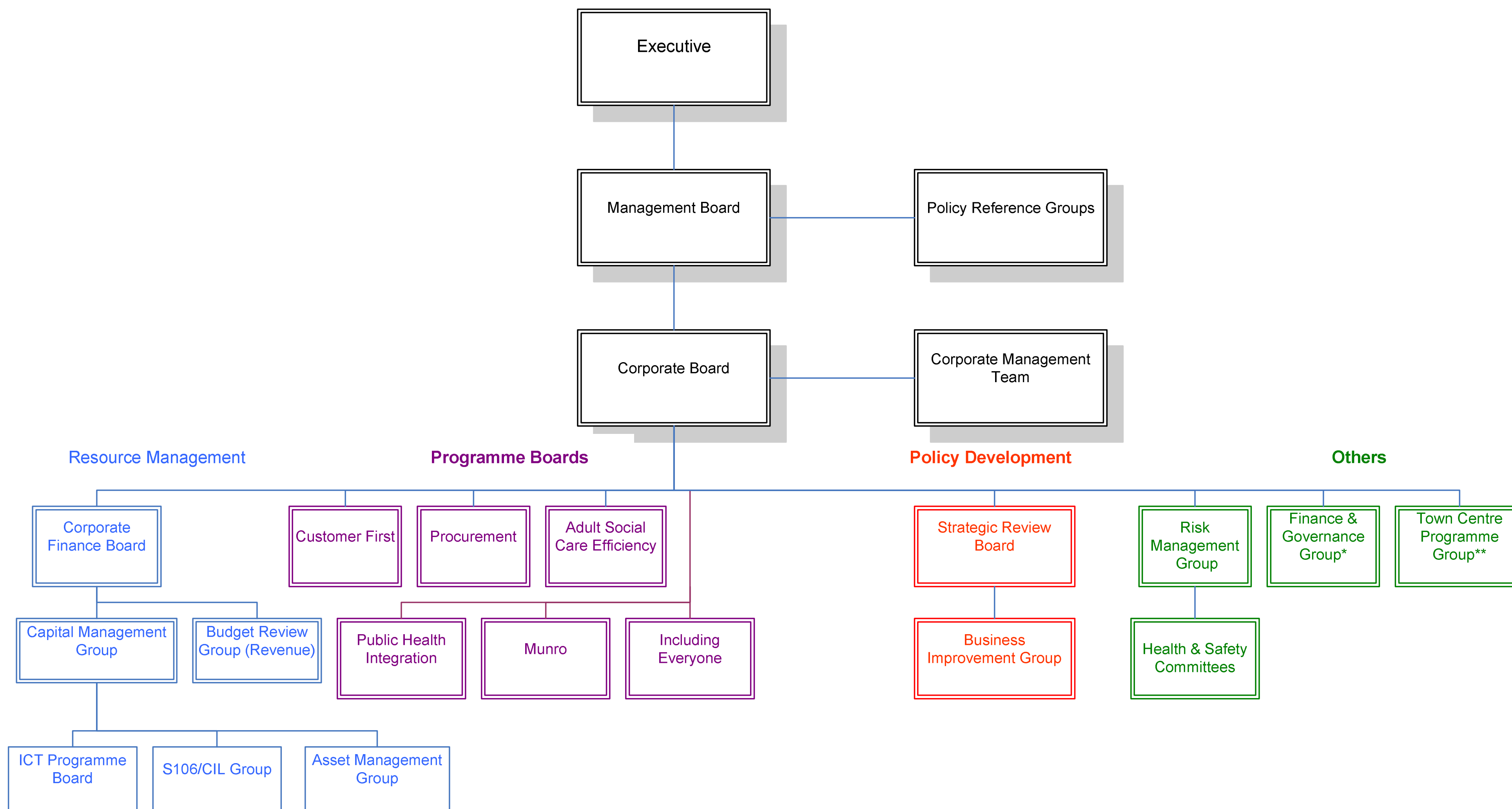
1. Ensuring a supportive approach is in place to respond to the needs and aspirations of individual communities.
2. Creating a culture of self help within the local communities of West Berkshire including the development of volunteering and community support.
3. Supporting the development of community planning and where appropriate, locality based projects to foster a culture of self help, ensure that local services reflect local need and that programmes to address inequality across the District are put in place.

Key Deliverables for 2014/15

- Overseeing the continued development and support for community planning, and neighbourhood development plans and for the two locality projects in Greenham and Calcot.
- Establishing and overseeing the West Berkshire Volunteer Award.
- Reviewing inequalities in health and wellbeing and determining what further locality based work could be done to address current issues.

Appendix B – Proposed Strategic Partnership Governance Arrangements – Local and Subregional





* Supports Audit & Governance Committee
** Supports Newbury Town Centre Task Group

This page is intentionally left blank

Title of Report:	**Newbury & District CCG Quality Premium 2014/15**
Report to be considered by:	Health and Wellbeing Board
Date of Meeting:	25th September 2014

Purpose of Report:

To address a query received following approval of the Newbury & District CCG Quality Premium at the July Health & Wellbeing Board

Recommended Action:

To note the response

Reason for decision to be taken:

The Quality Premium is a payment from NHS England to CCGs, in order to reward improvement in the quality of services commissioned and for associated improvements in health outcomes and reduction of health inequalities. The Health & Wellbeing Board approved the associated measures during July 2014. A subsequent query regarding the circumstances in which a CCG might not achieve the Quality Premium was raised, and is addressed through this supplementary paper.

Other options considered:

n/a

Key background documentation:

Quality Premium 2014/15 – paper to July 2014 HWB
NHS England '*Quality Premium Guidance 2014/15*' (13th March 2014 revision)

Contact Officer Details	
Name:	Phil McNamara
Job Title:	Director of Operations, Newbury & District CCG
Tel. No.:	07825-792821
E-mail Address:	philip.mcnamara@nhs.net

Implications

Policy:

Financial:

Personnel:

Legal/Procurement:

Property:

Risk Management:

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

Executive Summary

1. Introduction

1.1 The Quality Premium is intended to reward clinical commissioning groups (CCGs) for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities.

1.2 The five National Measures (and one local measure) previously approved are shown below:

1	**Potential years of life lost (PYLL) from causes considered amenable to healthcare: adults, children and young people** 15% of the Quality Premium
2	**Improving access to psychological therapies (IAPT)** 15% of the Quality Premium
3	**Reducing avoidable emergency admissions** 25% of the Quality Premium
4	**Demonstrating improvement in a locally selected patient experience indicator** 15% of the Quality Premium
5	**Medication errors** 15% of the Quality Premium
6	**Local measure: Carers** 15% of the Quality Premium

1.3 The total quality premium payment for a CCG will be reduced if its providers do not meet the NHS Constitution rights or pledges for patients in relation to (a) maximum 18-week waits from referral to treatment, (b) maximum four-hour waits in A&E departments, (c) maximum 14-day wait from an urgent GP referral for suspected cancer, or (d) maximum 8-minute responses for Category A Red 1 ambulance calls.

2. Proposals

2.1 The forecasted actual potential value of this reward is a maximum of £575,000 for Newbury & District CCG, which can be invested in improvements in the quality of services that patients receive.

2.2 The Quality Premium measures agreed in 2014/15 will be paid to CCGs in 2015/16 – to reflect the quality of the health services commissioned by them in 2014/15 – will be based on six measures that cover a combination of five national and one local priority.

2.3 A CCG will not receive a quality premium if it:

a) is not considered to have operated in a manner that is consistent with Managing Public Money during 2014/15; or

b) incurs an unplanned deficit during 2014/15, or requires unplanned financial support to avoid being in this position; or

c) incurs a qualified audit report in respect of 2014/15.

2.4 NHS England also reserves the right not to make any payment where there is a serious quality failure during 2014/15.

2.5 The risk of not achieving the above rights or pledges has been queried. By way of response, the CCG can advise:

(1) 18 Weeks RTT standard – this measure is proactively monitored through the Planned Care Programme Board, the 18 Week Task and Finish Group (attended by both the CCG and RBFT), and through the Urgent Care Board (in terms of systems resilience). The CCG is currently working closely with RBFT in support of delivery of this standard, and along with RBFT takes part in regular Thames Valley Area Team 18 Week workshops aimed at delivering sustained performance against this standard. Currently RBFT are implementing a remedial action plan to reduce the overall length of the 18 week backlog, with weekly reporting to the CCG and regular monitoring at a system wide level.

(2) 4 Hour A&E Waits – this measure is monitored through our Urgent Care Board, with robust systems resilience and monitoring (through the Urgent Care Dashboard tool). Following implementation of a series of remedial measures across the wider system, this standard is currently (as at w/c 18th August 2014) being achieved by RBFT.

(3) Cancer Two Week Waits – this measure is monitored through the Planned Care Programme Board and the Cancer Sub-Group. Currently the Two Week Wait standard is being achieved at RBFT. Within individual CCGs, due to small patient numbers there can be risk to achievement when patients are unable to attend for a first hospital appointment within two weeks for a suspected cancer, however this is mitigated by the vast majority of patients referred for suspected cancer who will attend within two weeks following GP referral.

(4) Maximum 8 Minute Category A Red 1 – this measure is also monitored through our Urgent Care Board, with robust plans systems resilience plans in place. The SCAS contract is monitored at a Thames Valley level, and is currently (as at August 2014) being achieved.

2.6 Due to the conditions under which the Quality Premium is awarded, there are risks associated with its achievement. However, the CCG's utilise regular monitoring through the relevant programme boards and governance structures to ensure that progress is closely monitored and appropriate interventions put in place as required.

3. Equalities Impact Assessment Outcomes

3.1 This item is not relevant to equality.

4. Conclusion

4.1 The Health & Wellbeing Board is asked to note and agree the Quality Premium measures for Newbury & District CCG as detailed within this report.

Protocol Agreement between West Berkshire Health and Well-being Board and West of Berkshire Safeguarding Adult Partnership Board

Health and Well-being Board

The Health and Well-being Board (HWB) aims to improve health and well-being for people in West Berkshire. It is a partnership that brings together the Council, NHS and the local Healthwatch organisation. By working together on the delivery of national and local priorities, the Board's purpose is to make existing services more effective through influencing future joint commissioning and provision of services.

The Board will be responsible for overseeing the production of a Joint Strategic Needs Assessment (JSNA) for West Berkshire, and for developing a Health and Well-being Strategy and Delivery Plan as the basis for achieving these aims. The focus will be on reducing health inequalities, early intervention and prevention of poor health and promotion of health and well-being.

The Board is responsible to the Council and will reflect the need to promote health and well-being across health and Council departments, including housing, social care, schools, community services, environment, transport, planning, licensing, culture and leisure.

The Board will be expected to improve outcomes for residents, carers and the population through closer integration between health services and the Council.

Stronger joint commissioning offers scope for more flexible, preventative and integrated services for children and adults with long-term conditions and those living in vulnerable circumstances.

The Health and Well-being Board will work with the Safeguarding Adults Partnership Board (SAPB) when appropriate to:

- Consult on issues which affect how vulnerable adults are safeguarded and their welfare promoted;
- Take note of recommendations and identified areas for improvement made by the SAPB and report back to the SAPB on subsequent progress;
- Invite the Chair of the SAPB to attend the HWB meetings, as needed and at least once a year to present the SAPB Annual Report;
- Ensure a senior manager with responsibility for safeguarding adults is a member of the Board.
- Ensure that messages and information provided by the SAPB are appropriately disseminated within Board member organisations;
- Consider work undertaken by the SAPB as part of its monitoring arrangements.

Safeguarding Adults Partnership Board

The Safeguarding Adults Partnership Boards is one of the key mechanisms for safeguarding vulnerable adults from abuse and neglect across the West of Berkshire. Safeguarding Adults is everyone's business and all relevant agencies operating within the area work together to ensure they provide the best possible holistic response to service users and their carers. There is a shared responsibility for ensuring that all efforts to keep vulnerable adults safe are effective and well co-ordinated.

Safeguarding Adults work is about preventing abuse and neglect as well as promoting good practice in identifying and responding to concerns on a multi-agency basis.

The SAPB will work with the Health and Well-being Board when appropriate to:

- Monitor actions to improve safeguarding including action plans arising from
- Serious Case Reviews;
- Ensure the Chair of the SAPB attends the HWB meetings as needed;
- Ensure that messages and information provided by the SAPB are appropriately disseminated within Board member organisations;
- Hold the Board to account on matters of safeguarding in all its activities, providing appropriate challenge on performance;
- Undertake audits and feedback results to the Board, advising on ways to improve and highlight areas of underperformance;
- Feedback learning from Serious Case Reviews and ensure that the lessons are embedded in service delivery;
- Highlight gaps in service for the Board to consider as part of its joint commissioning process.

Both organisations will:

- Have an ongoing and direct relationship, communicating regularly.
- Work together to ensure action taken by one body does not duplicate that taken by another.
- Ensure they are committed to working together to ensure there are no unhelpful strategic or operational gaps in policies, protocols, services or practice.

Signed by:

Chair of Health and Well Being Board

Chair of West of Berkshire SAPB

Date

Date of Protocol Review April 2015

Title of Report:	Pharmacy Needs Assessment Report
Report to be considered by:	The Health and Wellbeing Board
Date of Meeting:	25th September 2014

Purpose of Report:

To present the Pharmacy Needs Assessment to the Board prior to final sign off.

Recommended Action:

Health and Wellbeing Board Chairman details	
Name & Telephone No.:	Marcus Franks (01635) 841552
E-mail Address:	mfranks@westberks.gov.uk

Contact Officer Details	
Name:	Dr. Lise Llewellyn
Job Title:	Strategic Director of Public Health
Tel. No.:	
E-mail Address:	Lise.Llewellyn@bracknell-forest.gov.uk

Executive Report

1 Introduction

The purpose of this paper is to present the draft Pharmacy Needs Assessment (PNA) for West Berkshire. Once this document has been agreed by the Health and Wellbeing Board the PNA will go out to public consultation.

2 Background

PNA is the statement of the needs for pharmaceutical services of the population in a specific area. It sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population.

From 1 April 2013 every Health and Wellbeing Board (HWB) in England has a statutory responsibility to keep an up to date statement of the PNA. The Health and well being board has been updated on this requirement previously. a PNA must be agreed by April 2015.

The content of PNAs is set out in Schedule 1 to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

The PNA must contain:

- A statement of the pharmaceutical services provided that are necessary to meet needs in the area;
- A statement of the pharmaceutical services that have been identified by the HWB that are needed in the area, and are not provided (gaps in provision);
- A statement of the other services which are provided, which are not needed, but which have secured improvements or better access to pharmaceutical services in the area;
- A statement of the services that the HWB has identified as not being provided, but which would, if they were to be provided, secure improvements or better access to pharmaceutical services in the area;
- A statement of other NHS services provided by a local authority, the NHS Commissioning Board (NHS England), a Clinical Commissioning Group (CCG) or an NHS Trust, which affect the needs for pharmaceutical services;
- An explanation of how the assessment has been carried out (including how the consultation was carried out); and
- A map of providers of pharmaceutical services.

The attached PNA covers these sections and has key recommendations for local pharmacy services.

3 Consultation

The 2013 Regulations 5 list those persons and organisations that the HWB must consult. This list includes:

- Any relevant local pharmaceutical committee (LPC) for the HWB area.
- Any local medical committee (LMC) for the HWB area.
- Any persons on the pharmaceutical lists and any dispensing GP practices in the HWB area.
- Any local Healthwatch organisation for the HWB area, and any other patient, consumer and community group which in the opinion of the HWB has an interest in the provision of pharmaceutical services in its area.
- Any NHS trust or NHS foundation trust in the HWB area.
- NHS England.
- Any neighbouring HWB

Subject to agreement of this document these key stakeholders will be consulted over the autumn. This will allow a final document to be agreed before April 2015.

Appendices

Appendix A - Draft Pharmaceutical Need Assessment, West Berkshire Council, 2014.

This page is intentionally left blank

Draft

Pharmaceutical Needs Assessment

West Berkshire Council

2014

Public Health Services for Berkshire
Six Local Authorities working together for the health and wellbeing of residents in Berkshire

Pharmaceutical Needs Assessment
West Berkshire Council
2014

Contents

Chapter	Page
Introduction	3
Background - statutory requirements	4
National Pharmacy Commissioning	8
Geography of West Berkshire PNA	13
West Berkshire Demographics	14
West Berkshire Needs Assessment	20
Local Commissioning strategies	25
Current Pharmacy Provision	31
Pharmacy Access and Services	33
Analysis of User Survey	37
Recommendations	42
Appendix 1: Map of Pharmacy services	*Attached*
Appendix 2: Enhanced Services	*Attached*
Appendix 3: Access Times	*Attached*
Appendix 4: Pharmacy Survey	*Attached*
Appendix 5: User Survey	*Attached*
Appendix 6: Deprivation Map	*Attached*

Introduction

What is a Pharmaceutical Needs Assessment (PNA)?

PNA is the statement for the needs of pharmaceutical services of the population in a specific area. It sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population.

From 1 April 2013 every Health and Wellbeing Board (HWB) in England has a statutory responsibility to keep an up to date statement of the PNA.

This PNA describes the needs of the population of West Berkshire Council and is different from the previous PNA which was Berkshire West focussed, but it will also give a view across Berkshire as people move between Local Authorities for work and health care.

Purpose of a PNA:

The PNA has several purposes:

- To provide a clear picture of community pharmacy services currently provided
- To provide a good understanding of population needs and where pharmacy services could assist in improving health and wellbeing and reducing inequalities
- To deliver a process of consultation with local stakeholders and the public to agree priorities
- An assessment of existing pharmaceutical services and recommendations to address any identified gaps if appropriate and taking into account future needs
- It will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises or applications from current pharmaceutical providers to change their existing regulatory requirements.
- It will inform interested parties of the pharmaceutical needs in Berkshire and enable work to plan, develop and deliver pharmaceutical services for the population.
- It will influence commissioning decisions by local commissioning bodies including Local Authorities (Public Health services from community pharmacies), NHS England and Clinical Commissioning Groups (CCGs) in the potential role of pharmacy in service redesign.

Background: Statutory Requirements

Section 126 of the NHS Act 2006 places an obligation on NHS England to put arrangements in place so that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied to persons. This section of the Act also describes the types of healthcare professionals who are authorised to order drugs, medicines and listed appliances on an NHS prescription.

The first PNAs were published by NHS Primary Care Trusts (PCTs) according to the requirements in the 2006 Act. NHS Berkshire West and East published their first PNA in 2010.

The Health and Social Care Act 2012 amended the NHS Act 2006. The 2012 Act established the Health and Wellbeing Boards (HWBs) and transferred to them the responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, with effect from 1 April 2013.

The 2012 Act also amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for HWBs in relation to Joint Strategic Needs Assessments (JSNAs). The preparation and consultation on the PNA should take account of the JSNA and other relevant local strategies in order to prevent duplication of work and multiple consultations with health groups, patients and the public.

The development of PNAs is a separate duty to that of developing JSNAs. As a separate statutory requirement, PNAs cannot be subsumed as part of these other documents.

The PNA must be published by the HWB by April 2015, and will have a maximum lifetime of three years. The PNA will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises or applications from current pharmaceutical providers to change their existing regulatory requirements. Such decisions are appealable to the NHS Litigation Authority's Family Health Services Appeal Unit (FHSAU) and decisions made on appeal can be challenged through the courts.

PNAs will also inform the commissioning of enhanced services from pharmacies by NHS England and the commissioning of services from pharmacies by the local authority and other local commissioners for example CCGs.

The 2013 Regulations list those persons and organisations that the HWB must consult. This list includes:

- Any relevant local pharmaceutical committee (LPC) for the HWB area.
- Any local medical committee (LMC) for the HWB area.

- Any persons on the pharmaceutical lists and any dispensing GP practices in the HWB area.
- Any local Healthwatch organisation for the HWB area and any other patient, consumer and community group which in the opinion of the HWB has an interest in the provision of pharmaceutical services in its area.
- Any NHS trust or NHS foundation trust in the HWB area.
- NHS England.
- Any neighbouring HWB.

Definition of Pharmaceutical services

The pharmaceutical services to be included in the pharmaceutical needs assessment are defined by the reference to the regulations governing pharmaceutical services provided by community pharmacies, dispensing doctors and appliance contractors.

Pharmaceutical services are provided through the national pharmacy contract which has three tiers:

- Essential Services
- Advanced services – currently Medicines Use Reviews and Appliance Use Reviews
- Locally commissioned services (Enhanced Services)

Essential Services- set out in 2013 NHS Pharmaceutical Services Regulations 2013 include:

- Dispensing
- Dispensing appliances
- Repeat dispensing
- Disposal of unwanted / waste drugs
- Public Health (Promotion of healthy lifestyles)
- Signposting
- Support for self care
- Clinical governance

All contractors must provide full range of essential services.

Advanced Services - set out in 2013 NHS Pharmaceutical Services Regulations 2013 include:

- Medicines Use Review and Prescription Intervention (MURs)
- New medicine service (funded only in 2014/15 long term decision awaited)
- Appliance Use Reviews (AURs)
- Stoma Appliance Customisation Services (SACs)

Enhanced Services - set out in Directions made subsequent to the NHS Pharmaceutical Services Regulations 2013 include:

- Anticoagulant monitoring service
- Care home service
- Disease specific medicines management service
- Gluten free food supply service
- Home delivery service
- Language access service
- Medication review service
- Medicines assessment and compliance support service
- Minor ailments service
- Needle syringe exchange service
- On demand availability of specialist drugs service
- Out of hours service
- Patient group directions service
- Prescriber support service
- Schools service
- Screening service
- Stop smoking service
- Supervised administration service
- Supplementary prescribing services

Whilst the National Pharmacy Contract is held and managed by the NHS England, local Thames Valley Area Team, and can only be used by NHS England, local commissioners such as West Berkshire Council and Newbury and District CCGs can commission local services using other contracts such as local government contracts and the standards NHS contracts to address additional needs.

Process for developing the PNA

The PNA is a key tool for identifying what is needed at a local level to support the commissioning intentions for pharmaceutical services and other services that could be delivered by community pharmacies.

The scope will include recommendations for action to meet the current needs of West Berkshire and across Berkshire highlighting any areas of current provision which could be improved and potential areas for development that could assist the HWB in its duty to improve the health of population and reduce inequalities.

A key part of the process for this PNA is to summarise the health needs of the local population using the joint strategic needs assessments of the findings of the HWB board.

The PNA has five main objectives:

1. Identifying local needs
2. Mapping current provision
3. Consultations with partners, patients and the public
4. Obtaining clinical input from clinical commissioning groups (CCGs), the Local Pharmaceutical Committee (LPC)
5. Identifying services that are not currently provided or need to be improved in the local area.

The PNA summarises the national vision for community pharmacy also summarises the key priorities in the Health and Wellbeing Strategy which details the local priorities for our community.

Principles of Development

The PNA will be published on the West Berkshire Council website once agreed and is a public facing document communicating to both an NHS and a non-NHS audience.

The key stages involved in the development of this PNA were:

- Survey of public to ascertain views on services - web and paper based surveys.
- Survey of community pharmacies to map current service provision.
- Public Consultation on the initial findings and draft PNA.
- Agreement of final PNA by the West Berkshire Health and Wellbeing Board.

The process for the development of the PNA was agreed with the HWB Board. A small task and finish group was set up to over see the development of the PNA Member included.

- Director of Public Health
- Medicines Management – CCG
- NHS England pharmaceutical commissioner
- Representative from the Local Pharmaceutical Committee
- Public Health Informatics Advisor

During the consultation the following stakeholders will be included in addition to the public consultation:

- The Local Authorities within Berkshire
- The Clinical Commissioning Groups in Berkshire
- The Local Pharmaceutical Committee (LPC)
- The Local Medical Committee (LMC)
- The persons on the pharmaceutical list (pharmacy contractors) and its dispensing doctors list
- Healthwatch
- NHS Foundation Trusts in Berkshire

National Pharmacy Commissioning

Commissioning Arrangements

NHS England is the only organisation that can commission NHS Pharmaceutical Services through the national Pharmacy contract. They are therefore responsible for managing and performance monitoring the Community Pharmacy Contractual Framework. This is a regulatory framework based on the Terms of Service set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.

Pharmaceutical Services are those services set out in the NHS Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013:

- Essential services - set out in Part 2, Schedule 4 of the Regulations
- Advanced services - set out in the Directions
- Enhanced services - set out in the Directions

There are four ways in which pharmaceutical services are commissioned:

NHS England

- Sets legal framework for system, including regulations for pharmacy
- Secures funding from HM Treasury
- Determines NHS reimbursement price of medicines & appliances.

NHS England Area Team (AT)

- securing continuously improving quality from the services commissioned, including community pharmacy enhanced services.

Local Authority

- Provision of public health services in line with local Health and Well being Strategy.

CCGs

- Locally commissioned in line with local needs and CCG strategy

This ensures that the public have access to comprehensive pharmaceutical services.

Local Professional Networks

In addition as part the National changes in the NHS in 2013 Local Professional Networks (LPNs) for pharmacy, optometry and dentistry were established within each Area Team (AT). They are intended to provide clinical input into the operation of the AT and local commissioning decisions

In general they:

- support the implementation of national strategy and policy at a local level
- work with other key stakeholders on the development and delivery of local priorities, which may go beyond the scope of primary care commissioning providing local clinical leadership

The specific functions of the Pharmacy LPN include:

- supporting LAs with the development of the Pharmaceutical Needs Assessment (PNA)
- considering new programmes of work around self-care and long term conditions management in community pharmacy to achieve Outcome 2 of the NHS Outcomes Framework
- working with CCGs and others on medicines optimisation
- 'holding the ring' on services commissioned locally by LAs and CCGs, highlighting inappropriate gaps or overlaps *(PSNC Pharmacy Commissioning 2013).*

Contribution of Pharmacy

Pharmacists play a key role in providing quality healthcare. They are experts in medicines and will use their clinical expertise, together with their practical knowledge, to ensure the safe supply and use of medicines by the public. There are more than 1.6 million visits a day to pharmacies in Great Britain (*General Pharmaceutical Council Annual Report 2012/13*).

A pharmacist has to have undertaken a four year degree and have worked for at least a year under the supervision of an experienced and qualified pharmacist and be registered with the General Pharmaceutical Council (GPhC). Pharmacist work in a variety of settings, this includes in a hospital or community pharmacy such as a supermarket or high street pharmacy. See NHS Choices at http://www.nhs.uk/Pages/HomePage.aspx for your local ones.

In December 2013 NHS England held a Call to Action for community pharmacy that aimed through local debate, to shape local strategies for community pharmacy and to inform NHS England's strategic framework for commissioning community pharmacy (http://www.england.nhs.uk/wp-content/uploads/2013/12/community-pharmacy-cta.pdf).

The aim was to uncover how best to develop high quality, efficient services in a community pharmacy setting that can improve patient outcomes delivered by pharmacists and their teams

Pressures on primary care as a whole are increasing and the vision is for the community pharmacy to play a full role in the NHS transformational agenda by:

- providing a range of clinical and public health services that will deliver improved health and consistently high quality;
- playing a stronger role in the management of long term conditions;
- playing a significant role in a new approach to urgent and emergency care and access to general practice;
- providing services that will contribute more to out of hospital care; and
- supporting the delivery of improved efficiencies across a range of services

The call to action consultation has now finished and the response is awaited from the Department of Health.

National Outcomes frameworks

Pharmacy has a key role in supporting the achievement of the NHS outcomes Framework. This framework measures the success of the NHS in improving the health of the population.

NHS Outcomes Framework

Domain	
Domain 1	Preventing people from dying prematurely
Domain 2	Enhancing quality of life for people with long-term conditions
Domain 3	Helping people to recover from episodes of ill health or following injury
Domain 4	Ensuring people have a positive experience of care
Domain 5	Treating and caring for people in a safe environment and protecting them from avoidable harm

And similarly contributes to the success against the Public Health Outcomes framework.

Public Health Outcomes Framework

Domain 1	Life expectancy and healthy life expectancy
Domain 2	Tackling the wider determinants of Health
Domain 3	Health Improvement
Domain 4	Health Protection
Domain 5	Healthcare and preventing premature mortality

Control of Market Entry

The regulations that govern the provision of pharmacy places an obligation on NHS England to put arrangements in place so that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied to persons.

It is not possible for a community pharmacy to be set up without agreement from NHS England. From 1 April 2013, pharmaceutical lists are maintained by NHS England and so applications for new, additional or relocated premises must be made to the local NHS England Area Team.

NHS England must ensure that they have arrangements in place for:

- the provision of proper and sufficient drugs, medicines and listed appliances which are ordered on NHS prescriptions by doctors;
- the provision of proper and sufficient drugs, medicines which are ordered on NHS prescriptions by dentists;
- the provision of proper and sufficient drugs, medicines and listed appliances which are ordered on NHS prescriptions by other specified descriptions of healthcare professionals; and
- such other services that may be prescribed.

In April 2013 there was a change in how pharmacy applications are controlled. Applications for inclusion in pharmaceutical lists are now considered by NHS England (through their Area Teams) and the ‘market entry test’ is now an assessment against the pharmaceutical needs assessment. The exemptions introduced in 2005 have been removed (other than the exception for distance selling pharmacies) (*Regulations under the Health and Social Care Act 2012: Market entry by means of Pharmaceutical Needs Assessments - Medicines, Pharmacy and Industry – Pharmacy Team).*

The market entry test now assesses whether an application offers to:

- meet an identified current or future need or needs;
- meet identified current or future improvements or better access to *pharmaceutical services*; or
- provide unforeseen benefits, i.e. applications that offer to meet a need that is not identified in a PNA but which NHS England is satisfied would lead to significant benefits to people living in the relevant HWB area (*Policy for determining applications received for new or additional premises under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013*).

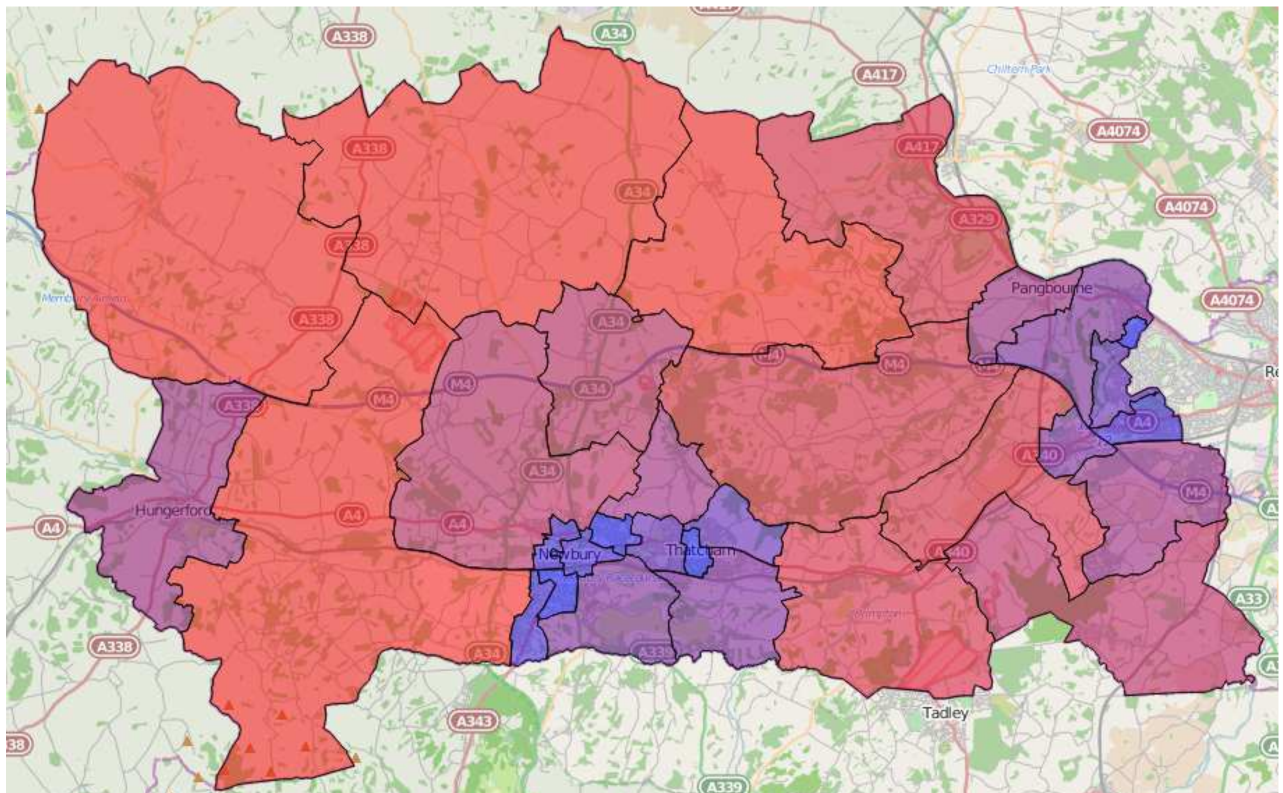
The change in the market entry test means that it is no longer necessary to have exemptions to the test for the large out of town retail developments, the one stop primary medical centres, or the pharmacies undertaking to provide pharmaceutical services for at least 100 hours per week. These exemptions therefore cannot be used by an applicant (although existing pharmacies and those granted under the exemption continue). The regulations make it clear that 100 hour pharmacies granted under old exemptions cannot apply to reduce their hours.

The only exemption that now exists is for distance selling pharmacies as it is argued they provide a national service and so their contribution cannot be measured adequately by a local pharmacy needs assessment.

Geography Covered by West Berkshire PNA

Each PNA has to define its geographic scope. This year the West Berkshire PNA is following the boundaries of the Local Authority, as is each PNA for the Berkshire Local Authorities. The services are mapped for each Local Authority, although a composite picture is given for Berkshire. Results are also compared by Local Authority versus the whole of Berkshire. See Appendix 1 for a map of West Berkshire pharmacies.

Figure 1: Map of West Berkshire showing ward boundaries



The wards in West Berkshire are:

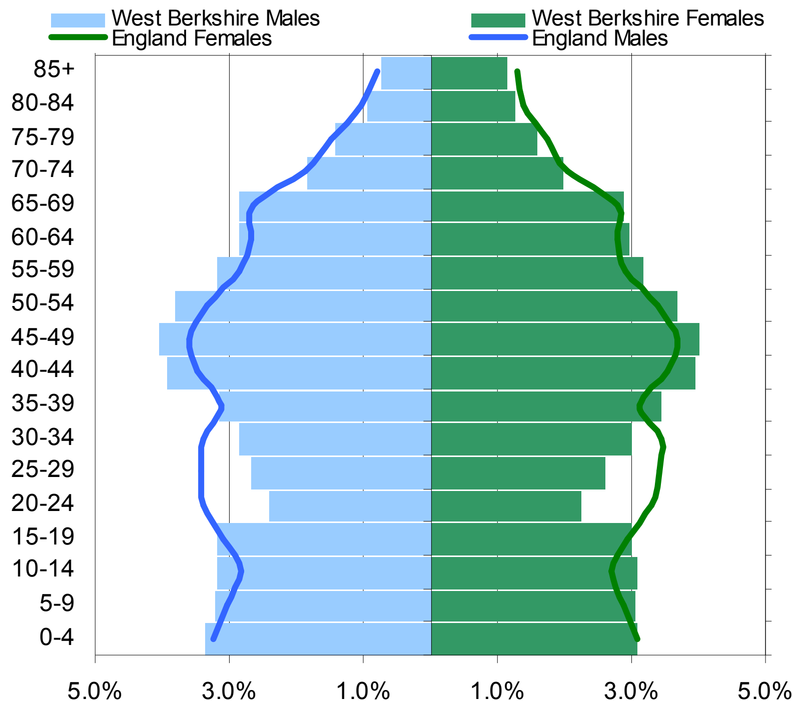
Aldermaston
Basildon
Birch Copse
Bucklebury
Burghfield
Calcot
Chieveley
Clay Hill
Cold Ash
Compton
Downlands
Falkland
Greenham
Hungerford
Kintbury
Lambourn Valley
Mortimer
Northcroft
Pangbourne
Purley on Thames
Speen
Sulhamstead
Thatcham Central
Thatcham North
Thatcham South and Crookham
Thatcham West
Theale
Victoria
Westwood

West Berkshire Demographics

The population of West Berkshire is now 155,392.

As a proportion of the total population, there are fewer adults aged 20 to 34 than the national average. However, there are a larger proportion of adults aged 40 to 69.

Figure 2: West Berkshire Council's Population pyramid, compared to the national profile



Source: Annual Mid-Year Population Estimates for the UK, Office for National Statistics 2014

The registered population differs to resident as this is the number of people registered with GP practices based in West Berkshire.

Figure 3: Resident and registered population of West Berkshire and other Berkshire Local Authorities

Local Authority	Resident population	Registered population
West Berkshire	**155,392**	**148,126**
Bracknell Forest	116,567	110,216
Reading	159,247	205,209
Slough	143,024	145,848
Windsor & Maidenhead	146,335	165,936
Wokingham	157,866	156,123

Source: Office for National Statistics (2014)

Figure 4: Ethnic Origin of resident population in West Berkshire and other Berkshire Local Authorities (Census 2011)

	West Berkshire	Bracknell Forest	Reading	Slough	Windsor and Maidenhead	Wokingham
All Usual Residents	**153,822**	113,205	155,698	140,205	144,560	154,380
English/Welsh/Scottish/Northern Irish/British, Irish, Gypsy or Irish Traveller, White Other	**94.8**	90.6	74.8	45.7	86.1	88.4
Mixed/Multiple Ethnic Groups: White and Black Caribbean, White and Black African, White and Asian, Mixed Other	**1.6**	2.1	3.9	3.4	2.3	2.0
Asian/Asian British: Indian, Pakistani, Bangladeshi, Chinese, Asian Other	**2.4**	5.1	13.6	39.7	5.5	7.5
Black/African/Caribbean/Black British: African, Caribbean, Black Other	**0.9**	2.0	6.7	8.6	6.6	1.4
Other Ethnic Group	**0.2**	0.5	0.9	2.6	0.8	0.7

Source: Office for National Statistics (2011)

Figure 5: Life Expectancy for men and women in West Berkshire and other Berkshire Local Authorities (2010-12)

Local authority	**Males**	**Females**
West Berkshire	**80.8**	**84.6**
Bracknell Forest	80.8	84.0
Reading	78.4	82.7
Slough	78.5	82.7
Windsor and Maidenhead	81.1	84.6
Wokingham	81.6	84.5

Source: Office for National Statistics (2014)

Children

Children in poverty

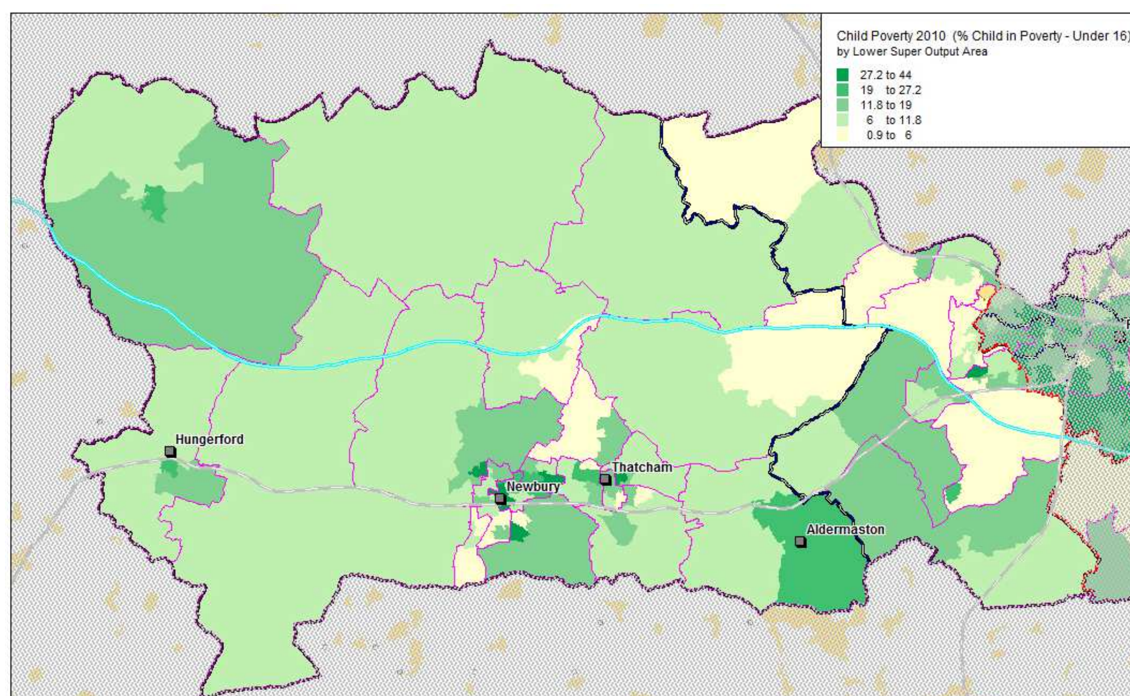
Child poverty and deprivation can be measured in a number of different ways. Figure 6 shows the percentage of children (dependent children under the age of 20), who live in households where income is less than 60% of average household income. This is termed as living in 'relative poverty'. Figure 6 also shows the Income of Deprivation Affecting Children Index score (IDACI score), which measures the proportion of under 16s living in low income households. A higher score indicates higher levels of child deprivation in an area.

Figure 6: Level of Child Poverty in West Berkshire and other Berkshire Local Authorities (2010-12)

Local Authority	% of Children in "Poverty"	IDACI score
West Berkshire	**10.8%**	**0.10**
Bracknell Forest	11.7%	0.11
Reading	20.7%	0.21
Slough	22.2%	0.26
Windsor & Maidenhead	9.4%	0.09
Wokingham	6.9%	0.06

Source: HM Revenue and Customs (2011) and Department for Communities and Local Government (2010)

Figure 7: Map to show level of Child Poverty in West Berkshire at a Lower Super Output Area (2010)



Child_Poverty_2010_HMRC_00MB.wor 22/08/2013 Sid Beauchant BHFT

Reproduced from OS data by permission of Ordnance Survey,
on behalf of the Controller of Her Majesty's Stationery Office (Licence No. OSKWFG1110),
NAVTEQ data by permission of NAVTEQ Corporation Licence No. NVMM0611, NVMM0612)
GeoPlan data by permission of Geoplan (Licence No. GPKW9912)
© Crown Copyright - 2013 All rights reserved

Source: Department for Communities and Local Government (2010)

Teenage Pregnancies

Figure 8: Under 18 conceptions and conception rates in West Berkshire and other Berkshire Local Authorities (3 year aggregates: 2010-2012)

Area of usual residence	Number of Conceptions	Conception rate per 1,000 women in age group	Percentage of conceptions leading to abortion
West Berkshire UA	**217**	**23.0**	**48.8**
Bracknell Forest UA	127	18.4	57.5
Reading UA	260	36.9	47.3
Slough UA	196	25.3	64.8
Windsor and Maidenhead UA	117	14.5	70.9
Wokingham UA	122	13.8	46.7

Source: Office for National Statistics (2014)

Educational Attainment

Figure 9: Percentage achieving 5+ A*-C GCSE grades, including English and mathematics

Percentage achieving 5+ A*-C grades inc. English & mathematics GCSEs	
Area	%
West Berkshire	**61.3**
Bracknell Forest	63.4
Reading	63.6
Slough	71.4
Windsor and Maidenhead	68.3
Wokingham	70.6

Source: Department for Education (2012/13)

Figure 10: Key Stage 2 results – Percentage achieving level 4 or above by Local Authority

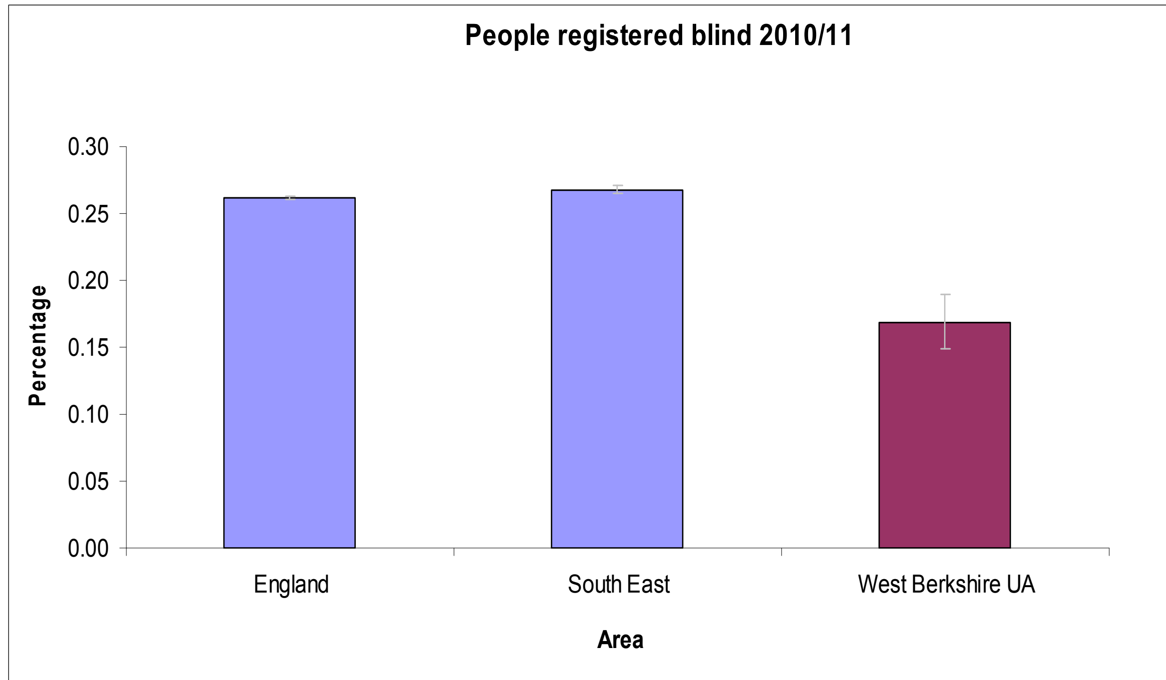
Percentage achieving level 4 or above	
West Berkshire	**77%**
Bracknell Forest	78%
Reading	69%
Slough	74%
Windsor and Maidenhead	79%
Wokingham	81%

Source: Department for Education (2013)

Physical disability and sensory impairment

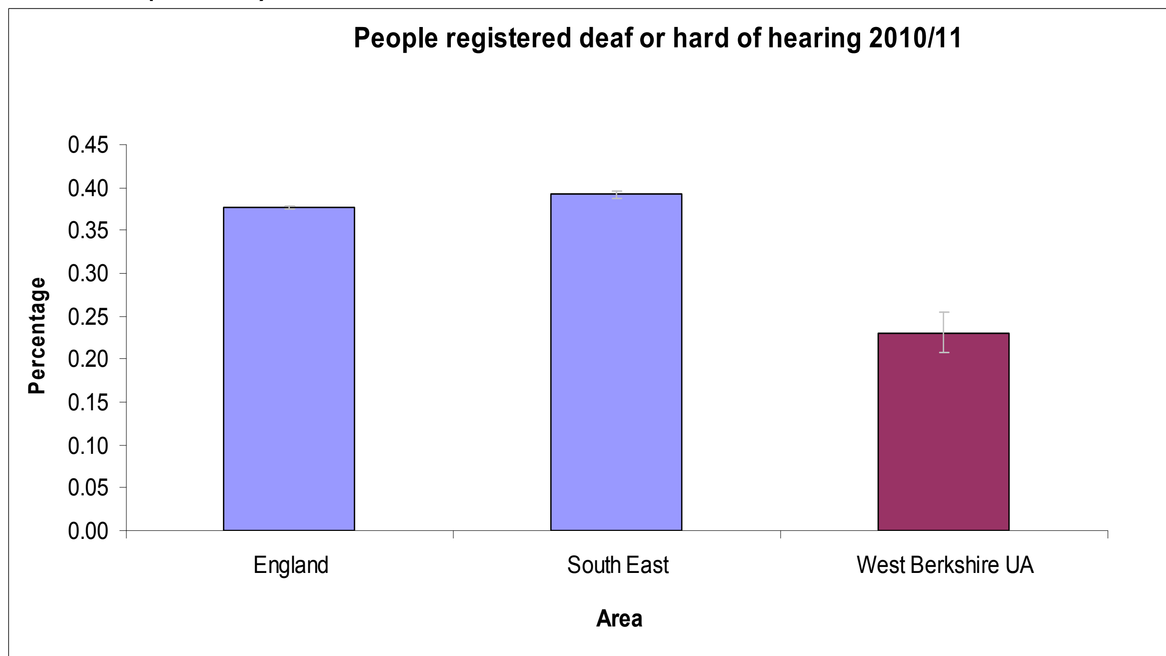
Figures 11 and 12 shows the number of people receiving certification as being blind, partially sighted, deaf or hard of hearing as a proportion of the total population. Fewer people in West Berkshire are registered as having a sensory impairment than the national and South East Region averages.

Figure 11: Percentage of people registered as blind in West Berkshire (2010/11)



Source: Health and Social Care Information Centre (2011)

Figure 12: Percentage of people registered as deaf or hard of hearing in West Berkshire (2010/11)



Source: Health and Social Care Information Centre (2011)

The Projecting Adult Needs and Services Information System uses Office for National Statistics population projections and the number of people estimated to have a physical disability to project how many people aged 18 to 64 will have a physical disability from 2012 to 2020. Around 7,600 people in West Berkshire are estimated to have a moderate physical disability in 2012 with just under 2,300 estimated to have a serious physical disability. These figures are estimated to rise to around 8,050 and 2,460 by 2020.

Carers

9.3% of West Berkshire's respondents stated that they provided unpaid care to a family member, friend or neighbour in the 2011 Census. Figure 13 provides a breakdown to show the levels of unpaid care provided.

Figure 13: Percentage of people providing unpaid care in West Berkshire and other Berkshire Local Authorities (Census 2011)

Local Authority	All categories: Provision of unpaid care	Provides no unpaid care	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
West Berkshire	**153,822**	**139,534**	**10,313**	**1,466**	**2,509**
Bracknell Forest	113,205	103,531	6,719	1,098	1,857
Reading	155,698	143,383	8,074	1,642	2,599
Slough	140,205	128,579	7,058	1,977	2,591
Windsor and Maidenhead	144,560	131,325	9,604	1,432	2,199
Wokingham	154,380	140,478	10,190	1,397	2,315

Source: Office for National Statistics (2012)

West Berkshire Needs Assessment

Residents of West Berkshire have good levels of health in general - both men and women in West Berkshire are expected to live longer on average and benchmarked indicators of health show West Berkshire in a favourable light.

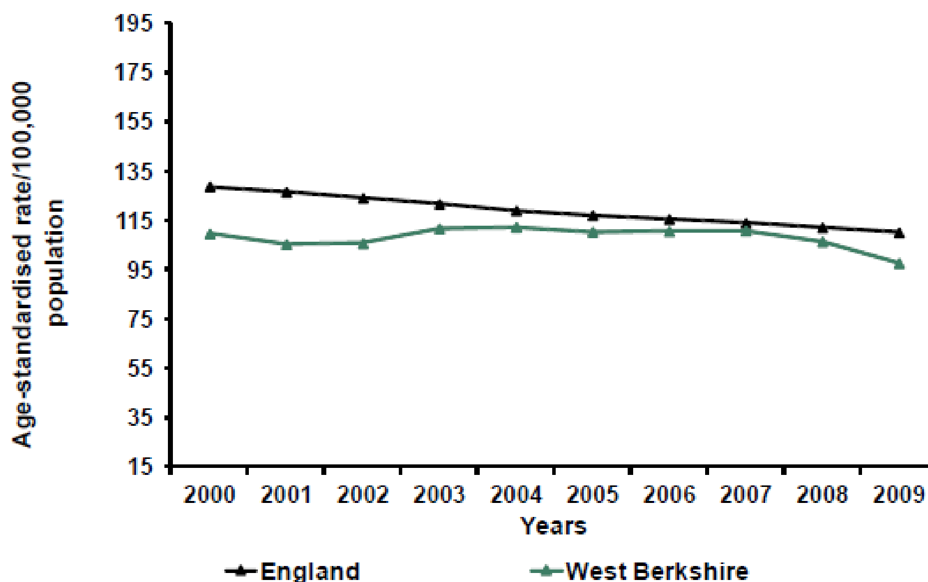
Between 2001 and 2011, the number of people aged over 65 has risen by just under 4,500 (23%). This continued increase in numbers of residents aged over 65 in the next 10 years will see more people with long term conditions including diabetes, heart failure and dementia

Like neighbouring Boroughs, the commonest cases of early deaths are cancer, heart disease and stroke, lung disease and liver disease.

Cancer

Death rates from cancer are reducing, as they are nationally, however cancer is still the leading cause of premature death in West Berkshire causing 130 deaths per 100,000 people (*Longer Lives, Public Health England*).

Figure 14: Rate of deaths from cancer for people aged under 75 in West Berkshire (2000-2009)



Source: Association of Public Health Observatories, 2012 Local Health profile

Screening is a key health intervention that will allow earlier detection of cancer or its precursors. In West Berkshire whilst uptake of breast and cervical cancer screening is above the England average, bowel cancer screening uptake needs improvement to reach the expected target.

Heart Disease and stroke

The modelled prevalence of heart disease and stroke in West Berkshire is shown in Figure 15.

Figure 15: Recorded and estimated prevalence of heart disease and stroke in West Berkshire

Disease	GP recorded prevalence (2012/13)	Modelled/ Estimated (2011)
Hypertension (high blood pressure)	28.4%	28%
Coronary heart disease	2.5%	5%
Stroke	2%	2%

Source: Health and Social Care Information Centre (2013)

Heart disease is caused by a range of risk factors - lifestyle and modifiable risk factors can be influenced to reduce an individual's risk of heart disease. The NHS Health Checks programme is a risk assessment and management programme aimed at preventing and delaying the onset of cardiovascular diseases such as heart and kidney disease, diabetes and stroke.

Developing well

West Berkshire has lower than average rates of obesity in children, though adults are becoming increasingly overweight.

Teenage conception rates are decreasing, though reported access to sexual health advice is an ongoing issue.

Living Well - Lifestyle

Smoking

Smoking has long been known to be a major risk factor in many diseases including cardiovascular disease, respiratory diseases, and many cancers.

Tobacco use is the single most preventable cause of death in the England – killing over 80,000 people per year. This is greater than the combined total of preventable deaths caused by obesity, alcohol, traffic accidents, illegal drugs and HIV infections (*Action on Smoking and Health, 2013*).

Whilst smoking prevalence in West Berkshire is close to the England average (18.8%) and in routine and manual workers is higher than the national average (31% v 30% nationally) approximately 230 per 100,000 people aged over 35 years will die due to smoking related illnesses. In addition 900 people will be admitted to hospital with smoking related illnesses (*Local Tobacco Control Profile, 2013*).

Alcohol

Alcohol consumption above these recommended levels is associated with numerous health and social problems. This includes several types of cancer, gastrointestinal and cardiovascular conditions and psychiatric and neurological conditions. The social effects of alcohol have been associated with road accidents, domestic violence, antisocial behaviour, crime, poor productivity and child neglect.

The ongoing trend of a reduction in alcohol consumption by Young People in West Berkshire continues.

Estimates of binge drinking behaviour suggest in West Berkshire fewer than 18% of the population aged over 18 years of age engage in binge drinking, which is close to the national and regional averages of 20% and 18% respectively.

Higher risk drinking is the level of drinking that has the greatest risk of health problems and is quantified as more than 50 units a week for men and more that 35 units a week for women. Modelled estimates suggest that 7% of the West Berkshire LA population engage in higher risk drinking, which translates to almost 9000 people in West Berkshire seriously damaging their health through alcohol misuse (*LAPE, 2013*).

Flu Immunisation

Flu immunisation is a key public health programme that reduces the mortality and morbidity from this common condition. Whilst West Berkshire was one of a minority of areas that achieved the 75% target for patients aged over 65, the at risk groups had significant gaps in uptake.

Figure 16: Recorded and estimated prevalence of heart disease and stroke in West Berkshire

	Aged 65 years and over		Aged 6 months to 64 years in clinical risk groups		Pregnant women	
Target uptake	75% (2012/13)	Distance from 2013/14 target of 75%	70% (2012/13)	Distance from 2013/14 target of 75%	70% (2012/13)	Distance from 2013/14 target of 75%
West Berkshire	76.7%	1.7%	59.4%	-15.6%	46.9%	-28.1%
Berkshire West	75.9%	0.9%	56.4%	-18.6%	48.3%	-26.7%
England	73.4%	-1.6%	51.3%	-23.7%	40.3%	-34.7%

Source: NHS Thames Valley Local Area Team (2013)

Mental Health

Depression and anxiety disorders are common throughout the UK population. However whilst 125 people in every 100,000 people living in West Berkshire are admitted to hospital due to mental ill health, this is lower than the national and regional average. In West Berkshire, about 7 people in every 100,000 commit suicide (or injury of undetermined intent) and this is mirrored by the fact that fewer people in West Berkshire are recorded as having severe and enduing mental health issues. However 13 % of patients on GP registers are recorded as having depression - more than the England average (*West Berkshire JSNA*).

Ageing Well

In West Berkshire, the percentage of the population aged 65+, 75+ and 85+ is significantly higher than the England average.

The population of people over 65 years is forecast to increase from 25,100 in 2012 to 31,200 in 2020 and those aged 85 years from 3,200 in 2012 to 4,300 in 2020.

- 3,500 people aged 65 to 74 and 5,500 people aged 75 and over living in West Berkshire are estimated to be living alone.
- Around 2,150 people aged 65 and over living in West Berkshire are estimated to have depression in 2012 with numbers rising slightly year on year.
- West Berkshire has a higher rate of delayed transfers of care than would be expected against the national and regional benchmarks. This is also the case for delayed transfers of care that are attributable to adult social care.

Wider Determinants and Vulnerable groups

There is a higher percentage of households in rural areas of West Berkshire that are estimated to be living in 'fuel poverty'

Around 40 people in every 100,000 are killed or seriously injured on West Berkshire's roads each year which is the only benchmarked indicator where West Berkshire is significantly worse than the England average.

The significant amount of rurality within West Berkshire which requiring outreach or transport solutions for services in rural wards.

Monitoring against the Public Health Outcomes Framework

The Public Health Outcomes Framework includes over 60 indicators, which measure key aspects of public health within a Local Authority area. In August 2014, West Berkshire was seen to be "significantly worse" than the England figures on five of these measures:

1.02ii	School readiness - % of Year 1 pupils with FSM status achieving the expected level in the phonics screening check
1.18i	Social isolation - % of adult social care users who say they have as much social contact as they want
2.21vii	Access to Diabetic Eye Screening
2.22v	NHS Health Checks - % of eligible population who received and NHS Health Check
3.02ii	Chlamydia diagnoses (15-24 year olds)

Local Commissioning Strategies

West Berkshire Health and Wellbeing Strategy

The Health and Wellbeing Vision for West Berkshire is:

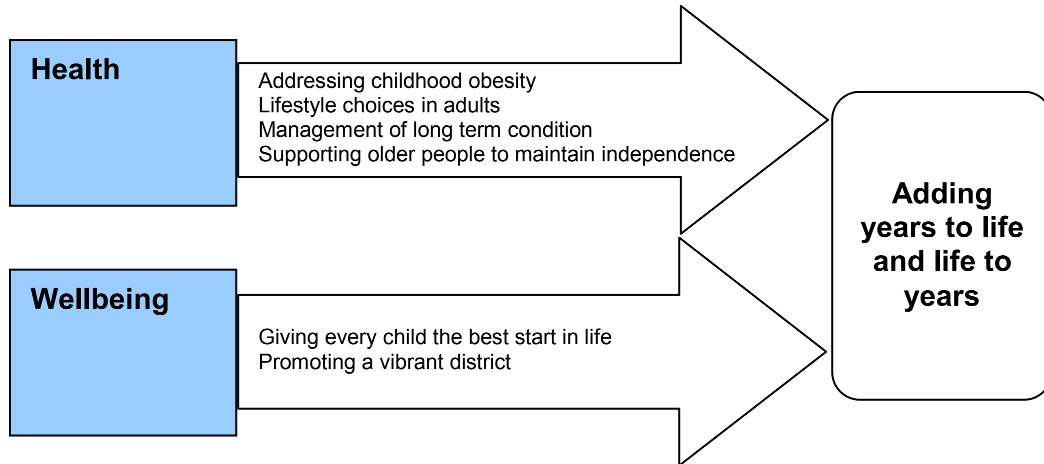
We aim to add years to life and life to years for the residents of West Berkshire

A number of key values have been adopted in producing the strategy these include:

- We aim to reduce the unacceptable inequalities in health across West Berkshire.
- We will promote independence and reduce social exclusion.
- We will address underlying environmental and economic determinants of health.
- We will get the best value from our resources.
- We will invest in prevention and early intervention.
- We will use evidence of effectiveness to inform everything that we do.
- We will deliver cost effective health and care services as close to people's homes as is possible.

The Strategy commits to the following objectives:

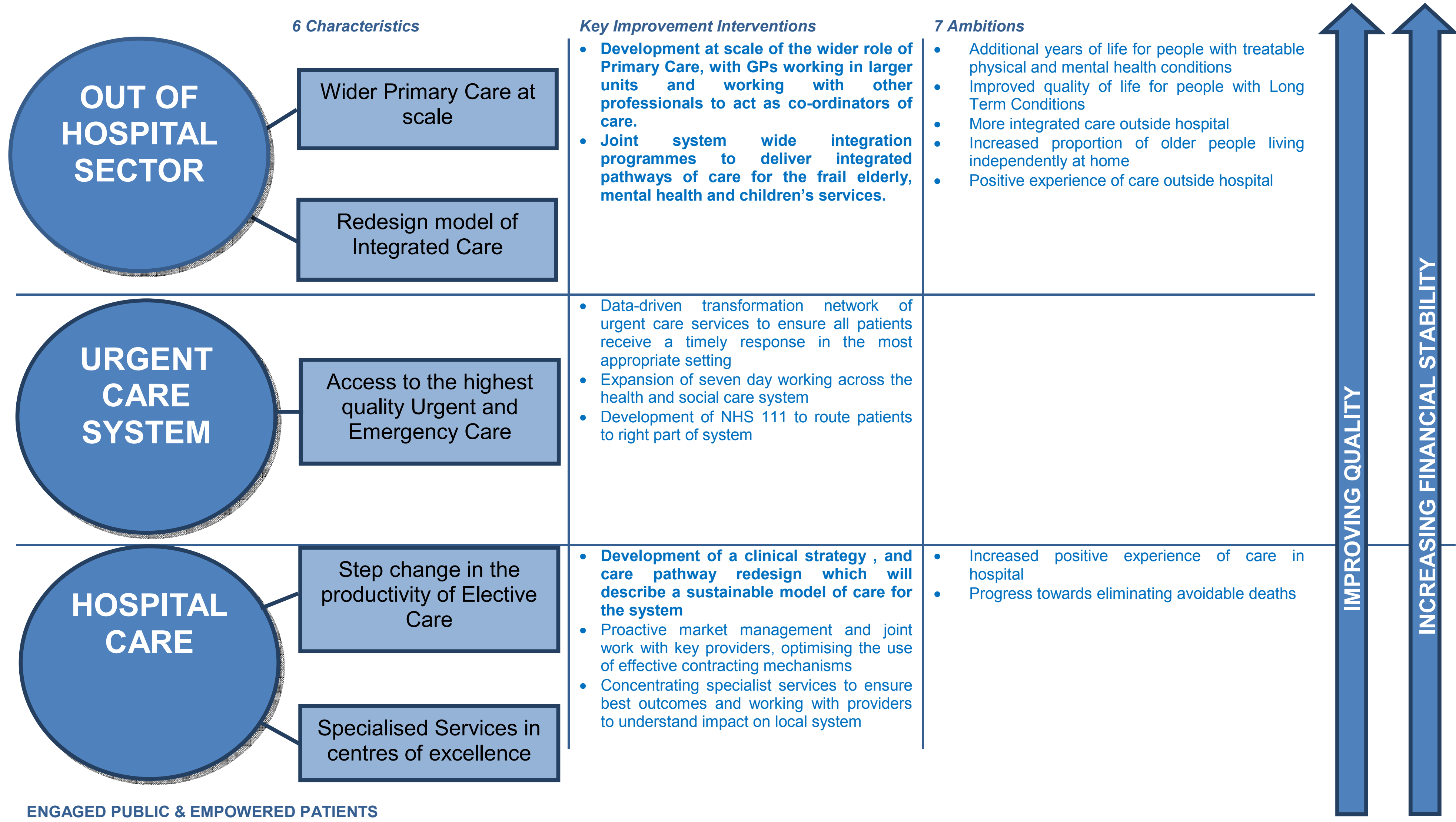
- To offer all children in West Berkshire the best start in life.
- To prolong life expectancy whilst maintaining a high quality of life in later years.
- by promoting healthier lifestyles and positive mental health throughout the life course.
- To sustain thriving and supportive communities.
- To improve access to services through transport and opportunities to walk and cycle.
- To ensure the highest possible standards of health and social care service provision.
- To support programmes which support sustainable development.
- To focus activities on key settings for health, such as schools, workplaces, health and care establishments.



CCG Strategy

The local NHS commissioners in West Berkshire are Newbury and District CCG. This CCG works collaboratively with 2 CCGs in Reading and Wokingham CCG. This collaboration encompasses their strategic planning function and the recent produced strategic plan is included below, which summarises their key priorities.

Figure 17: Berkshire West CCGs Strategic Plan on a Page



Page 113

Current Pharmacy Provision

As detailed above the core Pharmaceutical services are provided through the National Pharmacy Contract which has three tiers:

- Essential Services
- Advanced services
- Enhanced Services

This contract is managed by NHS England (Thames Valley Area Team locally).

However in addition community pharmacy can be commissioned by:

- CCGs - local commissioned services to support local needs and service transformation
- Local Authorities - locally commissioned services to support local needs

There are currently 29 community pharmacies in West Berkshire and 162 across Berkshire. These provide the essential services and arrange of advanced and enhanced services. The types of business vary from multiple store organisations to independent contractors. There are two100 hour pharmacies in West Berkshire.

Pharmacy of course is also available at our Hospital sites across Berkshire: There are pharmacies at Wexham Park Hospital, Royal Berkshire Hospital and Frimley Park Hospital. These are open to 6pm on weekdays and limited hours at weekends. However, they only dispense hospital prescriptions and will not do Standard Operating Procedure FP10 Prescriptions. They do not sell any products and do not offer any additional services to the public.

Essential Services

The following services form the core service provision required of all 24 Wokingham pharmacies as specified by the NHS Community Pharmacy Contract 2013.

- **Dispensing** - Supply of medicines and devices ordered through NHS prescriptions together with information and advice to enable safe and effective use by patients. This also includes the use of electronic RX (electronic prescriptions). Community pharmacies support people with disabilities who may be unable to cope with the day-to-day activity of taking their prescribed medicines.
- **Repeat dispensing** – Management of repeat medication in partnership with the patient and prescriber.
- **Disposal of unwanted medicines** – acceptance (by community pharmacies) of unwanted medicines which require safe disposal from households and individuals.

- **Signposting** - The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy.
- **Public Health promotion** – Opportunistic one to one advice given on healthy lifestyle topics such as smoking cessation.
- **Support for self care** - Opportunistic advice and support to enable people to care for themselves or other family members.
- **Clinical governance** – Requirements include use of standard operating procedures, ensuring compliance with the Disability Discrimination Act and following quality frameworks to ensure safe delivery of services.

Advanced Services

Currently the only Advanced Services which are commissioned nationally are Medicine Use Review (MUR), Appliance Use Review (AUR) and Prescription Intervention Service. The MUR and AUR services provided by pharmacists are to help patients in the use of their medication and appliances. A MUR includes what each medicine is used for, side effects and if the patient has any problem taking them. The Prescription Intervention Service is in essence the same as the MUR service, but conducted on an ad hoc basis, when a significant problem with a patient's medication is highlighted during the dispensing process.

Enhanced Services

The following enhanced services that are currently commissioned, as at August 2014 by:

Public Health within the council:

- **Supervised consumption** - This service requires the pharmacist to supervise the consumption of opiate substitute prescribed medicines at the point of dispensing in the pharmacy so ensuring that the dose has been administered to the patient.
- **Needle exchange** - The pharmacy provides access to sterile needles and syringes, and sharps containers for return of used equipment. The aim of the service is to reduce the risk of blood borne infections that are prevalent in people who inject drugs.
- **Chlamydia Screening** – Pharmacists supply Chlamydia Screening Postal Kits to any person aged between 15 and 24 upon request and will opportunistically offer Chlamydia Screening Postal Kits to young people attending the pharmacy who may be sexually active. This service aims to improve access to Chlamydia screening and so reduce the prevalence of Chlamydia.
- **Emergency Hormonal Contraception** - Pharmacists supply Emergency Hormonal Contraception (EHC) also known as the

‘morning after pill’, when appropriate to patients in line with the requirements of a locally agreed Patient Group Direction (PGD).

- **Smoking Cessation Services** – Working with the main provider of Smoking cessation services pharmacies provide a range of support including medication to people who want to give up smoking.
- **NHS Health Checks** - Pharmacies are commissioned to deliver NHS health checks to anyone aged 40 – 74, who does not have an existing cardiovascular condition. This provides the individual with an assessment of their risk on developing heart disease and allows signposting to GP follow up or health promotion services e.g. weight reduction / smoking cessation

By the CCGs within Berkshire:

- **Palliative Care Urgent Drugs Scheme** - making available locally a list of medication that may be required urgently for palliative care patients. A number of pharmacies ensure they keep the items in stock and can be accessed out of hours if required.

Advice to care homes is not available through community pharmacy but is provided by the medicines management teams in each CCG. This service provides support to staff within care homes, over and above the Dispensing Essential Service, to ensure the proper and effective ordering of drugs and appliances and their clinical and cost effective use, their safe storage, supply and administration and proper record keeping. This service is to improve patient safety within the care home and to ensure the safe storage, supply and administration of medicines.

By NHS England:

- Flu Immunisation - A pilot scheme was developed to increase flu vaccination availability in high risk groups through community pharmacy. In 2014 this scheme is being extended across Berkshire.

Private Services**:**
Some pharmacies offer private services, which are not commissioned, but are available to customers for additional payment e.g. diabetes screening.

Pharmacy provision - current

Identified Health Needs	Current service provision Community pharmacy
Adults Self care	Signposting is part of core contract
	Medicine utilisation reviews
	Health promotion campaign part of core contract
Smoking	Solutions for health sub contract
Alcohol	Pilot programme in pharmacies raising awareness of alcohol units
Cancer	Health promotion campaigns - bowel screening as part of core contract.
Cardiovascular disease	NHS health checks
Chronic Obstructive Pulmonary Disease (COPD)	Medicine utilisation reviews
Older people Winter excess death Winter warmth Flu Immunisations Falls	Pilot of Flu immunisation to at risk groups
Dementia	Friends trained
Sexual Health	Emergency hormonal contraception Access to condoms - C Card scheme Signposting to Chlamydia screening
Substance misuse	Needle exchange Supervised consumption

Current Pattern of Enhanced services

For more details see Appendix 2.

In addition to community pharmacies, to ensure access in defined rural areas (controlled localities) - GPs may provide dispensing services to patient who live more than 1.6km from a pharmacy.

West Berkshire has 7 dispensing doctors:

1. Lambourn Surgery Brockhampton
2. Kintbury And Woolton Hill Surgery Newbury Street
3. The Downland Practice East Lane Surgery Chieveley

4. Mortimer Surgery Victoria Road Mortimer
5. Theale Medical Centre Englefield Road Theale
6. Chapel Row Surgery The Avenue Bucklebur
7. Pangbourne Medical Practice Boathouse Surgery Pangbourne

There is one Essential small pharmacy local pharmacy service (ESPLPS) in West Berkshire:

- Downland Pharmacy, East Lane, Chieveley, Newbury, RG20 8UY

An ESPLPS pharmacy is open in a neighbourhood where it is not 'financially viable' to be open but it is in an area where it is believed that the local population require access to pharmacy services. The contract allows a subsidy to the pharmacy to remain open in that area depending on the level of prescriptions dispensed. The Department of Health have reviewed the ESPLPS contracts and have extended current arrangements until 2016.

Outside of area service providers

Residents can of course access pharmacies in other areas, and West Berkshire border with the following authorities:

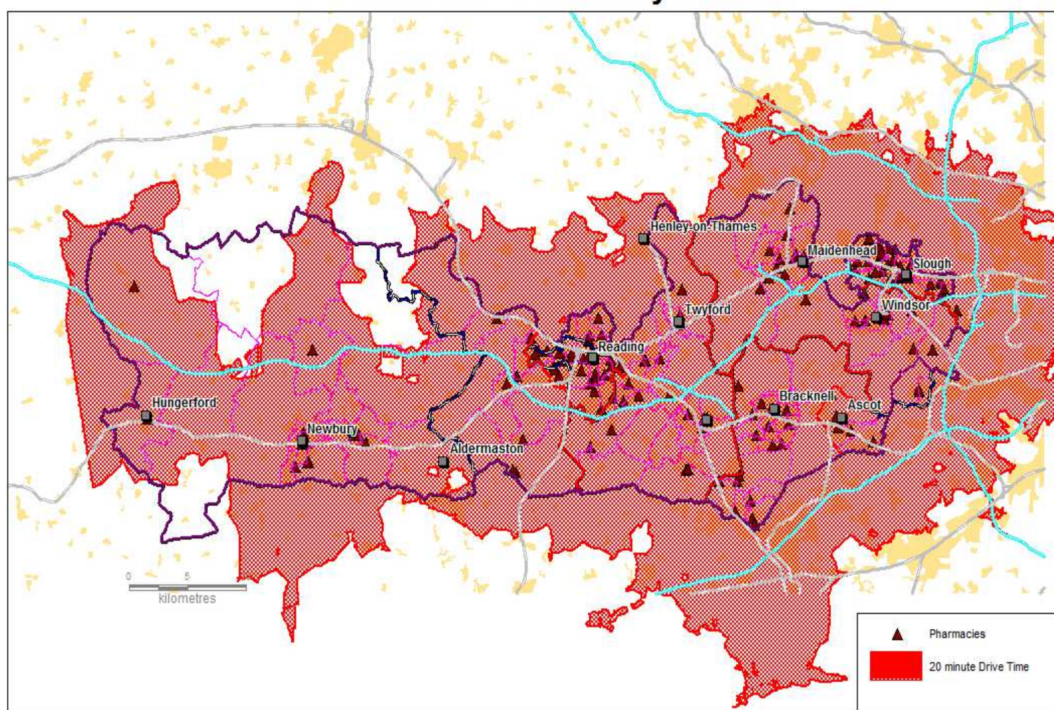
- Reading
- Hampshire
- Wiltshire
- Wokingham
- Oxfordshire

The map of provision shows the neighbouring pharmacies which are accessible to local residents. Information has been gathered on cross border services Appendix 1.

Pharmacy Access and Services

One measure of accessibility is the number of patients that can get to a pharmacy within 20 minutes driving time (see Figure 18). For West Berkshire it can be seen that not all of the population can access a pharmacist within this time. This reduced access typifies the challenges of a rural community.

Figure 18: Population of Berkshire that can get to a pharmacy within a 20-minute drive time

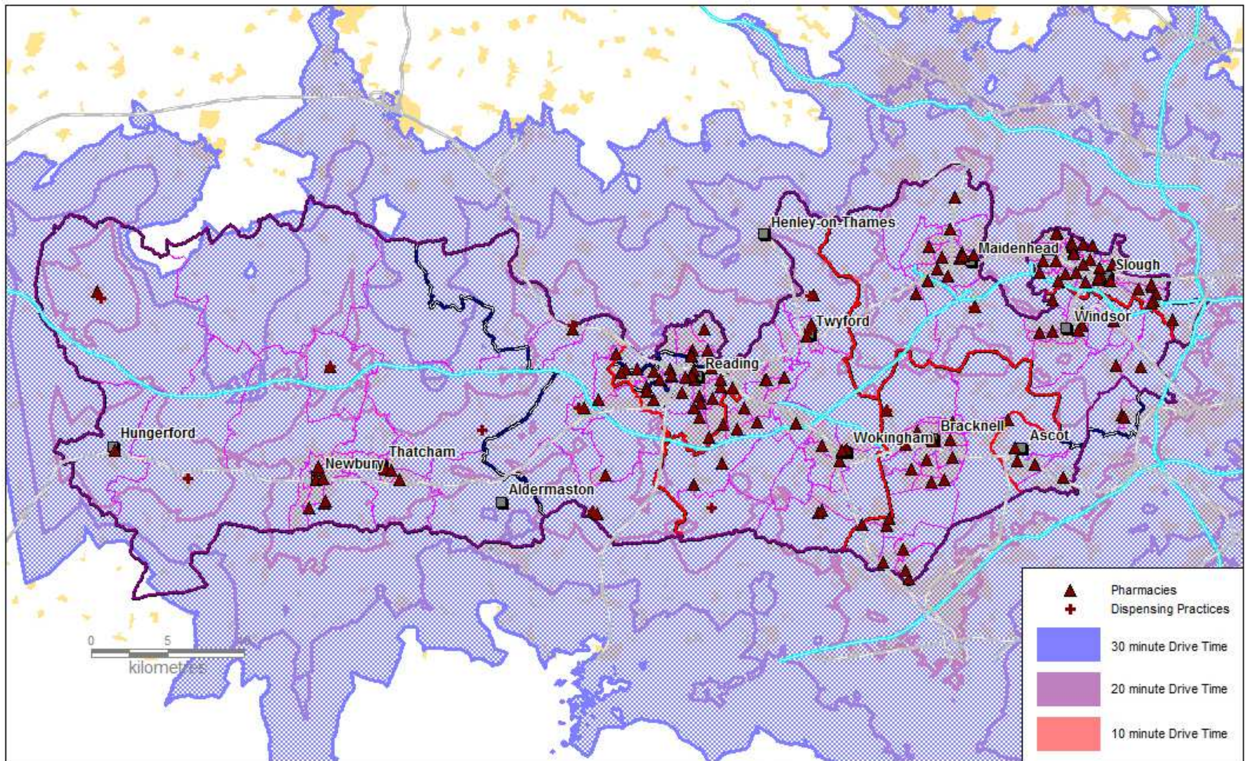


The total population of West Berkshire in 2013 was 155,392. If we model the numbers that might be affected by access issues then the estimated population affected is approximately 3,100 residents. The centres of population that are possibly not covered are places that are either within the gaps of 20 minute coverage, or on the border of them:

- Aldermaston - AWE
- Aldworth
- Ashampstead
- Brightwalton
- Combe
- Compton
- Frilsham
- Hampstead Norreys
- Welford
- Yattendon

Figure 19 shows the coverage of 30 minute drive times. The remaining gaps appear to have an estimated population of less than 100.

Figure 19: Population of Berkshire that can get to a pharmacy within a 10, 20 or 30-minute drive time

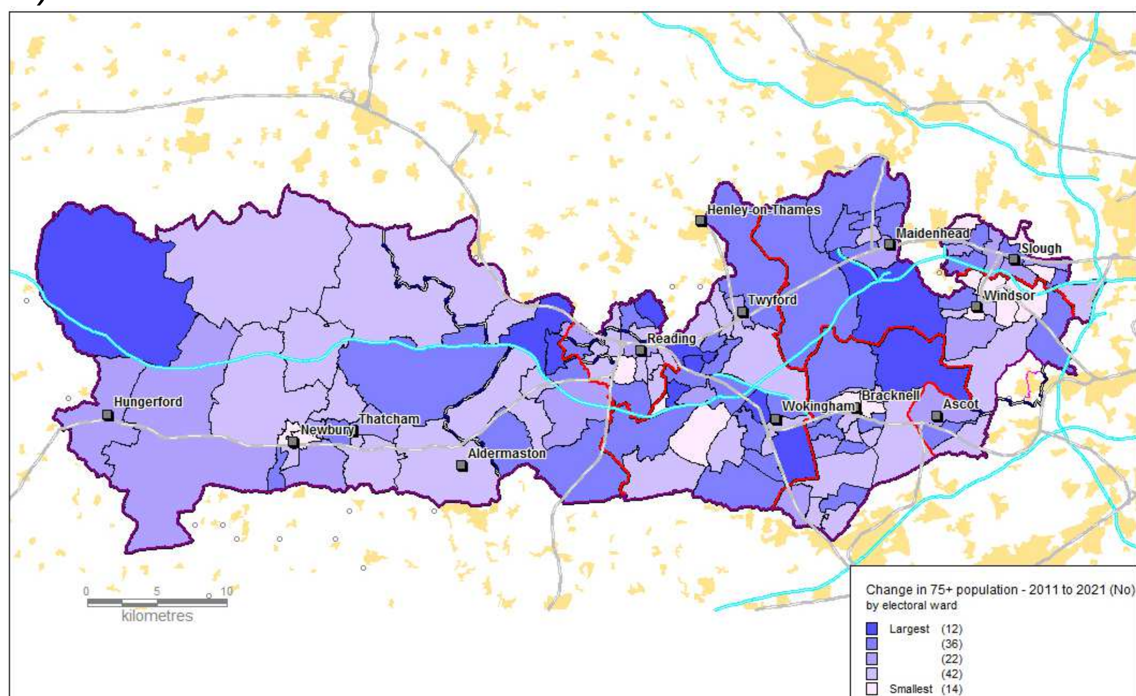


Berks_PNA_Jul14_v1.wor 14/07/2014 Sid Beauchant BHFT

Reproduced from OS data by permission of Ordnance Survey,
on behalf of the Controller of Her Majesty's Stationery Office (Licence No. OSKWFG1110),
NAVTEQ data by permission of NAVTEQ Corporation Licence No. NVMM0611, NVMM0612)
GeoPlan data by permission of Geoplan (Licence No. GPKW9912)
© Crown Copyright - 2014 All rights reserved

Since access is usually more difficult for older residents we have mapped the wards where the largest percentage increase in residents over the age of 75 years is likely to occur. It should be noted that the limited access in the north boundary does impact on this ward.

Figure 20: Change in population aged 75 and over within Berkshire (2011 to 2021)



PROJ_Local_2011_Ward_Berks.wor 19/05/2014 Sid Beauchant BHFT

Reproduced from OS data by permission of Ordnance Survey,
on behalf of the Controller of Her Majesty's Stationery Office (Licence No. OSKWFG1110),
NAVTEQ data by permission of NAVTEQ Corporation Licence No. NVMM0611, NVMM0612)
GeoPlan data by permission of Geoplan (Licence No. GPKW9912)
© Crown Copyright - 2014 All rights reserved

Source: Office for National Statistics (2014)

Opening Hours

A survey was undertaken of all pharmacists in West Berkshire. 19 providers out of 29 providers took part on this survey. The following information is taken from the survey.

All providers are open Monday to Friday between 6 am and 11 pm depending on the day of the week. 66% of providers are open on Saturdays, with 14% open on a Sunday. In addition West Berkshire has two '100 hour per week' pharmacists.

Consultation Facilities

To deliver the advanced services e.g. medicines utilisation reviews and to potentially support patients with more knowledge on their illnesses and increase patient confidence in self care, pharmacist will need an area to provide this level of support in a confidential setting.

In West Berkshire 74% of providers have wheel chair accessible consultation facilities, an additional 22% have a consultation space however it is not wheel chair accessible. Only 4% do not have consultation space available.

Advanced Services

Within West Berkshire all respondents provide advanced services for medicines, though this is not the case for appliance care and customisation services.

Figure 21: West Berkshire Pharmacy response to question about the provision of advanced services

	Yes	Soon	No
Medicines Use Review service	19 (100%)	0 (0%)	0 (0%)
New Medicine Service	19 (100%)	0 (0%)	0 (0%)
Appliance Use Review service	3 (15.8%)	0 (0%)	16 (84.2%)
Stoma Appliance Customisation service	1 (5.3%)	0 (0%)	18 (94.7%)

Additional language availability

There are only a few additional languages spoken in West Berkshire.

Collection and Delivery Services

Many patients with long term conditions have ongoing medication requirements. For them collection and delivery services may be crucial for accessing their prescriptions – having the prescription collected from the GP surgery and then delivered to their home.

95% of pharmacists in West Berkshire offer free prescription collection from the surgery services. In addition 85% of community pharmacies offer free delivery to patients when requested usually to patients with limited mobility.

IT connectivity

Moving forward service integration will require sharing of information and so it will become increasingly important for pharmacy to have IT connectivity if they are to play a role in transformed services. 95% of pharmacies in West Berkshire have IT connectivity with additional 5% planning connectivity in the next year.

Analysis of user survey

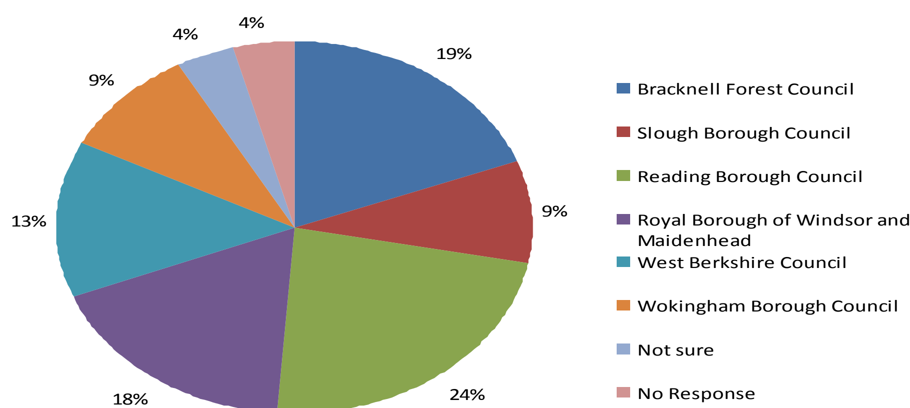
A key part of the PNA is to obtain the views of residents who use our community pharmacy and dispensing doctor services.

The survey was circulated in a number of ways. The survey was available at all of the local community pharmacists; the anonymous paper based surveys were then collected from these locations by courier. In addition the survey was available electronically on the Councils website. Posters in the pharmacies and press releases in the local papers tried to increase local awareness of the survey and to encourage participation.

Respondents

The survey was sent out across Berkshire, with 2,048 people responding. The responses by Local Authority are shown below.

Figure 22: Which local authority area do you live in?



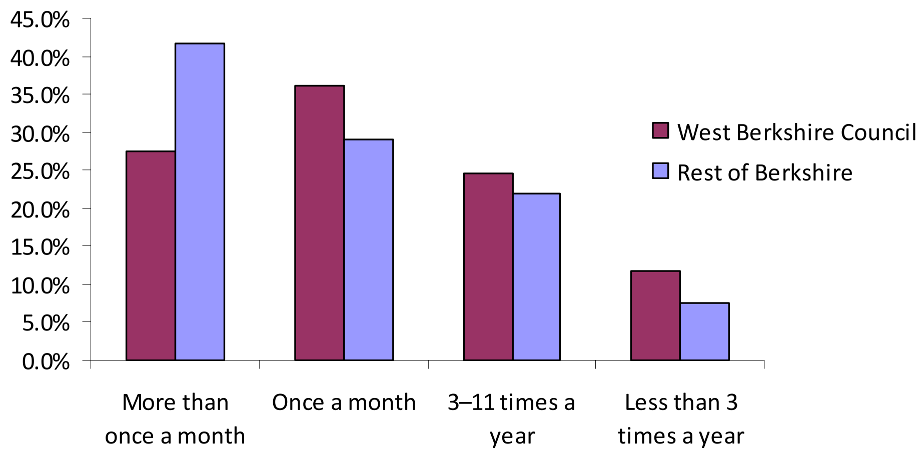
In West Berkshire there were 275 responses making up 13% of the total replies. Of these 93% were from respondents that classed themselves as white British and 3% as white other. The most common age groups that responded in West Berkshire was 45-54 year (27%) and 22% being aged 55-64 years. 17% of respondents were aged over 65 years

Pattern of use

Residents were asked what services they used: 93% replied that they used community pharmacy, 3% a dispensing appliance supplier (someone who supplies appliances such as incontinence and stoma products) and 4% internet pharmacy. These results show a similar pattern of use to the rest of Berkshire.

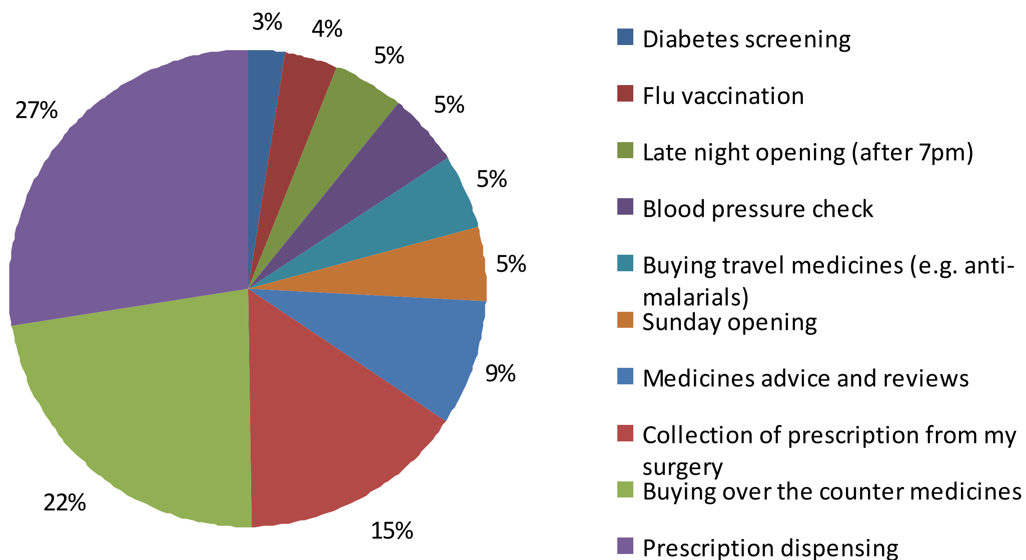
When residents were asked how often they used a community pharmacy they gave the following replies, which shows a lower usage in the “more than monthly” category than the rest of Berkshire.

Figure 23: How often do you use a pharmacy?



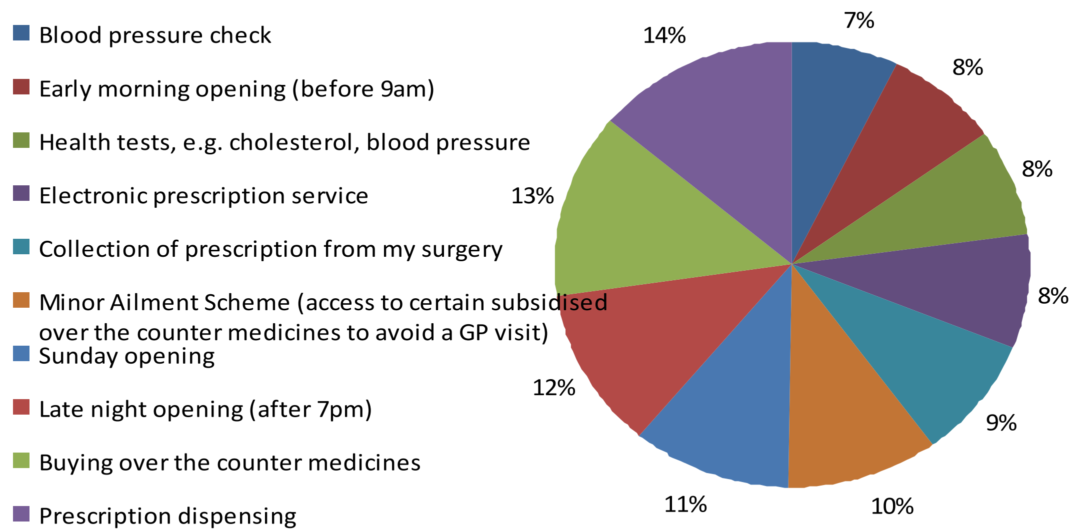
Additionally residents were asked about the type of services they currently use at their local pharmacy: As could have been expected the most common reason is to get prescriptions dispensed (27%) and buying over the counter medicines (22%). The results show how the respondents value to (voluntary) collection of prescription service provided by pharmacists (15%)

Figure 24: Which of the following service do you currently use at a pharmacy?



We also asked respondents' about the type of services they would like to see at a community pharmacy, whilst dispensing and medicines are still important and respondents wish to see extended opening times, 12% would like to see late night opening, 8% early morning opening and 11% Sunday opening.

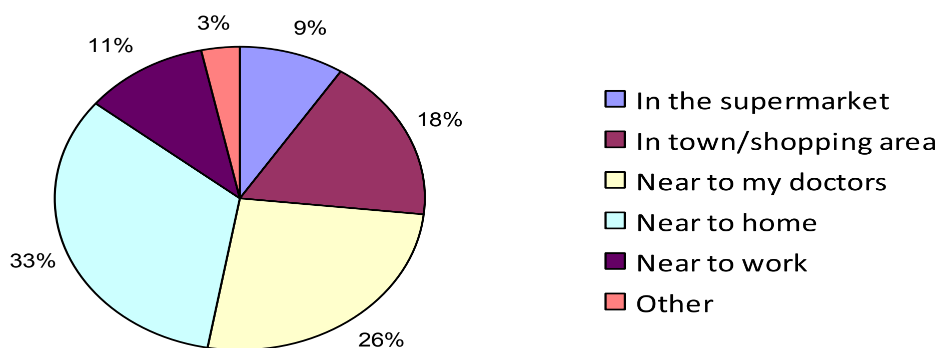
Figure 25: Which of the following services would you use at a pharmacy, if available? (Top 10 responses)



Access to pharmacy

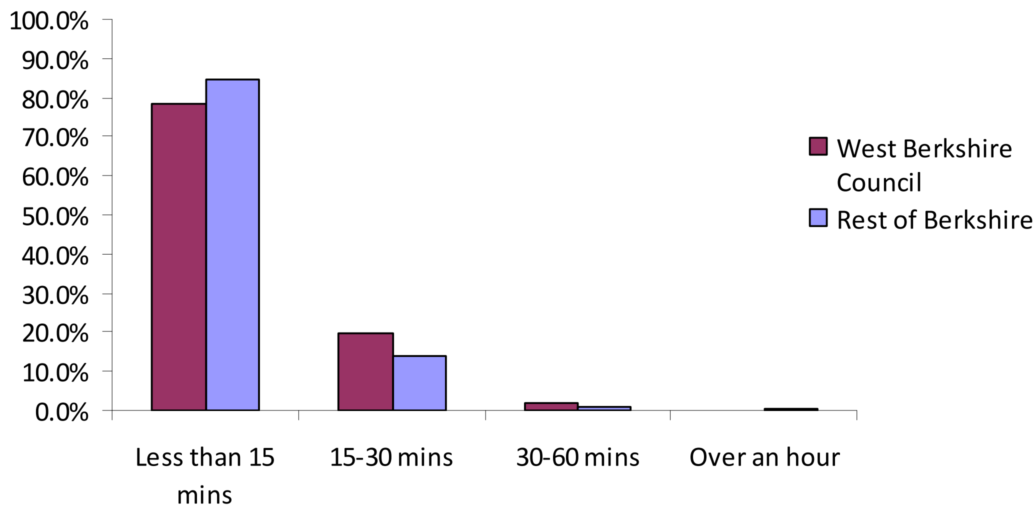
Respondents state they have good access to services with 97.5% being able to access the pharmacy of their choice. The commonest reason for choice of pharmacy service was proximity to home (33%) with 26% stating that proximity to GP was the key factor , however respondents in West Berkshire show the highest response in the town centre access category being important in comparison to the rest of Berkshire (18%).

Figure 26: Reason for choice of pharmacy



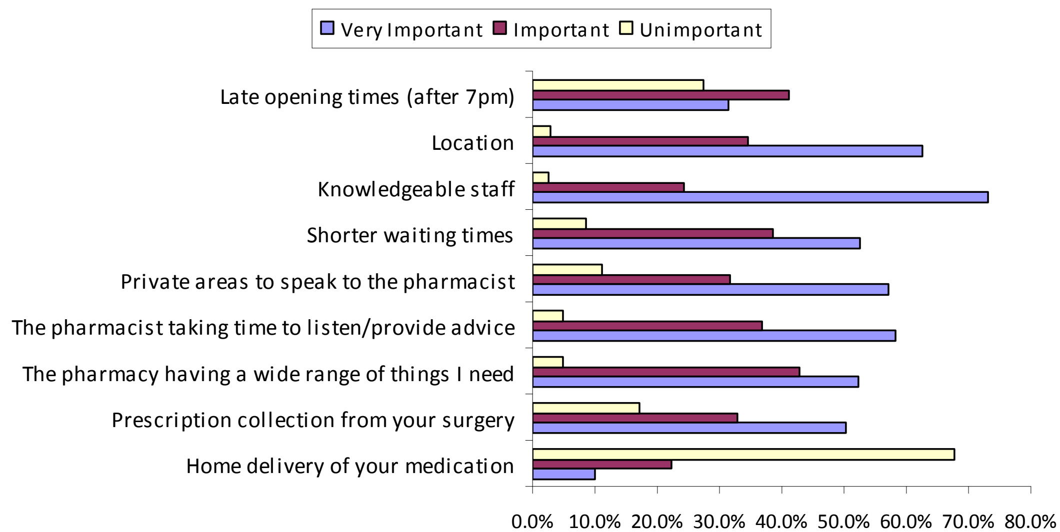
More respondents' access pharmacy on foot (52%) with 40% using the car. 79 % of respondents can access services within 15 minutes and 20% within 15-30 minutes.

Figure 27: How long does it take you to travel to your pharmacy?



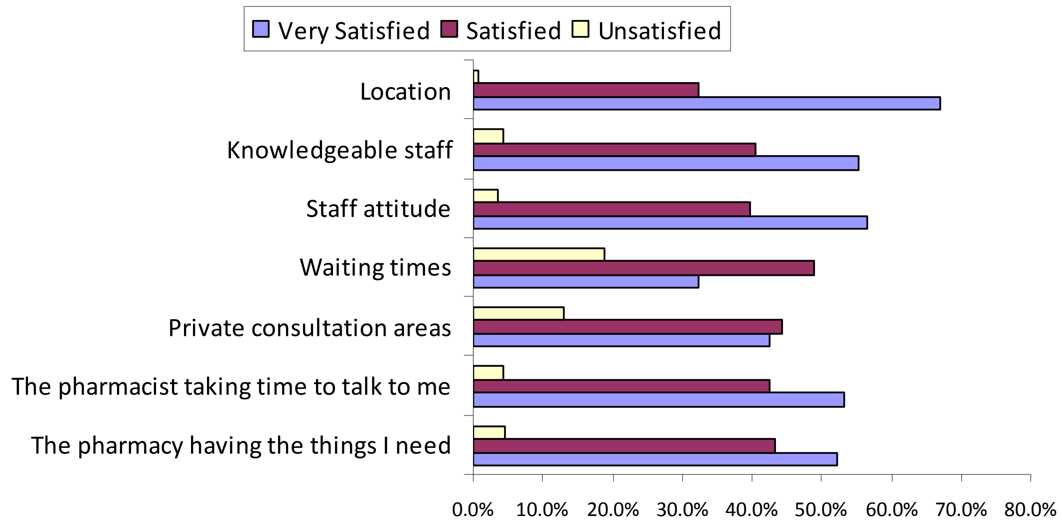
We asked respondents to rate the importance of the various services that pharmacies offer. The availability of knowledgeable staff is important closely followed by location.

Figure 28: How important are the following pharmacy services?



The final section of the survey tested the respondent's satisfaction with services. As has been seen there is a generally high level of satisfaction across most areas, the lowest level of satisfaction was with the waiting times and private consultation space – for waiting time 19% expressed dissatisfaction and consultation space 13%. These are the highest levels of dissatisfaction seen across Berkshire.

Figure 29: How satisfied were you with the following services at your regular pharmacy?



Recommendations

The regulations governing the development of pharmaceutical needs assessments requires an assessment of pharmaceutical services in terms of:

- Services currently commissioned that are necessary to meet a current need
- Services not currently commissioned that may be necessary in specified future circumstance
- Services not currently commissioned that may be relevant in the future because they would secure improvements or better access to pharmaceutical services to address needs identified in the population.

Essential services

In order to assess the provision of essential services against the needs of our population (Appendix 6) we mapped and assessed the location of pharmacies, their opening hours and the provision of other dispensing services. See Appendix 1. These factors which we consider to be key factors in determining the extent to which the current provision of essential services meets the needs of our current population.

Access

Current pattern of services provides good physical access to patients; however there are some gaps in this coverage. The modelling shows that approximately 3,000 residents are affected under this measure of access. In a rural areas access to services is a characteristic issue. If we look at 30 minute drive times then the numbers affected become very small.

However West Berkshire is also an older population and we therefore looked at wards where the greatest percentage rise in over 75 year's olds is predicted to occur, and this did coincide with one of the areas of poor coverage. However in West Berkshire 86%. Of respondents offer free delivery services (not a contractual requirement) which of course minimises the access problems currently .

Opening Hours

All providers are open Monday to Friday between 6 am and 11 pm depending on the day of the week. 66% of providers are open on Saturdays, with 14% open on a Sunday. In addition West Berkshire has two '100 hour per week' pharmacists.

Patient views

93% of respondents used community pharmacy. The user survey shows that respondents are generally very satisfied with pharmacy services in the borough. 97% are able to access the pharmacy of their choice, with 79% being able to access services within 15 minutes. The lowest levels of

satisfaction were seen with private consultation space and waiting times waiting time - 19% expressed dissatisfaction with waiting times and consultation space 13%, which are the highest levels of dissatisfaction expressed in Berkshire

Conclusion - Essential services

Overall the findings show that the pharmacy services currently provided are comprehensive and address the needs of West Berkshire residents.

In addition it is noted that in both the Health and well being strategy and the CCG commissioning plans there is a focus on self care, health promotion and early intervention services. In essence making it easier for residents to access information to understand and manage their own condition with expert professional advice and intervention as needed. Pharmacists have a key role to play in this and as this is a core essential service we would encourage all commissioners to work collaboratively with community pharmacy in this endeavour.

- Promotion of healthy lifestyles
- Prescription linked interventions
- Public health campaigns
- Signposting
- Support for self care

Advanced services

The advanced services are:

- Medicines Use Review and Prescription Intervention (MURs)
- Appliance Use Reviews (AURs)
- Stoma Appliance Customisation Services (SACs)

These services aim to improve patients' understanding of their medicines; highlight problematic side effects & propose solutions where appropriate; improve adherence; and reduce medicines wastage, usually by encouraging the patient only to order the medicines they require and highlighting any appropriate changes to the patient’s GP to change their prescription.

An important feature in the provision of advanced services is the provision of consultation areas within pharmacies; this was explored in some depth in the pharmacy contractor survey. 95% of pharmacies in West Berkshire provide access to consultation areas. In addition there is good provision of MUR services, 100% of respondents provide medicines support particularly relevant to residents with long term conditions.

Conclusion - advanced services

Again the purpose of advanced services fits well with the local population and the increasing numbers of residents with ongoing conditions and fits with the Health and Wellbeing strategy and CCG strategic plans.

Pharmacists through their role in dispensing and MUR services can identify key residents at risk of complications and support their care. Work could continue with our pharmacy contractors to develop commissioned extensions to MUR services to widen access and target provision with high priority patient groups, for example: patients at risk of falls as an identified need.

We will also work with pharmacy contractors, the LPC and LMC to improve understanding and awareness of MUR among patients and the public.

Locally Commissioned Services

Whilst it seems that there are sufficient numbers of pharmacies within West Berkshire the JSNA has identified a number of needs that in the future pharmacists could potentially address. The table below shows identified health needs that could be addressed through commissioning of pharmaceutical services, subject to a robust business case and contractual negotiations.

Figure 30: Summary of identified health needs and potential developments in West Berkshire

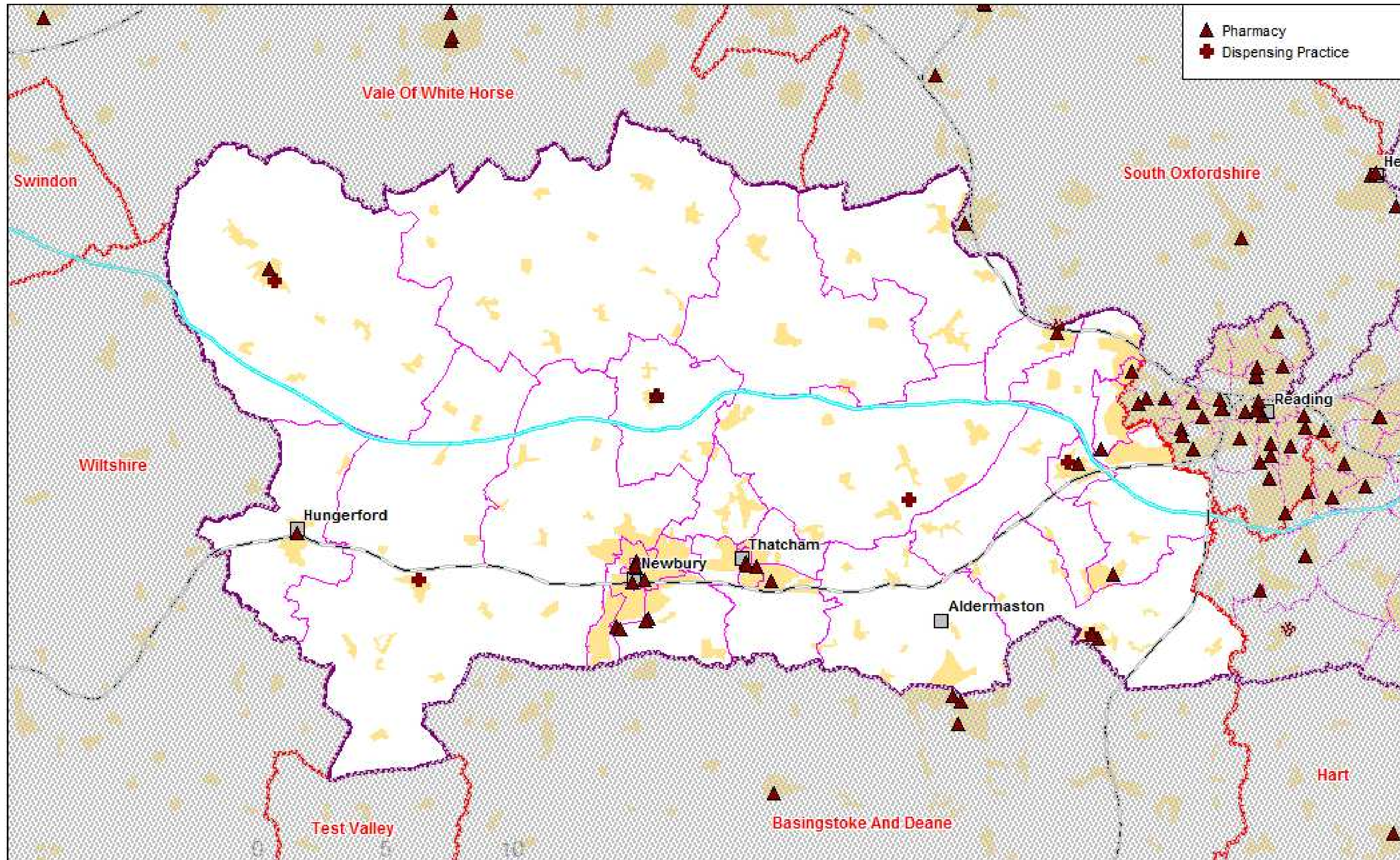
Identified Health Needs	Current service provision Community pharmacy	Potential community pharmacy development
Adults Self care	Signposting is part of core contract	Strengthen use of community pharmacy as information hub for community contact - access to voluntary sector groups, exercise advice, "Making every contact Count" – building on the home delivery services offered (but not a contractual element) through many pharmacies to identify frail patients at risks and support preventative integrated care
	Medicine utilisation	To build on MUR and

Identified Health Needs	Current service provision Community pharmacy	Potential community pharmacy development
	reviews	support wider information on the specific illness / motivational interviewing etc – e.g diabetes, respiratory illness
	Health promotion campaign	Develop skills to increase capacity and capacity of pharmacies teams to provide information and support healthy lifestyle choice - Making every count
Smoking	Solutions for health sub contract	Widen participation of community pharmacy
Alcohol	Pilot programme in pharmacies raising awareness of alcohol units	Expansion of this programme into a full Alcohol Intervention and Brief Advice Service
Cancer	Health promotion campaigns - bowel screening as part of core contract.	Build on dispensing opportunities to identify worrying symptoms to sign post to care
Cardiovascular disease	NHS health checks	Expansion of provision within the communities focussing on the more deprived communities
Chronic Obstructive Pulmonary Disease (COPD)	Medicine utilisation reviews	Develop capacity and techniques to support inhaler technique
Older people Older people Winter excess death Winter warmth Flu Immunisations Falls	 Sign post vulnerable groups to support services Pilot of Flu immunisation to at risk groups	 Widen availability of flu immunisation to all groups Screen people on high risk medication to give targeted support and

Identified Health Needs	Current service provision Community pharmacy	Potential community pharmacy development
		signposting
Sexual Health	Emergency hormonal contraception Access to condoms - C Card scheme Chlamydia screening **and treatment by PGD**	
Substance misuse	Needle exchange Supervised consumption	PGD - naloxone therapy HIV Screening HepB&C Testing and treatment

Appendix 1: Map of Pharmacy Services in West Berkshire

Figure 1: Map of Pharmacies and Dispensing Practices in West Berkshire



Berks_PNA_ES_Aug14_r2.wor 27/08/2014 Sid Beauchant BHFT

Reproduced from OS data by permission of Ordnance Survey,
on behalf of the Controller of Her Majesty's Stationery Office (Licence No. OSKWFG1110),
NAVTEQ data by permission of NAVTEQ Corporation Licence No. NVMM0611, NVMM0612)
GeoPlan data by permission of Geoplan (Licence No. GPKW9912)
© Crown Copyright - 2014 All rights reserved

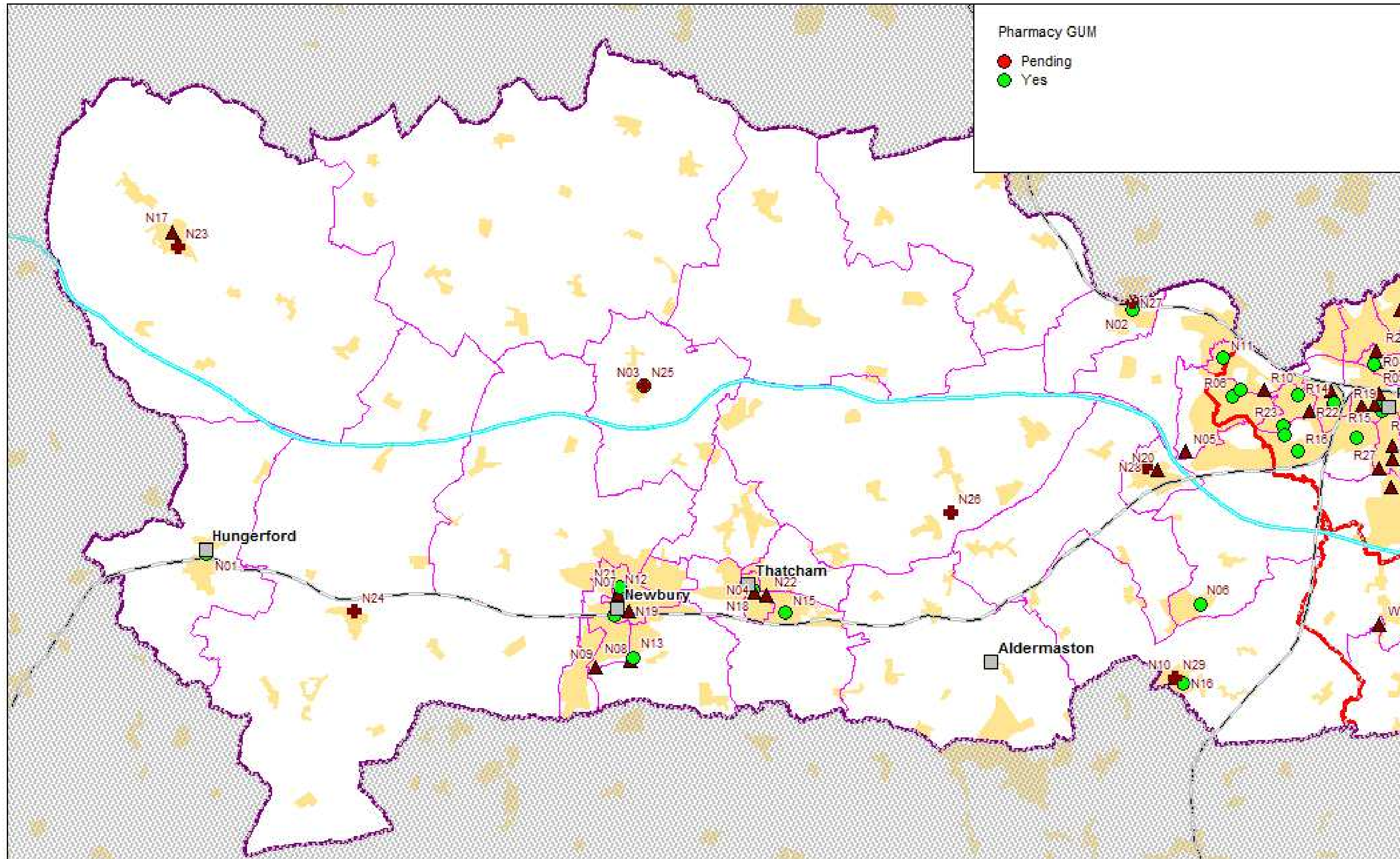
ID	CODE	TRADING NAME	ADDRESS	TOWN	POSTCODE
N01	FC776	Boots the Chemists	125 High Street	Hungerford	RG17 0DL
N02	FCT83	Lloyds Pharmacy	3 The Square	Pangbourne	RG8 7AQ
N03	FDN76	Downland Pharmacy	East Lane, Chieveley	Newbury	RG20 8UY
N04	FE788	Boots the Chemists	Thatcham Medical Practice, Bath Road	Thatcham	RG18 3HD
N05	FEJ88	Sainsbury's Pharmacy	Savacentre, Bath Road, Calcot	Reading	RG31 7SA
N06	FFT63	Burghfield Pharmacy	Reading Road, Burghfield Common	Burghfield	RG7 3YJ
N07	FJV60	Boots the Chemists	4-5 Northbrook Street	Newbury	RG14 1DJ
N08	FK567	Tesco Pharmacy	Pinchington Lane	Newbury	RG14 7HB
N09	FL172	Wash Common Pharmacy	Monks Lane	Newbury	RG14 7RW
N10	FLP66	Mortimer Pharmacy	Mortimer Surgery, 72 Victoria Road	Mortimer	RG7 3SQ
N11	FM678	Overdown Pharmacy	Overdown Pharmacy 5 The Colonnade	Tilehurst	RG31 6PR
N12	FN512	Superdrug Pharmacy	81-82 Northbrook Street	Newbury	RG14 1AE
N13	FP041	Boots the Chemists	Newbury Retail Park, Pinchington Lane	Newbury	RG14 7HU
N14	FPC92	Boots the Chemists	82-83 Bartholomew Street	Newbury	RG14 5EF
N15	FQD69	Lloyds Pharmacy	Unit 2, Burdwood Centre	Thatcham	RG19 4YA
N16	FRR59	Lloyds Pharmacy	24 West End Road	Mortimer	RG7 3TF
N17	FT063	Lambourn Pharmacy	The Broadway	Lambourn	RG17 8XY
N18	FTJ67	Lloyds Pharmacy	3-5 Crown Mead, Bath Road	Thatcham	RG18 3JW
N19	FVP85	Sainsbury's Pharmacy	Hectors Way	Newbury	RG14 5AB
N20	FWP83	Lloyds Pharmacy	27 High Street	Theale	RG7 5AH
N21	FWX13	Day Lewis Rankin Pharmacy	12 The Broadway	Newbury	RG14 1BA
N22	FXR54	Lloyds Pharmacy	7 Kingsland Centre	Thatcham	RG19 3HN

Dispensing Practices

N23	K81052	Lambourn Surgery	Brockhampton Road	Lambourn	RG17 8PS
N24	J82054	Kintbury & Woolton Hill Surgery	Newbury Street	Kintbury	RG17 9UX
N25	K81050	Downland Practice	East Lane	Chieveley	RG20 8UY
N26	K81103	Chapel Row Surgery	The Avenue	Bucklebury	RG7 6NS
N27	K81012	Pangbourne Medical Practice	Boathouse Surgery	Pangbourne	RG8 7DP
N28	K81077	Theale Medical Centre	Englefield Road	Theale	RG7 5AS
N29	K81027	The Mortimer Surgery	Victoria Road	Mortimer	RG7 3SQ

Appendix 2: Enhanced Services in West Berkshire

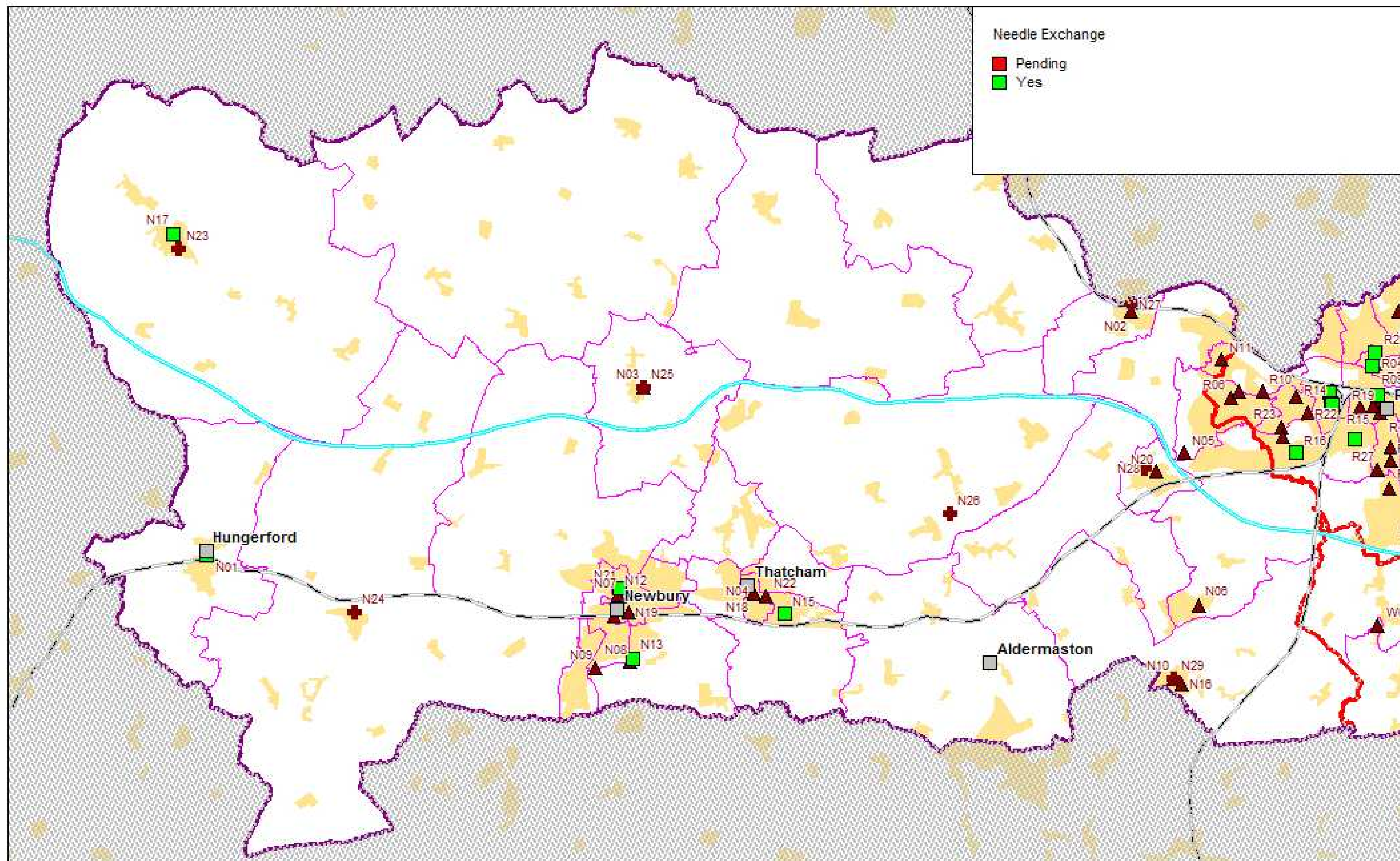
Figure 1: Map of Pharmacies in West Berkshire who provide GUM Services



Berks_PNA_ES_Aug14_r1.wor 26/08/2014 Sid Beauchant BHFT

Reproduced from OS data by permission of Ordnance Survey,
on behalf of the Controller of Her Majesty's Stationery Office (Licence No. OSKW9912),
NAVTEQ data by permission of NAVTEQ Corporation Licence No. NVMM0611, NVMM0612)
GeoPlan data by permission of Geoplan (Licence No. GPKW9912)
÷ Crown Copyright - 2014 All rights reserved

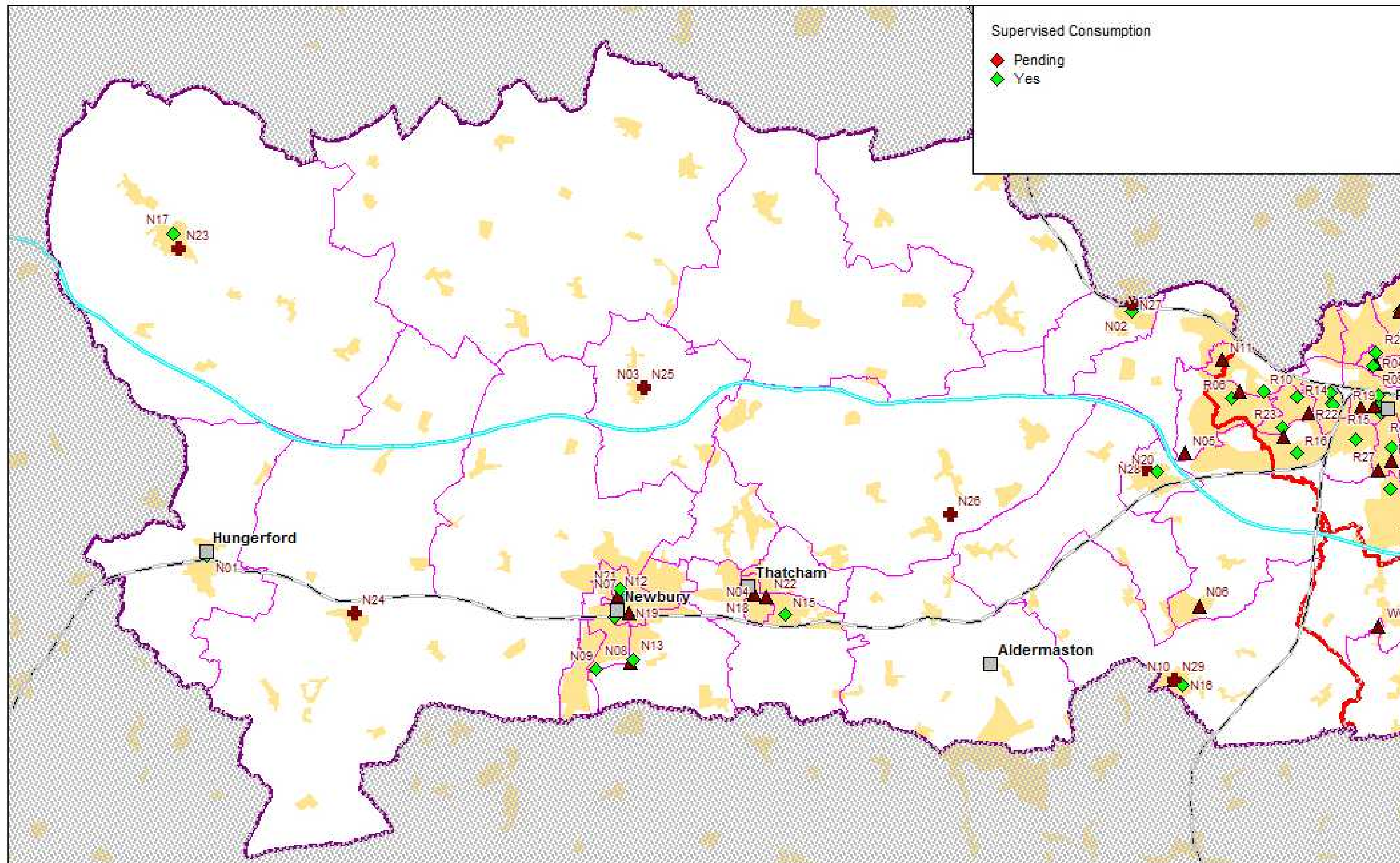
Figure 2: Map of Pharmacies in West Berkshire who provide Needle Exchange Services



Berks_PNA_ES_Aug14_r1.wor 26/08/2014 Sid Beauchant BHFT

Reproduced from OS data by permission of Ordnance Survey,
on behalf of the Controller of Her Majesty's Stationery Office (Licence No. OSKW9912),
NAVTEQ data by permission of NAVTEQ Corporation Licence No. NVMM0611, NVMM0612)
GeoPlan data by permission of Geoplan (Licence No. GPKW9912)
÷ Crown Copyright - 2014 All rights reserved

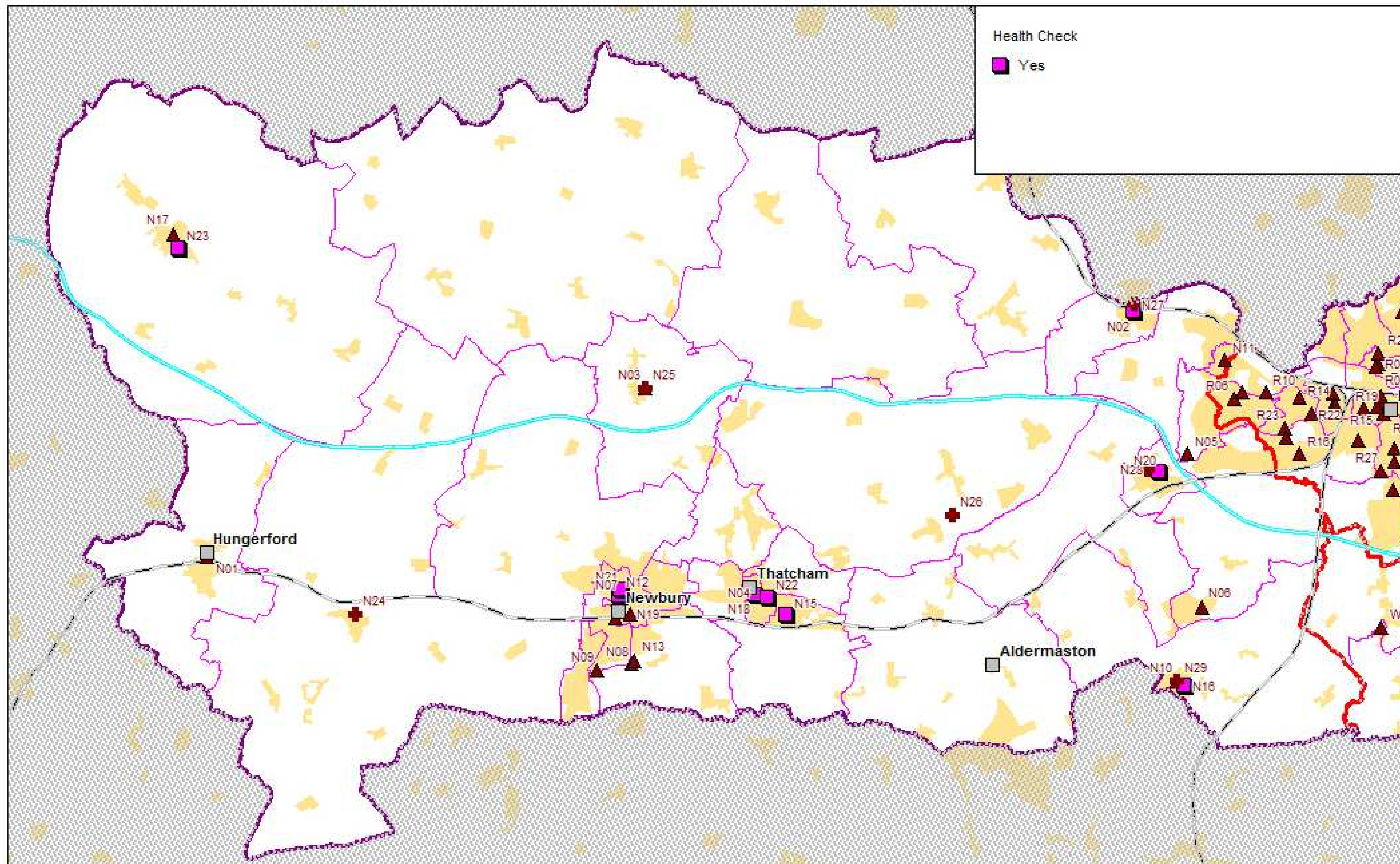
Figure 3: Map of Pharmacies in West Berkshire who provide Supervised Consumption Services



Berks_PNA_ES_Aug14_r1.wor 26/08/2014 Sid Beauchant BHFT

Reproduced from OS data by permission of Ordnance Survey,
on behalf of the Controller of Her Majesty's Stationery Office (Licence No. OSKW9912),
NAVTEQ data by permission of NAVTEQ Corporation Licence No. NVMM0611, NVMM0612)
GeoPlan data by permission of Geoplan (Licence No. GPKW9912)
÷ Crown Copyright - 2014 All rights reserved

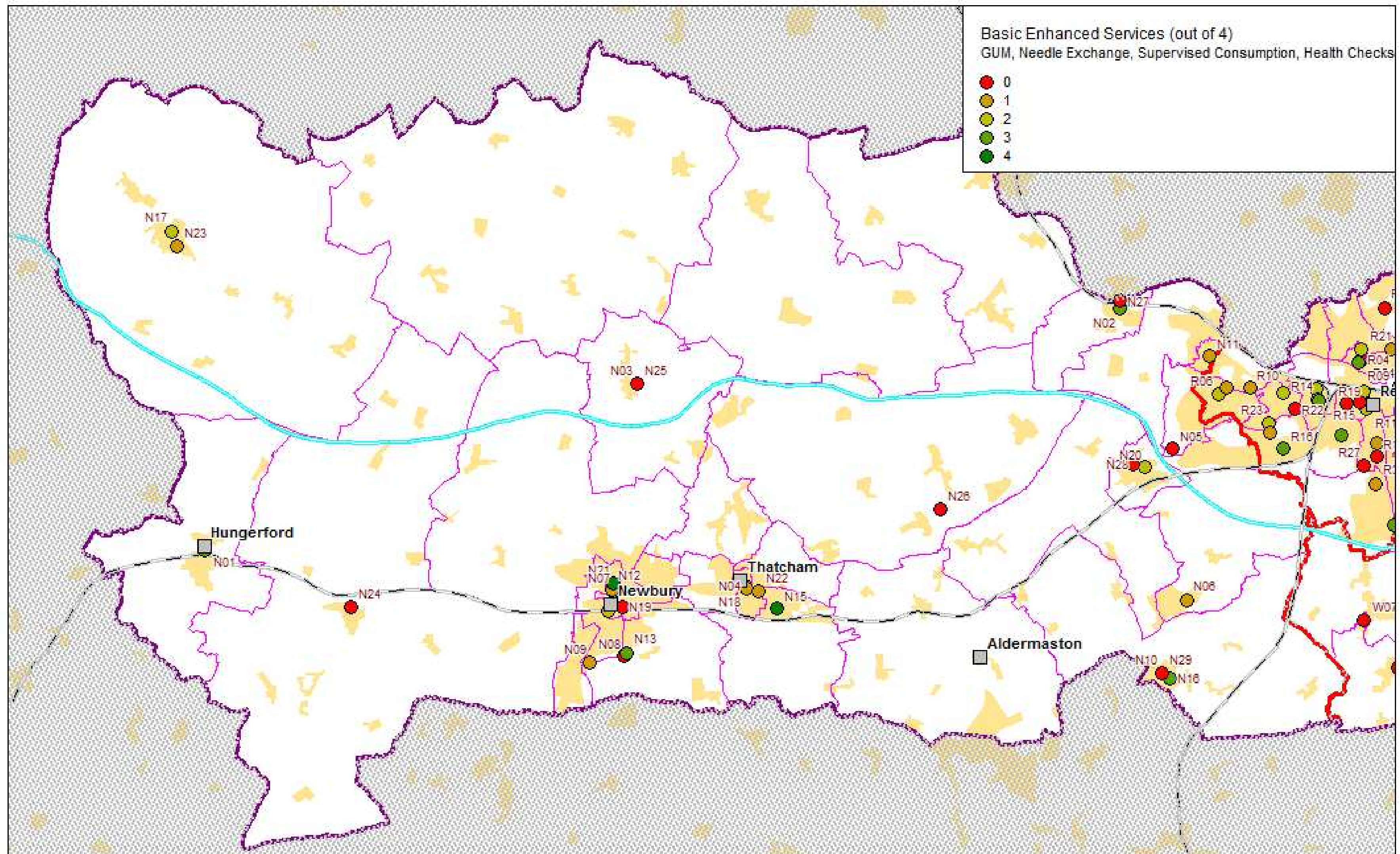
Figure 4: Map of Pharmacies in West Berkshire who provide the NHS Health Check Programme



Berks_PNA_ES_Aug14_r1.wor 26/08/2014 Sid Beauchant BHFT

Reproduced from OS data by permission of Ordnance Survey,
on behalf of the Controller of Her Majesty's Stationery Office (Licence No. OSKW9912),
NAVTEQ data by permission of NAVTEQ Corporation Licence No. NVMM0611, NVMM0612)
GeoPlan data by permission of Geoplan (Licence No. GPKW9912)
÷ Crown Copyright - 2014 All rights reserved

Figure 5: Map of Pharmacies in West Berkshire to show how many of the Basic Enhanced Services are provided



Berks_PNA_ES_Aug14_r1.wor 26/08/2014 Sid Beauchant BHFT

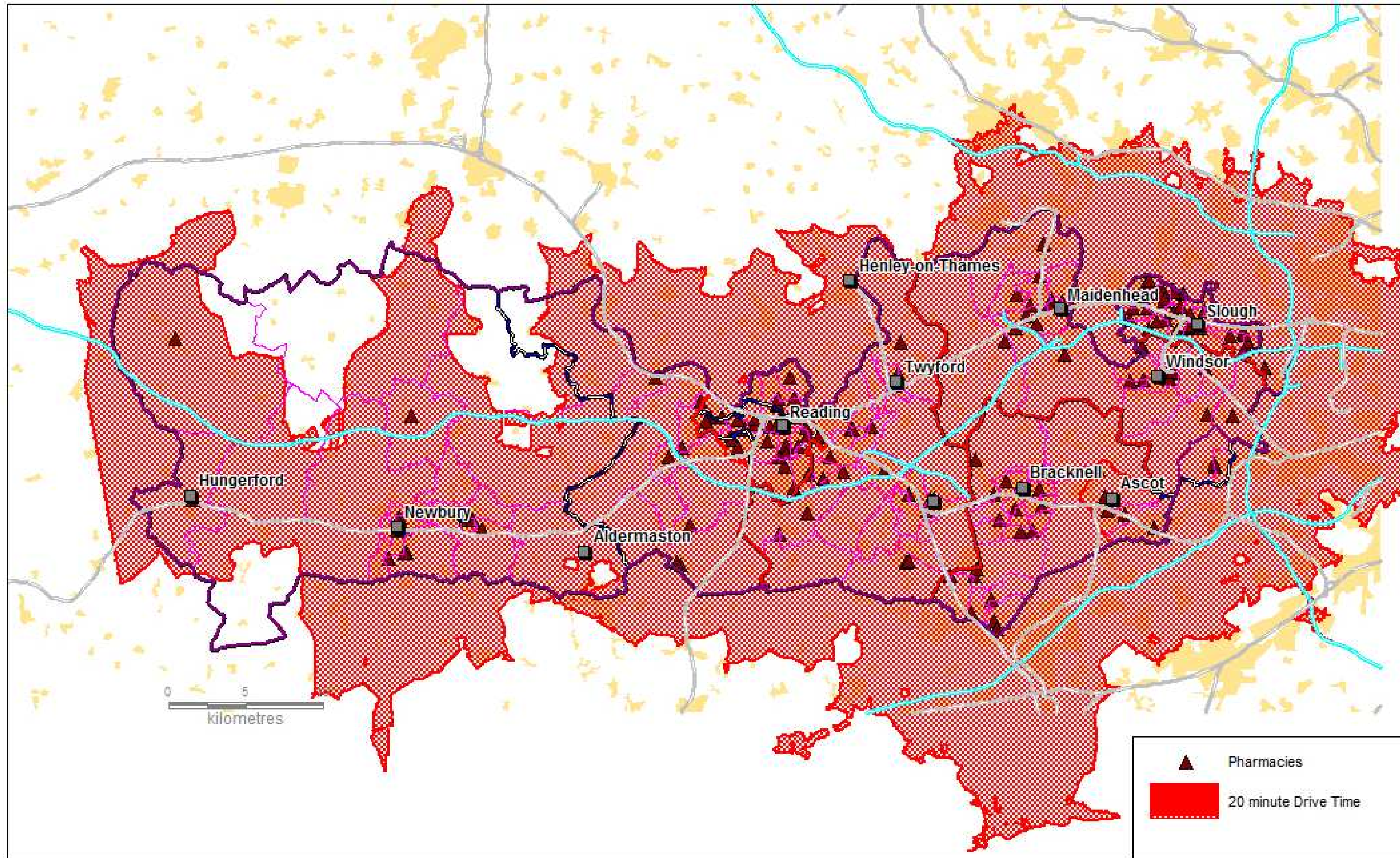
Reproduced from OS data by permission of Ordnance Survey, on behalf of the Controller of Her Majesty's Stationery Office (Licence No. OSKW9912), NAVTEQ data by permission of NAVTEQ Corporation Licence No. NVMM0611, NVMM0612) GeoPlan data by permission of Geoplan (Licence No. GPKW9912)

÷ Crown Copyright - 2014 All rights reserved

This page is intentionally left blank

Appendix 3: Access Times

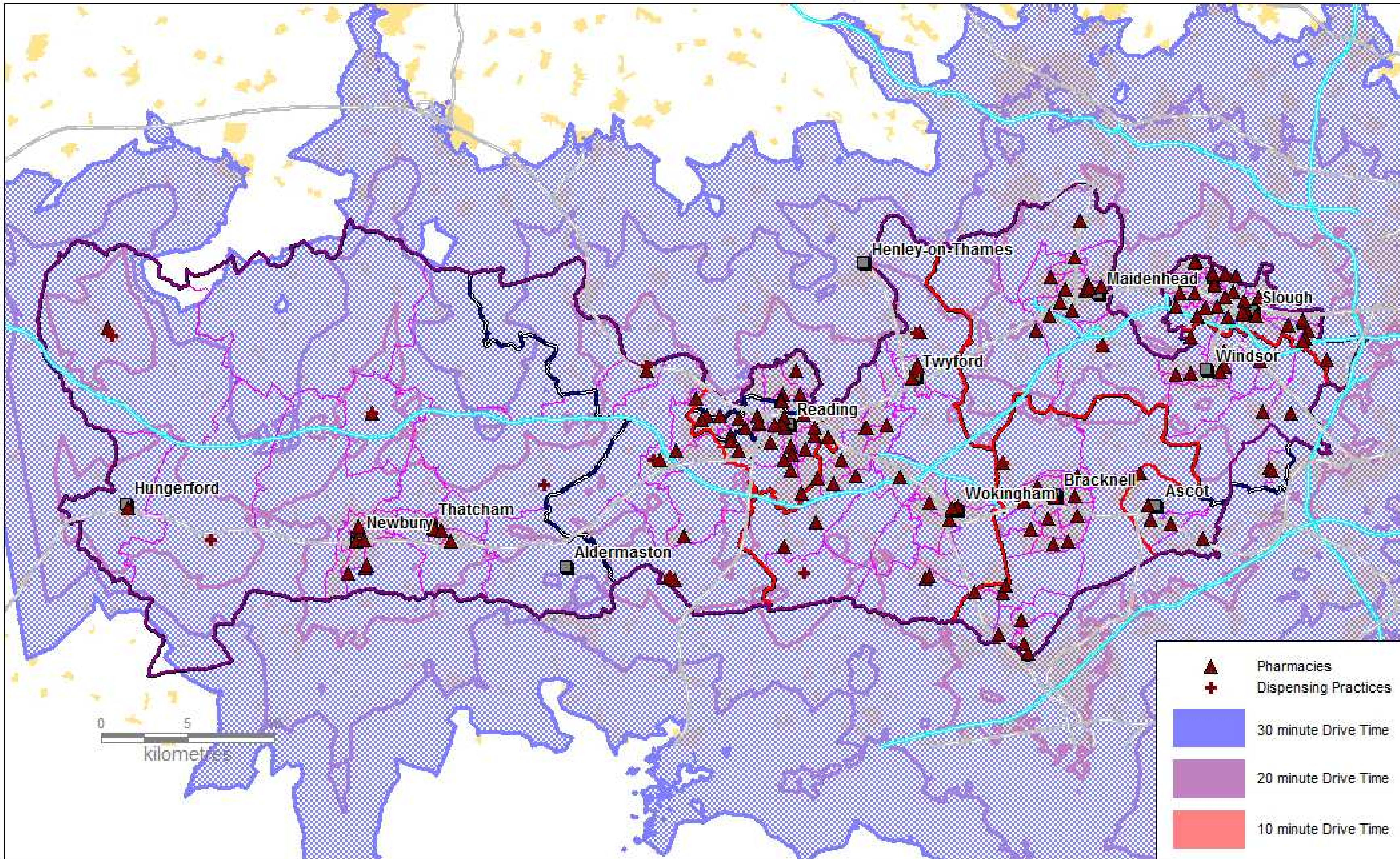
Figure 1: Population of Berkshire that can get to a pharmacy within a 20-minute drive time



Berks_PNA_Apr14_v1.wor 15/05/2014 Sid Beauchant BHFT

Reproduced from OS data by permission of Ordnance Survey,
on behalf of the Controller of Her Majesty's Stationery Office (Licence No. OSKWFG1110),
NAVTEQ data by permission of NAVTEQ Corporation Licence No. NVMM0611, NVMM0612)
GeoPlan data by permission of Geoplan (Licence No. GPKW9912)
© Crown Copyright - 2014 All rights reserved

Figure 2: Population of Berkshire that can get to a pharmacy within a 10, 20 or 30 minute drive time

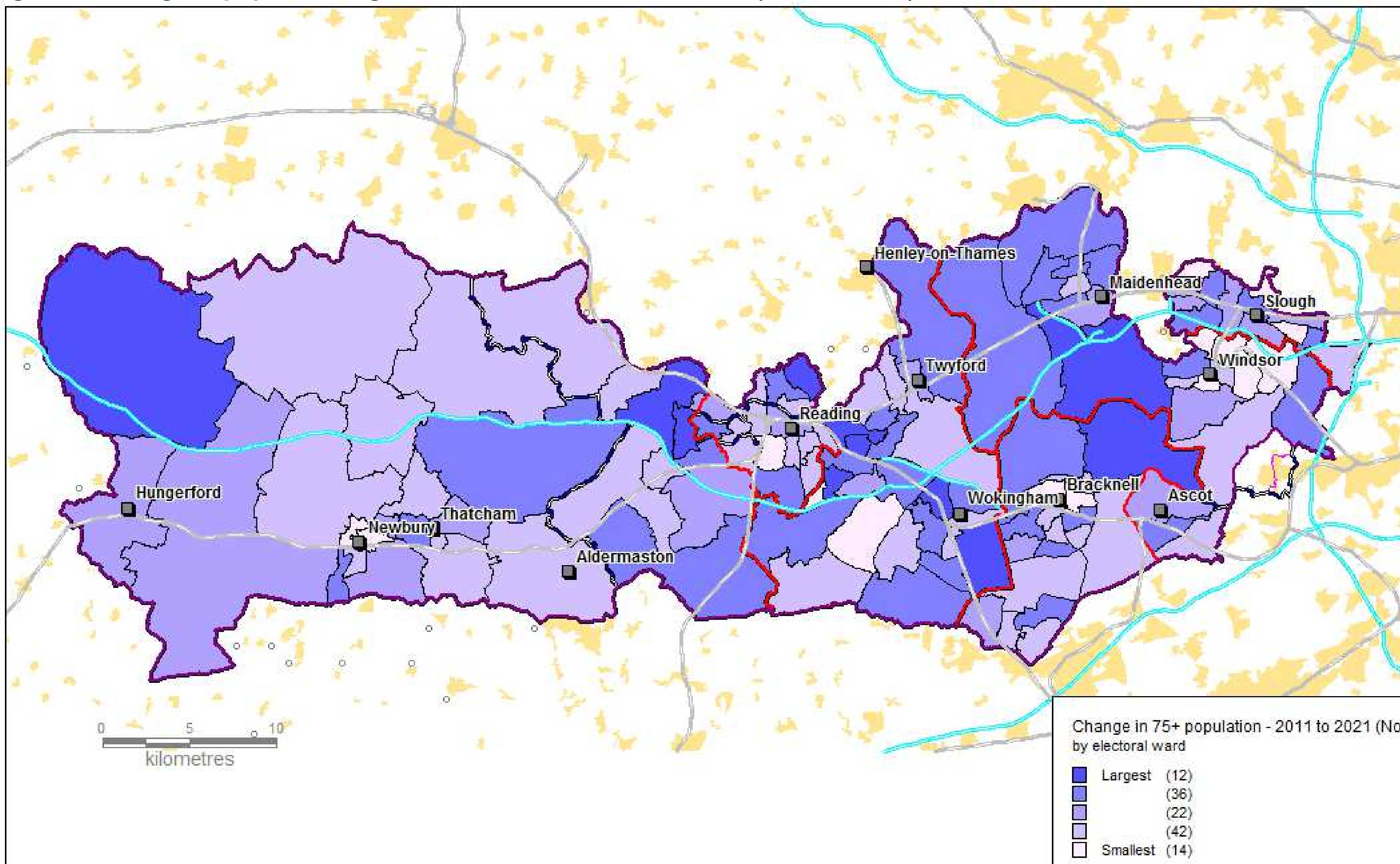


Berks_PNA_Jul14_v1.wor 14/07/2014 Sid Beauchant BHFT

Reproduced from OS data by permission of Ordnance Survey,
on behalf of the Controller of Her Majesty's Stationery Office (Licence No. OSKWFG1110),
NAVTEQ data by permission of NAVTEQ Corporation Licence No. NVMM0611, NVMM0612)
GeoPlan data by permission of Geoplan (Licence No. GPKW9912)

© Crown Copyright - 2014 All rights reserved

Figure 3: Change in population aged 75 and over within Berkshire (2011 to 2021)



PROJ_Local_2011_Ward_Berks.wor 19/05/2014 Sid Beauchant BHFT

Reproduced from OS data by permission of Ordnance Survey,
on behalf of the Controller of Her Majesty's Stationery Office (Licence No. OSKWFG1110),
NAVTEQ data by permission of NAVTEQ Corporation Licence No. NVMM0611, NVMM0612)
GeoPlan data by permission of Geoplan (Licence No. GPKW9912)
© Crown Copyright - 2014 All rights reserved

This page is intentionally left blank

PharmOutcomes - Live System

Exit

PharmOutcomes® Delivering Evidence

Home Services Assessments Reports Claims Admin Gallery Help

Service Design

- Go to Service Design page
- Edit Service Accreditations

Provision Reports Preview

Basic Provision Record (Sample)

Service Support

Pharmacy Questionnaire-PNA
Please complete this questionnaire ONCE only to report the facilities and services offered by your pharmacy.

For technical support on the use of this data capture set please contact Pinnacle Support via the "Help" tab

PNA Questionnaire (Preview)

Date of completion 01-Sep-2014

Trading Name

Post Code

Is this a Distance Selling Pharmacy? Yes No
(i.e. it cannot provide Essential Services to persons present at the pharmacy)

Pharmacy email address
If no email write no email

Pharmacy telephone

Pharmacy fax

Pharmacy website address
If no website write no website

Can we store the above information and use this to contact you?

Consent to store Yes No

Core hours of opening

Please complete your core hours of opening.
Enter closed if closed

Monday Open

Monday Close

Monday Lunchtime (from - to)

Tuesday Open

Tuesday Close

Tuesday Lunchtime (from - to)

Wednesday Open

Wednesday Close

Wednesday Lunchtime (from - to)

Thursday Open

Thursday Close

Thursday Lunchtime (from - to)

Friday Open

Friday Close

Friday Lunchtime (from - to)

Saturday Open

Saturday Close

Saturday Lunchtime (from - to)

Sunday Open | Sunday Close
Sunday Lunchtime (from - to)

Total hours of opening (Core + Supplementary)

Please complete your total hours of opening

Monday Open | Monday Close
Monday Lunchtime (from - to)

Tuesday Open | Tuesday Close
Tuesday Lunchtime (from - to)

Wednesday Open | Wednesday Close
Wednesday Lunchtime (from - to)

Thursday Open | Thursday Close
Thursday Lunchtime (from - to)

Friday Open | Friday Close
Friday Lunchtime (from - to)

Saturday Open | Saturday Close
Saturday Lunchtime (from - to)

Sunday Open | Sunday Close
Sunday Lunchtime (from - to)

Consultation Facilities

Consultation areas should meet the standard set out in the contractual framework to offer advanced services

Is there a consultation area?

- Available (including wheelchair access) on the premises
- Available (without wheelchair access) on premises
- Planned within next 12 months
- No consultation room available
- Other

If Other please specify

Where there is a consultation area

Is this enclosed? Yes No N/A

N/A if no consultation room

Off-site arrangements

- ○ Off-site consultation room approved by NHS
- ○ Willing to undertake consultations in patients home/ other suitable site
- ○ None apply
- ○ Other

If Other please specify

Hand washing and toilet facilities

What facilities are available to patients during consultations?

Facilities available

- ☐ Handwashing in consultation area
- ☐ Hand washing facilities close to consultation area
- ☐ Have access to toilet facilities
- ☐ None

Tick all that apply

Information Technology

Is the pharmacy EPS* R2 enabled?

- ○ Yes, EPS R2 enabled
- ○ Planning to become EPS R2 enabled in the next 12 months
- ○ No current plans to provide EPS R2

EPS R2: Electronic Prescription Service Release 2

Information is often distributed to pharmacies as email attachments or via websites. Please indicate whether you are able to use the following common file formats in your pharmacy:

File format types

- ☐ Microsoft word
- ☐ Microsoft Excel
- ☐ Microsoft Access
- ☐ PDF
- ☐ Unable to open or view any file formats

Please tick all that apply

Essential Services (appliances)

In this section, please give details of the essential services your pharmacy provides.

Does the pharmacy dispense appliances?

- ○ Yes - All types, or
- ○ Yes, excluding stoma appliances, or
- ○ Yes, excluding incontinence appliances, or
- ○ Yes, excluding stoma and incontinence appliances, or
- ○ Yes, just dressings, or
- ○ None
- ○ Other

If Other please specify

Advanced Services

Please give details of the Advanced Services provided by your pharmacy.
Please tick the box that applies for each service.

Yes - Currently providing
Soon - Intending to begin within the next 12 months
No - Not intending to provide

Medicines Use Review service ☐ Yes ☐ Soon ☐ No

New Medicine Service ☐ Yes ☐ Soon ☐ No

Appliance Use Review service ☐ Yes ☐ Soon ☐ No

Stoma Appliance Customisation service ☐ Yes ☐ Soon ☐ No

Commissioned Services

Use this section to record which Local services you currently deliver or would like to deliver at your pharmacy. These can be Enhanced Services, commissioned by the NHS England Area Team, Public Health Services commissioned by a Local Authority or CCG services.
Please tick the box that applies for each service.

CP - Currently Providing NHS funded service
WA - Willing and able to provide if commissioned
WT - Willing to provide if commissioned but would need training
WF - Willing to provide if commissioned but require facilities adjustment
PP - Currently providing private service
If you are not willing or able to provide please leave blank.

Anticoagulant Monitoring Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Anti-viral Distribution Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Care Home Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Chlamydia Treatment Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Contraception Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP
(not an EHC service)

Local Authority Commissioned Services
List services already commissioned in your locality here

Disease Specific Medicines Management Service:

Allergies ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Alzheimer's/dementia ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Asthma ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

CHD ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Depression ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Diabetes type I ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Diabetes type II ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Epilepsy ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Heart Failure ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Hypertension ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Parkinson's disease ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Other (please state - including funding source)

End of Disease specific Medicines Management Service options.

Area Team Services
List your Area Team commissioned services here

Emergency Hormonal Contraception Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Gluten Free Food Supply Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP
(i.e. not supply on FP10)

Home Delivery Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP
(not appliances)

Independent Prescribing Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Therapeutic areas covered (if providing)

Language Access Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Note: This is not the NMS or MUR service.

Medication Review Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Medicines Assessment and Compliance Support Service:

Medicines Management Support Service: ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP
i.e. the EL23 service (previously the Vulnerable Elderly / Adults Service)

DomMAR Carer's Charts ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

End of Medicines Assessment and Compliance Support options.

Minor Ailments Scheme ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

MUR Plus/Medicines Optimisation Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Therapeutic areas covered (if providing)

Needle and Syringe Exchange Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Obesity management (adults and children) ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

On Demand Availability of Specialist Drugs Service:

Directly Observed Therapy ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

If yes state which medicines

Out of hours services ○ CP ○ WA ○ WT ○ WF ○ PP

Palliative Care scheme ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

End of On Demand Availability of Specialist Drugs Service options

Patient group directions

Many Local Services involve the supply of a POM using a PGD. please list those provided by the pharmacy in the text box below but indicate who commissions the service by ticking the boxes below and annotating each service name with the key:

AT=Area Team

LA=Local Authority

CCG=Clinical Commissioning Group

Pr=Offers a Private Service

Patient Group Direction Service ☐ AT ☐ LA ☐ CCG ☐ Pr
Not including EHC (see separate question)

Please list the names of the medicines available if providing PGD services

Medicines available

Phlebotomy Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Prescriber Support Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Schools Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Screening Service:

Alcohol ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Chlamydia ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Cholesterol ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Diabetes ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Gonorrhoea ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

H. pylori ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

HbA1C ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Hepatitis ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

HIV ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Other Screening (please state - including funding source)

End of screening service options

Seasonal Influenza Vaccination Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Other vaccinations

Childhood vaccinations ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

HPV ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Hepatitis B ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP
(at risk workers or patients)

Travel vaccines ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Other (please state - including funding source)

End of Other vaccinations options

Sharps Disposal Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Stop Smoking Service:

NRT Voucher Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Smoking Cessation Counselling Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

End of Stop Smoking Service options

Supervised Administration ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP
Of methadone,buprenorphine etc.

End of Supervised Administration Service options

Supplementary prescribing ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Which therapy area

Vascular Risk Assessment Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP
NHS Healthchecks

Healthy Living Pharmacy

Is this a Healthy Living Pharmacy

- Yes
- Currently working towards HLP status
- No

If Yes, how many Healthy Living Champions do you currently have? Full Time Equivalents

Collection and Delivery services

Does the pharmacy provide any of the following?

Collection of prescriptions from surgeries Yes No

Delivery of dispensed medicines - Free of charge on request Yes No

Delivery of dispensed medicines - Selected patient groups

List criteria

Delivery of dispensed medicines - Selected areas

List areas

Delivery of dispensed medicines - chargeable Yes No

Languages

One potential barrier to accessing services at a pharmacy can be language. To help the local authority better understand any access issues caused by language please answer the following two questions:

What languages other than English are spoken in the pharmacy

What languages other than English are spoken by the community your pharmacy serves

Almost done

If you have anything else you would like to tell us that you think would be useful in the formulation of the PNA, please include it here:

Other

Please tell us who has completed this form in case we need to contact you.

Contact name

Contact telephone

For person completing the form, if different to pharmacy number given above

Thank you for completing this PNA questionnaire.

Test Values

EULA License Agreement • Cookie Policy • CSS • XHTML • GlobalSign 00650971/195.59.13.75 • 87 in 0.511 seconds
© Copyright 2007-14 Pinnacle Health Partnership LLP - Supporting Community Pharmacy and Partners

This page is intentionally left blank

Pharmacy Users Survey

Public Health Berkshire

The local Pharmaceutical needs assessment is a survey that Public Health within local government is undertaking to make sure that pharmacies across Berkshire are providing the right services, in the right locations, to support residents.

As part of this confidential survey we want to get your views on services, so your answers are important to us. The survey is confidential and will be used to plan our services.

Please complete this survey and place it into the collection box

1 Do you use?

- Community pharmacy ☐
- A dispensing appliance supplier? (someone who supplies appliances such as incontinence and stoma products) ☐
- An internet pharmacy? (a service where medicines are ordered on-line and delivered by post) ☐

2 How often do you use a pharmacy?

- More than once a month ☐
- Once a mont ☐
- 3–11 times a yea ☐
- Less than 3 times a year ☐

3 Which of the following services do you currently use at a pharmacy?

- Sunday opening ☐
- Late night opening (after 7pm) ☐
- Early morning opening (before 9am) ☐
- Prescription dispensing ☐
- Buying over the counter medicines ☐
- Buying travel medicines (e.g. anti-malarials) ☐
- Medicines advice and reviews ☐
- Delivery of medicines to my home ☐
- Collection of prescription from my surgery ☐
- Long-term condition advice (e.g. help with your diabetes/asthma) ☐
- Respiratory Services ☐
- Emergency hormonal contraception (morning-after pill) ☐
- Cancer treatment support services ☐
- Substance misuse Service ☐
- Alcohol support services ☐
- Stop smoking service ☐
- Health tests, e.g. cholesterol, blood pressure ☐
- Healthy weight advice ☐
- 'Flu vaccination ☐
- Diabetes screening - Private ☐ NHS ☐
- Blood pressure check - Private ☐ NHS ☐

4 Which of the following services would you use at a pharmacy, if available?

- Sunday opening ☐
- Late night opening (after 7pm) ☐
- Early morning opening (before 9am) ☐
- Prescription dispensing ☐
- Buying over the counter medicines ☐
- Buying travel medicines (e.g. anti-malarials) ☐
- Minor Ailment Scheme (access to certain subsidised over the counter medicines to avoid a GP visit) ☐
- Electronic prescription service ☐
- Medicines advice and reviews ☐
- Delivery of medicines to my home ☐
- Collection of prescription from my surgery ☐
- Long-term condition advice (e.g. help with your diabetes/asthma) ☐
- Respiratory services ☐
- Emergency hormonal contraception (morning-after pill) ☐
- Cancer treatment support services ☐
- Substance misuse service ☐
- Alcohol support services ☐
- Stop smoking service ☐
- Health tests, e.g. cholesterol, blood pressure ☐
- Healthy weight advice ☐
- 'Flu vaccination ☐
- Diabetes screening ☐
- Blood pressure check ☐
- Other (please specify) .... ☐

continued...

Bracknell Forest Council · Reading Borough Council · West Berkshire Council · Slough Borough Council · Wokingham Borough Council · The Royal Borough of Windsor & Maidenhead

Pharmacy Survey - Users V4 - Draft V0.90 Apr14
Design by Berkshire Health Promotion Resources - www.bhps.org.uk/resources

5 **Are you able to get to a pharmacy of your choice?**

Yes.... ☐ No.... ☐

6 **Do you use one pharmacy regularly?**

Yes.... ☐ No.... ☐

7 **Reason for using your regular pharmacy**

Location

- In the supermarket ☐
- In town/shopping area ☐
- Near to my doctors ☐
- Near to home ☐
- Near to work ☐
- Other .... ☐

Services

- They offer a delivery service ☐
- They offer a collection service ☐
- The staff speak my first language ☐
- The staff are knowledgeable ☐
- The staff are friendly ☐
- Other .... ☐

8 **How do you usually travel to your usual pharmacy?**

- Walk ☐
- Car (passenger) ☐
- Car (driver) ☐
- Taxi ☐
- Bus ☐
- Bicycle ☐

9 **How long does it take you to travel to your pharmacy?**

- Less than 15 mins ☐
- 15 – 30 mins ☐
- 30-60 mins ☐
- Over an hour ☐

10 **How important are the following pharmacy services?**

	Very Important	Important	Unimportant
Home delivery of your medication	☐	☐	☐
Prescription collection from your surgery	☐	☐	☐
The pharmacy having a wide range of things I need	☐	☐	☐
The pharmacist taking time to listen/provide advice	☐	☐	☐
Private areas to speak to the pharmacist	☐	☐	☐
Shorter waiting times	☐	☐	☐
Knowledgeable staff	☐	☐	☐
Location	☐	☐	☐
Late opening times (after 7pm)	☐	☐	☐

11 **How satisfied were you with the following services at your regular pharmacy?**

	Very Satisfied	Satisfied	Unsatisfied
The pharmacy having the things I need	☐	☐	☐
The pharmacist taking time to talk to me	☐	☐	☐
Private consultation areas	☐	☐	☐
Waiting times	☐	☐	☐
Staff attitude	☐	☐	☐
Knowledgeable staff	☐	☐	☐
Location	☐	☐	☐

continued...

12 About You

- **My age is:**
  - Prefer not to say
  - 65-74
  - 55-64
  - 45-54
  - 70+
  - 35-44
  - 25-34
  - 18-24

- **I would describe my sexuality as:**
  - Prefer not to say
  - Heterosexual (Straight)
  - Lesbian
  - Gay
  - Bisexual
  - Other

- **Please tell us your faith or religion:**
  - Prefer not to say
  - Christian
  - Muslim
  - Hindu
  - No faith or religion
  - Other

- **I would describe my ethnic origin as:**
  - British White
  - White Other
  - Irish
  - Pakistani
  - Asian
  - Indian
  - Bangladeshi
  - Black Caribbean
  - Black African
  - Gypsy/Irish Traveller
  - Other

- **Do you consider yourself to be disabled?**
  - Yes
  - No

- **What is your marital status?**
  - Single
  - Married
  - Life-partner
  - Civil Partnership
  - Other
  - Prefer not to say

- **Which of the following best describes your working situation?**
  - I work as volunteer
  - I am working part-time
  - I am working full-time
  - I am retired
  - I am not working
  - Prefer not to say

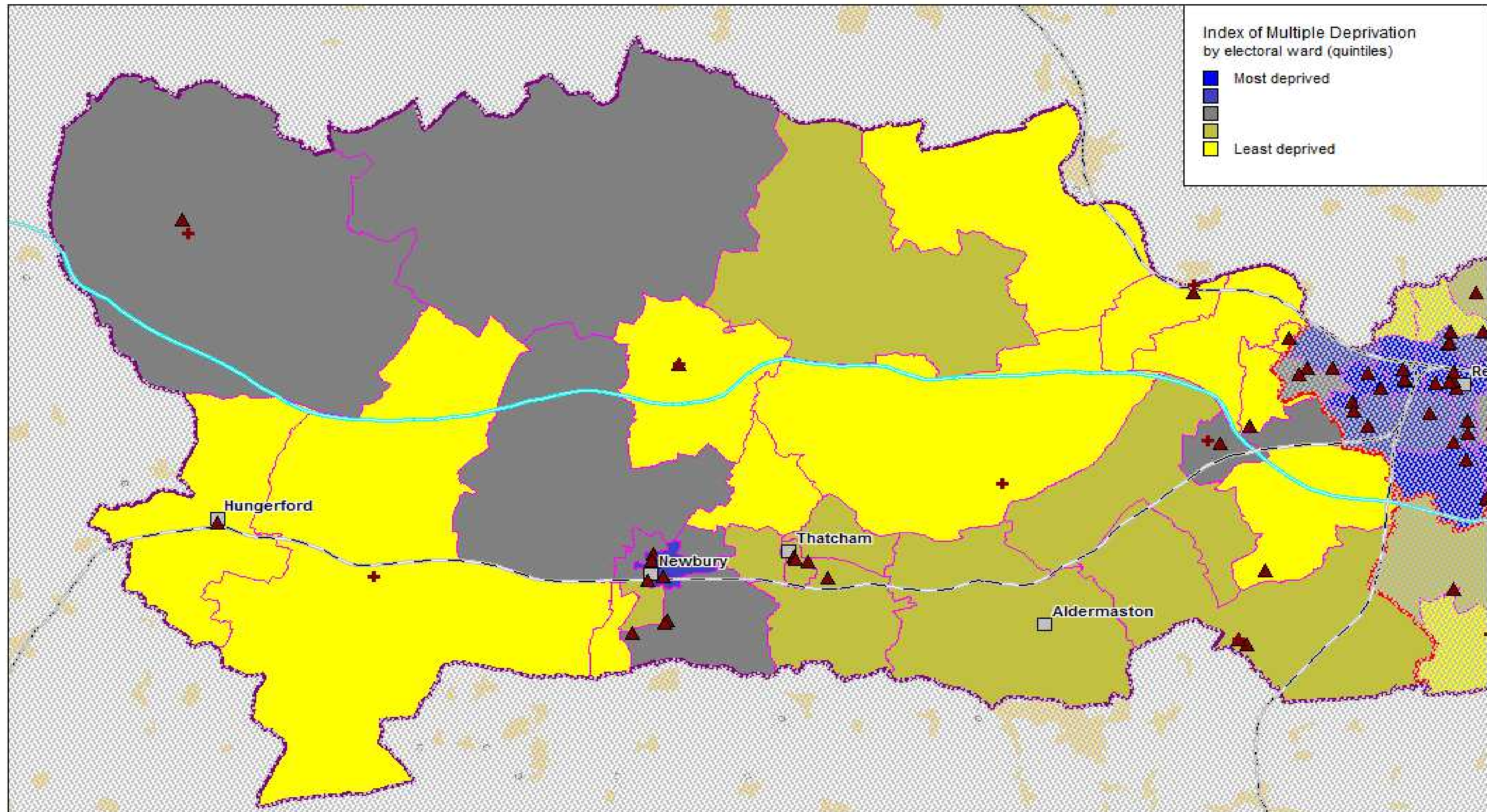
Thank you!

Bracknell Forest Council   Reading Borough Council Working better with you   West Berkshire Council   Slough Borough Council   Wokingham Borough Council   The Royal Borough of Windsor & Maidenhead

This page is intentionally left blank

Appendix 6: Deprivation Map of West Berkshire

Figure 1: Map of West Berkshire to show the levels of deprivation by ward



Berks_PNA_IMD_2010_v2.wor 27/05/2014 Sid Beauchant BHFT

Reproduced from OS data by permission of Ordnance Survey,
on behalf of the Controller of Her Majesty's Stationery Office (Licence No. OSKW9912),
NAVTEQ data by permission of NAVTEQ Corporation Licence No. NVMM0611, NVMM0612)
GeoPlan data by permission of Geoplan (Licence No. GPKW9912)

÷ Crown Copyright - 2011 All rights reserved

Source: Index of Multiple Deprivation, Department of Communities and Local Government (2010)

This page is intentionally left blank

NHS England

NHS England

Thames Valley Quality Surveillance Group

PAPER REFERENCE: 070114/Paper5
TITLEOF PAPER: Primary Care Overview Report

5. <u>Dental Practices</u>

a) Introduction

NHS England commissions primary, community and secondary care dental services. In theThames Valley there are 299 primary care contracts, 3 community and 4 secondary care providers located in the area. The contract currency for primary care contracts is Units of Dental Activity, which is based on delivery of an agreed volume of activity.

The NHS England Assurance Framework provides a process for assessment against a transparent and consistent suite of measures of quality for all Dental practices, supported by a centrally available set of pre-analysed data that can be used to assess variation in provision.

b) Dental Assurance Framework

The dental assurance framework (also includes Orthodontics) has recently been issued and the Primary Care Team are looking at how this is managed in terms of following up on key indicators. The plan is to establish a sub-committee of the Dental Commissioning Group to carryout more detailed analysis of contractual issues and to follow up on clinical and contractual concerns, escalating as appropriate. This will also include the Clinical Challenge process led by the Dental Services Division, so that the Area Team aligns the national work with how it is followed up locally.

c) Other Sources of Assurance

In addition to the Dental Assurance Framework, the Area Team has other processes to review the quality of services provided:

- Dental Practice Adviser Visits–the DPAs carry out a programme of practice visits to review standards underpinning delivery of services, devising action plans for practices and following up with them.

  The DPAs visit each dental surgery within the practice to ensure that all the required equipment is in place and is of the required standards. They also review the systems in the practice in relation to infection control, safety relating to staff providing services, fire, electrical, use of controlled drugs, clinical waste and check whether practices are complying with relevant legislation such as the Disability Discrimination Act.

  The practices receive a report on the visit with a RAG (Red, Amber, Green) action plan, which details timescales for actions to be completed.

  The visits have not highlighted significant concerns with the conditions of any of the surgeries, but they have drawn attention to issues relating to systems and processes, such as those relating to appropriate, complete, up-to-date and displayed appropriately. The visits have also highlighted issues around recordkeeping in relation to staff.

When the practices receive the report from the DPA they are advised whether they must carry

some actions immediately, report within 1month or within 1- 3months. The DPAs then follow up to ensure the actions have been completed.

- Key Performance Indicators (KPIs) with payment linked to performance for the following contracts:
    - Orthodontics- introduced for all the new primary care Orthodontic contracts in 2013/14 and represent 20% of the Total Contract Value. They are designed to ensure that resources dedicated to treatment are optimised, with effective clinical outcomes and patient satisfaction. They are in shadow form in2013/14 and will go live in 2014/15.
    - Primary Dental Services (PDS)- PDS+ these provide incentives around patient through put and effective clinical outcomes and are reviewed at the end of each financial year. Practices are required to achieve identified standards to receive payment within one of three bands.
    - Berkshire CDS via aPDS contract- this is part of the Commissioning for Quality and Innovation (CQUIN) element of the contract. The KPIs cover service delivery, patient satisfaction and outcomes of treatment. They are reviewed at contract meetings between the Area Team and the provider with agreed actions to address any short falls in delivery.
- Complaints – the Primary Care Team works closely with the Complaints team to follow up on specific concerns raised by patients.
- Clinical Networks (to become sub-groups of the Local Dental Network) – networks have been established for Restorative Dentistry and Orthodontics. The groups review carepathways and quality indicators in contracts.

d) Dental Performers List

The following table provides detail of the nature of concerns broken down by independent contractor area and geographical locality.

Locality	Area of concern	General Dental Council(GDC)status	Status
BerksEast	Quality of care	Referred to investigating committee	
BerksEast	Quality of care	Referred to investigating committee	
BerksEast	Quality of care	Referred to investigating committee	
BerksEast	Quality of care	Fitness to practice investigation	
BerksWest	Quality of care	Fitness to practice investigation	
BerksWest	Quality of care	Referred to investigating committee	
BerksWest	Quality of care	Conditions	
Oxford	Quality of care	Referred to Investigating Committee	Voluntary Undertakings
Oxford	Quality of care	Referred to Investigating Committee	
Oxford	Quality of care	Complaint made to GDC	
Oxford	Quality of care	Complaint made to GDC	
	Conduct	Referred to investigating committee	

NHS England

e) Patient Experience

Complaints

The following table is a summary of subjects of complaints received by the Area Team about GP Practices in Thames Valley

Subject of Complaint	Number of Complaints received by Area Team	
	Nov-13	Dec-13
Delayed extraction	1	
Overall care and treatment	1	2
Scale and polish issues	1	

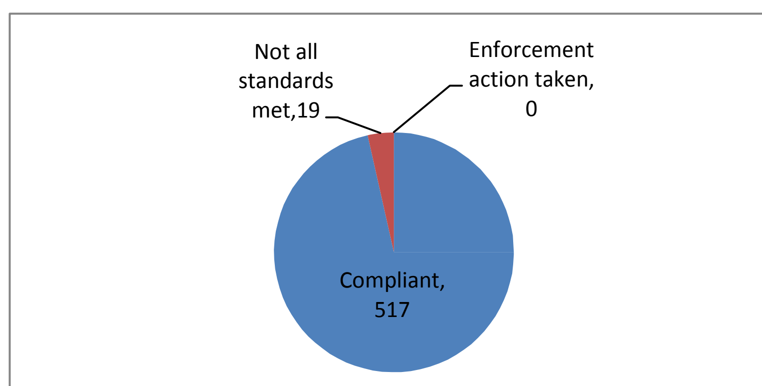
See the table in section(i)for further details of practices.

f) Care Quality Commission (CQC)

Dental Practices Registered with the CQC in Thames Valley(as at23rd December2013)

Note that not all of the practices registered with the CQC provide NHS funded care.

Status	Number of Practice Locations
Compliant*(note that this number includes practices that have been inspected and found compliant against the standards reviewed and those not yet inspected)*	514
Not all standards met	25
Enforcement action taken	0



The table below shows the areas of non-compliance and the CQC assessment of the impact the non-compliance has (for practices providing NHS-funded services only)

Location		7 Safeguarding	8 Cleanliness and infection control	12 Requirements relating to workers	16 Assessing and monitoring the quality of service provision	17 Complaints	21 Records
Bracknell	Berks		Minor				
Amersham	Bucks				Minor	Minor	
Aylesbury	Bucks		Minor				
Aylesbury	Bucks	Minor					
High Wycombe	Bucks			Minor			
Princes Risborough	Bucks			Minor			
Abingdon	Oxon		Moderate		Minor		
Banbury	Oxon		Minor				
Banbury	Oxon		Minor				
Carterton	Oxon		Minor		Minor		
Didcot	Oxon						Minor
Botley	Oxon						Minor
Wheatley	Oxon		Moderate				
Wantage	Oxon		Minor				
Watlington	Oxon		Minor				

See the table in section (i) for further details of practices.

The following is a summary of the issues that led to the assessment of non-compliance:

Safeguarding	One practice's staff were not clear about how to respond to concerns of abuse and Were not aware of any documentation to guide them. In another, not all staff had received up to date training in child protection, safeguarding vulnerable adults or mental capacity act2005.
Cleanliness and Infection control	One practice did not have a copyHealthTechnicalMemorandum01-05: Decontamination in primary care dental practices available. Threepracticesdidnothavewidespreadsystemstomaintainstandardsofgeneral cleanliness and hygiene, including cleaning procedures and auditing of cleaning. In one practice, the inspectors found the clinical waste bin where sealed bags of waste were stored, was not locked. This was in a public car park. In one practice, a member of staff was not wearing gloves when bagging sterilized instruments. In another a member of staff did not use an apron when carrying out rinsing and preparation of instruments. In two practices, areas were seen where floors and furnishings were in need of proper maintenance in line with guidance. Legionella assessments had not been done within appropriate timescales in several practices. Severalversionsofaninfectioncontrolpolicywereavailableinonepractice. Insufficient audits of infection control were noted in one practice One practice did not have a clearly appointed infection controlled. Two practices had instrument packs without clear sterilization dates.
Requirements Relating to workers	A practice's recruitment and selection processes did not include the full range of Required checks asperSchedule3 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2010.Another had shortfalls in relation to gaining a full employment history and seeking criminal disclosure and barring checks before staff started work.
Assessing and Monitoring the quality of service provision	In two practices, there were no mechanisms in place to gain patient feedback Other issues were related to lack of sufficient audits.
Complaints	The practice did not bring the complaints procedure to the attention of patients.
Records	Issues included records that could not be located promptly when needed. One practice's records were not all up to date, for instance the public liability notice displayed was out of date In one practice, patient records were held on open shelving behind the reception desk which was not lockable. Another practice kept records in an unlocked cabinet.

g) SeriousIncidents

There have been no serious incidents reported to the Area Team by dental practices in Thames Valley between April and November2013.

h) Non-Serious Incidents

Only one incident has been reported to the Area Team since April 2013.This involved a mirror being in advertently used on a patient that had been used for a previous patient. The practice sought advice from Public Health England. A consultant in Dental Public health advised that no further action was required as the situation was low risk.

i) Summary of concerns by practice

Berkshire

Dental Practice	CQC Areas of non-compliance	Non-Serious Incidents Reported to Area Team Apr–Nov 13	Complaints received by NHS England Nov-Dec 13
Dental Centre Limited- Parkhouse, Bracknell	1 minor		
Shinfield Dental Practice,Reading			1 clinical
Thatcham Village Dental, Thatcham			1 clinical
Windsor Road Dental Practice, Slough			2 clinical

Buckinghamshire

DentalPractice	CQC Areas of non-compliance	Non-SeriousIncidents reportedtoArea Team Apr–Nov 13	Complaintsreceivedby NHSEngland Nov-Dec 13
Amersham Hill Dental Clinic, High Wycombe	1 minor		
Bourbon Street Dental Care, Aylesbury	1 minor		
Facial Aesthetics Dental Care Limited, Princes Risborough	1 minor		
HMP Grendon Dental Services, Aylesbury	1 minor		
Lindfield Dental Surgery, Amersham	2 minor		

Oxfordshire

Dental Practice	CQC Areas of non-compliance	Non-Serious Incidents Reported to Area Team Apr–Nov 13	Complaints received by NHS England Nov-Dec 13
Banbury Dental Surgery,Banbury	1 minor		
Botley Dental Practice, Oxford	1 minor		
Ladygrove Dental Practice, Didcot	1 minor		
Oasis Dental Care Southern, Wantage	1 minor		
Orthoworld 2000,Banbury	1 minor		
Peachcroft Dental Practice, Abingdon	1 moderate 1 minor		
Studental, Oxford Brookes, Oxford			1 clinical
Tower Dental, Carterton	2 minor		
Watlington Dental Centre, Watlington	1 minor		
Westbridge Dental Practice, Oxford		1	
Wheatley Dental Practice, Wheatley	1 moderate		