Public Document Pack

Notice of Meeting

Health and Wellbeing Board

Thursday, 30th July, 2015 at 9.00am

in Council Chamber Council Offices
Market Street Newbury

Date of despatch of Agenda: Wednesday, 22 July 2015

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact Jessica Bailiss / Moira Fraser / Jo Reeves on (01635) 503124 / 519045 / 5194
e-mail: jbailiss@westberks.gov.uk / mfraser@westberks.gov.uk / jreeves@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), Dr Lise Llewellyn (Public Health), Matthew Tait (NHS Commissioning Board), Rachael Wardell (WBC - Community Services), Cathy Winfield (Berkshire West CCGs), Nikki Luffingham (NHS England Thames Valley), Councillor Hilary Cole (Executive Portfolio: Adult Social Care, Housing), Councillor Lynne Doherty (Executive Portfolio: Children's Services), Councillor Graham Jones (Executive Portfolio: Health and Wellbeing), Councillor Mollie Lock (Shadow Executive Portfolio: Education and Young People, Adult Social Care) and Councillor Gordon Lundie (Executive Portfolio: Leader of Council, Strategy & Performance, Legal & Strategic Support)

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

Agenda

Part I

			Page No.
9.00 am	1	**Apologies for Absence** To receive apologies for inability to attend the meeting (if any).	
9.02 am	2	**Minutes** To approve as a correct record the Minutes of the meeting of the Board held on 4th June 2015.	7 - 14
9.07 am	3	**Declarations of Interest** To remind Members of the need to record the existence and nature of any Personal, Disclosable Pecuniary or other interests in items on the agenda, in accordance with the Members' Code of Conduct.	
9.10 am	4	**Health and Wellbeing Board Forward Plan** An opportunity for Board Members to suggest items to go on to the Forward Plan.	15 - 16
9.12 am	5	**Actions arising from previous meeting(s)** To consider outstanding actions from previous meeting(s).	17 - 18

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.
(Note: There were no questions submitted relating to items not included on this Agenda.)

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

9.15 am	8	**Health and Social Care Dashboard (Patrick Leavey/Shairoz Claridge)** Purpose: To present the Dashboard and highlight any emerging issues.	19 - 22
9.25 am	9	**Primary Care Strategy (Dr Bal Bahia)** Purpose: To update to Board on commissioning arrangements for Primary Care.	23 - 66

Integration Programme

9.40 am	10	**An update report on the Better Care Fund and wider integration programme (Patrick Leavey/Shairoz Claridge)** Purpose: To keep the Board up to date on progression with the BCF and wider integration programme. *(Please note that Appendix B to this report is included within the separate information only pack, circulated with this agenda)*	67 - 74

Other information for discussion

9.55 am	11	**Quality Premium (Shairoz Claridge)** Purpose: To inform the Board of the Quality Premium Scheme, and to highlight the two local indicators that the CCG have elected to achieve which align with the local Health & Wellbeing Strategy	75 - 82

10.10 am	12	**Children and Young People Wellbeing Survey (Jim Davis from the Children's Society)** Purpose: To give an overview of the Survey result for West Berkshire to the Board.	83 - 88
10.30 am	13	**Child and Adolescent Mental Health Service (Mac Heath/Sally Murray/Gabrielle Alford)** Purpose: To raise the Board's awareness of the CAMHs Service.	89 - 102
10.45 am	14	**Child Sexual Exploitation (Mac Heath)** Purpose: To bring the issue of child sexual exploitation to the attention of the Board.	103 - 114
10.55am	15	**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.	
	a	**Question submitted by Councillor Adrian Edwards** *"The Berkshire Healthcare Foundation Trust's Five Year Forward View states that the future health of millions of children, the sustainability of the NHS and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health. Action is needed in particular on obesity, smoking, alcohol and other major health risks. Berkshire NHS Trust is looking to Local Authorities through their Health and Wellbeing Boards to assist in carrying out preventative activities on these issues.* *Would you please give a short summary of what activities this Health and Wellbeing Board has promulgated over the last year and what its future programme will be."*	

Other Information not for Discussion

	16	**A Time to Deliver** Purpose: To bring the document to the Board's attention, which includes examples of on-going work across the country.	*Included within information only pack*
	17	**Future meeting dates** 24 September 2015 26 November 2015 28 January 2016 24 March 2016 26 May 2016	

Andy Day
Head of Strategic Support

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

This page is intentionally left blank

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, 4 JUNE 2015

Present: Dr Bal Bahia (Newbury and District CCG), Adrian Barker (Healthwatch), Dr Barbara Barrie (North and West Reading CCG), Dr Lise Llewellyn (Public Health), Rachael Wardell (WBC - Community Services), Councillor Lynne Doherty (Executive Portfolio: Children's Services), Councillor Hilary Cole (Executive Portfolio: Adult Social Care, Housing) and Councillor Graham Jones (Executive Portfolio: Health and Wellbeing)

Also Present: Jessica Bailiss (WBC - Executive Support), Lesley Wyman (WBC - Public Health & Wellbeing), Tandra Forster (WBC - Adult Social Care) and Fiona Slevin-Brown (Berkshire West CCGs)

Apologies for inability to attend the meeting: Leila Ferguson, Councillor Gordon Lundie, Cathy Winfield, Shairoz Claridge and Councillor Mollie Lock

PART I

1 Election of Chairman and Vice-Chairman for the 2015/16 Municipal Year

Councillor Graham Jones was voted as Chairman of the Health and Wellbeing Board and Dr Bal Bahia was voted as Vice-Chairman for the 205/16 municipal year.

2 Minutes

The Minutes of the meeting held on 26th March 2015 were approved as a true and correct record and signed by the Chairman.

Adrian Barker noted that answers to public questions were not included within the minutes. Jessica Bailiss confirmed that answers to questions were contained within a separate pack that was published along with the minutes on the internet.

RESOLVED that a reference to the web location of question and answer packs be included within the minutes of meetings where an answer to a public or Member question was given.

3 Declarations of Interest

Councillor Graham Jones declared an interest in all agenda items by virtue of the fact that he was a Pharmaceutical Director in Lambourn but reported that, as his interest was personal and not prejudicial or a disclosable pecuniary interest, he determined to remain to take part in the debate and vote on the matters where appropriate.

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

4 Health and Wellbeing Board Forward Plan

The Health and Wellbeing Board noted the Forward Plan.

5 Actions arising from previous meeting(s)

The Health and Wellbeing Board noted the action list from the previous meeting and the progress made.

Jessica Bailiss reported that she had received an update from Rachael Wardell regarding action point 55 concerning the number of Female Genital Mutilation (FGM) cases in West Berkshire. As stated within Rachael Wardell's report to the Local Children Safeguarding Board, the group was not able to ascertain any data relating to the number of cases of FGM in any of the three areas of Berkshire West. Whilst the group was in existence there was one referral made to Children's Social Care Services in West Berkshire which was handled under the Berkshire Child Protection Procedures. Hospitals were now required to report data to Department of Health of pregnant women attending who had themselves suffered FGM.

Dr Bal Bahia referred to action point 51 concerning whether soft intelligence gathered by Primary Care was suitable for the Health and Wellbeing Board. Dr Bahia stated that it was not felt that this information would have as much value to the Board as the Primary Care Strategy and therefore this would be presented to the Board at its next meeting on 30th July 2015.

6 Public Questions

There were no public questions received.

7 Petitions

There were no petitions presented to the Board.

8 Health and Social Care Dashboard (Tandra Forster/Fiona Slevin-Brown)

(Rachael Wardell and Councillor Lynne Doherty joined the meeting at 9.15am)

Tandra Forster introduced the item to Members of the Health and Wellbeing Board. She reported that the target had been exceeded regarding the number of people (65+) who were still at home 91 days after discharge from hospital to reablement/rehabilitation services. Tandra Forster reminded the Board that this indicator reflected the enablement service and only consisted of a small number of people and therefore it fluctuated easily.

Rachael Wardell briefed the Board on the Children's Social Care section of the Dashboard. Due to processes being undertaken as a response to the Ofsted Inspection the number of Looked After Children (LAC) was not expected to decrease. Children who were in care were there because they needed to be. Therefore it was likely that the target would remain red. Rachael Wardell reminded the Board that numbers were being compared against a normal range and therefore should not be considered as a target.

Rachael Wardell drew attention to CSC5 regarding looked after children cases, which were reviewed within the required timescales. Performance was currently at 97% and was getting closer to the target (99%).

Dr Bal Bahia asked when General Practitioners (GPs) were notified when a child was brought into care. Rachael Wardell confirmed that they were not notified as a matter of course however, it should be flagged up as part of the Healthcheck process. Dr Bahia referred to a case where he had only become aware that a child was looked after, when

he had requested their notes. Rachael Wardell acknowledged Dr Bahia's point in that it would be helpful for GPs to be informed as part of the process.

Dr Lise Llewellyn queried why the number of LAC in West Berkshire was outside of the normal range. Rachael Wardell stated that Ofsted had felt that there were further children in West Berkshire who should be looked after by the authority and therefore it was likely that the number of LAC in West Berkshire would increase. Each LAC case was decided on by the courts. Ofsted had not found any children who they had considered unsafe and their criticism had been that sometimes children were not brought into care fast enough.

Dr Lewellyn further queried what it was about the locality that drove more children into care. Rachael Wardell stated that she was sceptical about where the normal range data came from. West Berkshire was within the normal range for the South East. The normal range being measured against was a nationally defined measure and did not truly reflect the area.

Councillor Graham Jones asked if numbers could be linked to the number of Asylum Seekers entering the district as a result of the two service stations. Rachael Wardell explained that child abuse was often linked to poverty however, this was not always the case. The Legal Team would be of the view that there were unusual cases that might be the result of a cluster. There was nothing obvious that could be pinpointed as the cause. Rachael Wardell continued by explaining that thresholds had been set well within West Berkshire and children were moved into permanency efficiently. Focus needed to be placed on taking legal advice earlier in the process and if care proceedings were required, then these would be implemented. Thresholds also needed to be set earlier.

Dr Bal Bahia stated that there was a Hot Focus Session for LAC taking place on 11th June, which would be a good opportunity to explore the issues. Dr Llewellyn stated that her question had not been in reference to processes but rather what the characteristics were that caused West Berkshire to fall outside of the normal range.

Rachael Wardell reported that two years ago the levels of LAC had been slightly below the normal range and now they were slightly over. There was nothing special or unique about West Berkshire. She also added that the Hot Focus Session on 11th June would address what services were in place for children coming into care but would not address the health and wellbeing of children in the district generally and what led them into care.

Fiona Slevin-Brown drew attention to the Acute Sector section of the Dashboard. It was an improving position regarding the four hour Accident and Emergency Target. Although performance (94%) was red against the target (95%), April data showed that performance in this area had improved further and the target had only marginally been missed.

Councillor Hilary Cole queried how AS3; DTOC attributable to social care (Total West Berkshire) was calculated and whether it should be an average or total figure.

RESOLVED that Tandra Forster would check with her team and report back.

In response to a question from Dr Llewellyn regarding the Accident and Emergency indicator, Fiona Slevin-Brown reported that attendees fluctuated however, growth that led to increased admission had not been seen.

Tandra Forster referred to AS3 regarding the number of Delayed Transfers of Care, which were attributable to social care per 100,000 population. Although the target was not being met, there had still been a significant improvement in performance. Focus was required around hospital pathways. Tandra Forster added that some money had been received through the winter resilience project and further funding could be expected through the Better Care Fund and therefore further improvement was anticipated.

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

Tandra Forster introduced her report which aimed to update the Health and Wellbeing Board on progress within the Better Care Fund (BCF) Schemes and sought approval on the first quarterly data return.

Tandra drew the Boards attention to paragraph two of the report, which detailed the BCF quarterly data collection. The Department of Health (DH) had introduced a quarterly template to enable Health and Wellbeing Boards to track performance on delivery of the BCF programme of work. The first of these reports was included under Appendix C however, was retrospective in this instance due to timings and had already been submitted to the DH. Tandra Forster highlighted that this return contained no new information as it included performance that had been reported over the past year.

Going forward the data return would require approval from the Board and this would be completed prior to submission to the DH.

Fiona Slevin-Brown moved onto paragraph three of the report, which detailed the Non Elective (NEL) Targets for the BCF. As part of planning process, the Clinical Commissioning Group (CCG) had needed to revisit the NEL Targets and in April 2015 they had revised their assumptions. Rather than to decrease by one percent the target was now to increase by two percent. Baseline figures had needed to be reset, taking into account projects for the coming year. Fiona Slevin-Brown highlighted that the information contained within the report was for information. No feedback had been received from NHS England.

Adrian Barker queried as a result of the changing target if money would be received through the system rather than the BCF. Fiona Slevin-Brown clarified that money would still come from the BCF on out of hospital services however, agreement on how this money would be spent would be required from the Health and Wellbeing Board. Tandra Forster stated that the point at which the funding would be released had changed.

Tandra Forster moved focus to the highlight reports for the BCF projects. The Joint Care Provider Project had commenced on the 1st June 2015 and had received positive feedback. The Personal Recovery Guide Project had been set up and was ready to begin however, aspects around funding needed finalising. The Integrated Social Care Hub would be reviewed at a later stage due to changes taking place across Adult Social Care. The soft launch for the Hospital at Home Project would take place on 15th June 2015. The Board would be kept informed on its progress and the project would go completely live in September 2015.

In response to a question from Dr Lise Llewellyn on the Integrated Social Care Hub, Tandra Forster confirmed that it was about having shared information on people. Challenges were being faced with this project because Adult Social Care was changing the way it worked locally. To be more sustainable, more focus was required around prevention and more social workers were required within the community. Wokingham had already made changes regarding their first point of contact in that they had a general contact centre, whereas in West Berkshire there was still a social care front door.

Tandra Forster proposed that she would give a presentation at a future meeting of the Health and Wellbeing Board meeting regarding the new way of working. The purpose of this item would be to advise the Health and Wellbeing Board on the Adult Social Care change programme.

RESOLVED that Tandra Forster would give a presentation to the Board on the Adult Social Care change programme at a future meeting.

Dr Lise Llewellyn reported that there was evidence that a 'hands off' approach was not good as a way of practice and that a professional at the front door was much more effective in improving satisfaction and outcomes

Fiona Slevin-Brown added that it was important that the information detailed under the project description for the Integrated Social Care Hub was revisited to ensure it was fit for local purpose.

Councillor Graham Jones felt that the paper was dry and that there was little regard to the patient experience. Tandra Forster added that it was a new way of working and was not yet being applied to all those going through the front door of services. Rachael Wardell stated that if someone only needed information, then the professional would not be expected to 'stick' with them but would stay with them until their information needs were met. Tandra Forster stated that her presentation would include how many people had accessed the front door of services and numbers regarding how many people they had 'stuck' with.

Rachael Wardell referred to Stockport, which was a Vanguard site where there were no 'hands off'. They were developing professional partnerships within communities and the principle of 'hands off' was being operated through GP surgeries. Dr Llewellyn stated that in Buckinghamshire they were integrating at a groups of practice level. Councillor Jones felt that it would be a worthy exercise to make a visit to one of the areas mentioned or even Greater Manchester.

Adrian Barker asked what FOT stood for and it was confirmed that it was 'Forecasting Outturn'.

RESOLVED that Officers should ensure acronyms were referenced within reports.

Adrian Barker asked if the use of the NHS Number was comprehensive across the area. Fiona Slevin-Brown confirmed that this was not quite the case. Around 80% were using the system and they needed to reach 95%. This was one of the national criterion for the BCF.

10 Improving the Frail Elderly Pathway (Tandra Forster/Fiona Slevin-Brown)

Tandra Foster introduced the report to Members of the Board, which sought their endorsement of the Frail Elderly Pathway as a design that informed service arrangements. Tandra Forster reminded Members that there was an accompanying presentation, which had been circulated and included a higher level of detail on the work.

Work on the Frail Elderly Pathway started in 2012 prior to the Better Care Fund (BCF). The Frail Elderly Care Pathway came out of a number of stakeholder workshops facilitated by the King's Fund, which enabled the whole system to develop a local model. The model was centred around the needs of Sam (a typical patient with a variety of health and social care needs), as described in Sam's story, rather than by which services were in place. The end point was to have something that was easier to navigate around and to develop a pathway and direct resources where they would have most impact.

Tandra Foster reported that more work was required on the financial modelling aspect. At this stage the report set out an overview of the piece of work and was requesting that the Board accept the principles of the Frail Elderly Pathway work.

Fiona Slevin-Brown reported that she and her colleague Stuart Rowbotham were leading on the piece of work and it had been recommended that a more complex piece of work was required. The King's Fund work had been excellent however, it was difficult to roll out on a larger scale and therefore the wider partnership would be expected to help with

this. Financial impacts would need to be considered and the Health and Wellbeing Board would have a key role in overseeing the work.

Tandra Forster reminded the Board that there was more detail in the presentation that had been circulated. Adrian Barker had read the presentation and felt that it was more about 'doing to' rather that 'doing with'. Fiona Slevin-Brown stated that work had been very service focused however, they were now looking at how people 'aged well'. This focused largely on empowering individuals to ensure they received the right care.

Rachael Wardell added a point of caution in that there was already an established framework and therefore there would be a significant demand on workforces to act. These workforces were already used to working in a particular way. It would be challenging for some as they relied on the existing framework and would need to let go of their professional authority.

Dr Barbara Barrie reported that there would be large challenges around how the frail elderly were indentified. She queried how aligned the work would be with Primary Care's two percent service. Dr Barrie also highlighted the 'Living Well' project taking place in North and West Reading, which was working particularly well.

Dr Bal Bahia stated that the Board had seen the Frail Elderly Pathway work develop over the past 18 months. Thought needed to be given to how a changing culture could be supported and the Board needed to have a key role in challenging where the project was going.

Fiona Slevin-Brown clarified that although the project was called 'Frail Elderly', it was about people growing older and the empowerment aspect of prevention. It did not reflect 'Frail Elderly' in the clinical term.

RESOLVED that the Health and Wellbeing Board endorsed the Frail Elderly Pathway work taking place.

11 Alignment of Commissioning Plans (Tandra Forster))

Tandra Forster introduced the Board to her report, which aimed to update Members on the alignment of commissioning plans and recommended a way forward.

Tandra Forster reported that this was a large piece of complex work and therefore the report was proposing that a presentation on existing commissioning arrangements be given at the Health and Wellbeing Board on 24th September 2015.

RESOLVED that a presentation on existing commissioning arrangements would be brought to the September Board meeting.

12 Health and Wellbeing Development Session (Dr Bal Bahia)

Dr Bal Bahia introduced his report which aimed to provide an opportunity for Board Members to discuss desired objectives for the Development Session taking place in July 2015.

The session would be facilitated by the Local Government Association. Progression had been made since the first Development Session in Spring 2014, including a more structured agenda. The Board had also successfully taken control of what was presented at Board meetings and in managing its business.

Dr Bahia felt that it would be beneficial to have an informal session before the Development Session for Board Members to come to together and to get to know each other.

RESOLVED that a informal meeting/evening session would be set up for the Board.

Councillor Hilary Cole was supportive of a session that took place in less formal surroundings. Councillor Lynne Doherty suggested that a similar structure be used to that of the Hot Focus Sessions, where people have a timed slot to stand up and say what they did and what they could bring to the table.

13 Members' Question(s)

There were no questions from Members.

14 Future meeting dates

It was confirmed that the next meeting of the Health and Wellbeing Board would take place on 30th July 2015.

(The meeting commenced at 9.00 am and closed at 10.15 am)

CHAIRMAN …….

Date of Signature …….

This page is intentionally left blank

Health and Wellbeing Board Forward Plan 2015/16

Item	Purpose	Action required by the H&WB	Deadline date for reports	Lead Officer/s	Those consulted	Is the item Part I or Part II?
24th September 2015						
Items for Discussion						
System Resilience						
Health and Social Care Dashboard	To present the Dashboard and highlight any emerging issues	For information and discussion	27th August	Tandra Forster/Shairoz Claridge/Jessica Bailiss	Health and Wellbeing Management Group	Part I
Integration Programme						
An update report on the Better Care Fund and wider integration programme	To keep the Board up to date on progression with the BCF and wider integration programme.	For information and discussion	27th August	Tandra Forster/Shairoz Claridge	Health and Wellbeing Management Group	Part I
The New Way of Working	To advise the Health and Wellbeing Board on the Adult Social Care change programme.	For information and discussion	27th August	Tandra Forster	Health and Wellbeing Management Group	Part I
Health and Wellbeing Strategy / Joint Strategic Needs Assessment						
Health and Wellbeing Conference	To brief the Board on the Conference and provide them with a final draft of the agenda.	For information and discussion	27th August	Andy Day	Health and Wellbeing Management Group	Part I
Joint Strategic Needs Assessment and the District Needs Assessment	To present a snapshot of the JSNA, which includes any changes the Board needs to be aware of.	For information and discussion	27th August	Lesley Wyman	Health and Wellbeing Management Group	Part I
Feedback on the Health and Wellbeing Strategy Hot Focus: Mental Health and Wellbeing in Adults.	To feedback on activity that has taken place over the last three months.	For information and discussion	27th August	Lesley Wyman/Rachel Johnson	Health and Wellbeing Management Group	Part I
Commissioning Plans						
Alignment of Commissioning	To timetable/forward plan the alignment of commissioning plans	For information and discussion		Tandra Forster/Lesley Wyman/Shairoz Claridge	Health and Wellbeing Management Group	Part I
Public Engagement						
Draft Strategy for community engagement	To present the draft strategy to the Board for comment.	For discussion and agreement	27th August	Adrian Barker	Health and Wellbeing Management Group	Part I
Governance and Performance						
Delivery Plan Performance Report	To provide exception reports from each of the delivery groups.	For information and discussion	27th August	Lesley Wyman	Health and Wellbeing Management Group	Part I
Other Issues for discussion						
Local Account	To ensure the Health and Wellbeing Board is sighted on activity taking place across Adult Social Care and what are plans are for the coming year.	For Information and discussion	27th August	Tandra Forster	Health and Wellbeing Management Group	Part I
November 2015 - Health and Wellbeing Development Session - date TBC						
22nd October 2015 - half day Hot Focus session - FALLS PREVENTION						
Health and Wellbeing Hot Topic: Falls Prevention	**To introduce the hot topic to the Board followed by a briefing on activity planned for the next three months.**			**Lesley Wyman/April Peberdy**		
5th November 2015 - HEALTH AND WELLBEING ANNUAL EVENT						
26th November 2015						
Items for Discussion						
System Resilience						
Health and Social Care Dashboard	To present the Dashboard and highlight any emerging issues	For information and discussion	29th October	Tandra Forster/Shairoz Claridge/Jessica Bailiss	Health and Wellbeing Management Group	Part I
Integration Programme						
An update report on the Better Care Fund and wider integration programme	To keep the Board up to date on progression with the BCF and wider integration programme.	For information and discussion	29th October	Tandra Forster/Shairoz Claridge	Health and Wellbeing Management Group	Part I
Health and Wellbeing Strategy / Joint Strategic Needs Assessment						
Feedback on the Health and Wellbeing Strategy Hot Focus: Looked After Children	To feedback on activity that has taken place over the last three months.	For information and discussion	29th October	Mac Heath	Health and Wellbeing Management Group	Part I
Commissioning Plans						
Alignment of Commissioning Plans	To timetable/forward plan the alignment of commissioning plans	For Information and discussion	29th October	Tandra Forster/Shairoz Claridge/Lesley Wyman	Health and Wellbeing Management Group	Part I
Public Engagement						
Update from Healthwatch West Berkshire	To inform the Board on Healthwatch West Berkshire's plans for the coming year.	For Information and discussion	29th October	Adrian Barker	Health and Wellbeing Management Group	Part I
Governance and Performance						
Development Plan and Governance for the Health and Wellbeing Board.	To keep an overview of the Boards progression	For Information and discussion	29th October	Nick Carter/Graham Jones	Health and Wellbeing Management Group	Part I
Delivery Plan Performance Report	To provide exception reports from each of the delivery groups.	For information and discussion	29th October	Lesley Wyman	Health and Wellbeing Management Group	Part I
28th January 2016						
Items for Discussion						
System Resilience						
Health and Social Care Dashboard	To present the Dashboard and highlight any emerging issues	For information and discussion	17th December	Tandra Forster/Shairoz Claridge/Jes	Health and Wellbeing Management Group	Part I
Integration Programme						
An update report on the Better Care Fund and wider integration programme	To keep the Board up to date on progression with the BCF and wider integration programme.	For information and discussion	17th December	Tandra Forster/Shairoz Claridge	Health and Wellbeing Management Group	Part I
Commissioning Plans						
Alignment of Commissioning Plans	To timetable/forward plan the alignment of commissioning plans	For Information and discussion	17th December	Tandra Forster/Shairoz Claridge/Lesley Wyman	Health and Wellbeing Management Group	Part I
Governance and Performance						

Health and Wellbeing Board Forward Plan 2015/16

Item	Purpose	Action required by the H&WB	Deadline date for reports	Lead Officer/s	Those consulted	Is the item Part I or Part II?
Delivery Plan Performance Report	To provide exception reports from each of the delivery groups.	For information and discussion	17th December	Lesley Wyman	Health and Wellbeing Management Group	Part I
Community Sub-Partnership Terms of Reference	To present the Terms of Reference for this group to the Health and Wellbeing Board.	For discussion and comment	17th December	Andy Day/Nick Carter	Health and Wellbeing Management Group	Part I
11th February - half day hot focus session - CAMHs						
Health and Wellbeing Hot Topic: Children and Adolescent Mental Health Service.	**To introduce the hot topic to the Board followed by a briefing on activity planned for the next three months.**			**Mac Heath**		
February/March (date tbc) - DELIVERY PLAN PROGRESS CHECK - (Informal meeting between Members of the Board and the Delivery Groups)						
24th March 2016						
Items for Discussion						
System Resilience						
Health and Social Care Dashboard	To present the Dashboard and highlight any emerging issues	For information and discussion	25th February	Tandra Forster/Shairoz Claridge/Jessica Bailiss	Health and Wellbeing Management Group	Part I
Integration Programme						
An update report on the Better Care Fund and wider integration programme	To keep the Board up to date on progression with the BCF and wider integration programme.	For information and discussion	25th February	Tandra Forster/Shairoz Claridge	Health and Wellbeing Management Group	Part I
Health and Wellbeing Strategy / Joint Strategic Needs Assessment						
Feedback on the Health and Wellbeing Strategy Hot Focus: Falls Prevention	To feedback on activity that has taken place over the last three months.	For information and discussion	25th February	Lesley Wyman/TBC	Health and Wellbeing Management Group	Part I
Commissioning Plans						
Alignment of Commissioning Plans	To timetable/forward plan the alignment of commissioning plans .	For Information and discussion	25th February	Tandra Forster/Shairoz Claridge/Lesley Wyman	Health and Wellbeing Management Group	Part I
Governance and Performance						
Delivery Plan Performance Report	To provide exception reports from each of the delivery groups.	For information and discussion	25th February	Lesley Wyman	Health and Wellbeing Management Group	Part I
Health and Wellbeing Strategy Performance Reporting	To present a performance report against the performance framework for the Health and Wellbeing Strategy.	For Information and discussion	25th February	Lesley Wyman	Health and Wellbeing Management Group	Part I
26th May 2016						
Items for Discussion						
System Resilience						
Health and Social Care Dashboard	To present the Dashboard and highlight any emerging issues	For information and discussion	28th April	Tandra Forster/Shairoz Claridge/Jessica Bailiss	Health and Wellbeing Management Group	Part I
Integration Programme						
An update report on the Better Care Fund and wider integration programme	To keep the Board up to date on progression with the BCF and wider integration programme.	For information and discussion	28th April	Tandra Forster/Shairoz Claridge	Health and Wellbeing Management Group	Part I
Commissioning Plans						
Alignment of Commissioning Plans	To timetable/forward plan the alignment of commissioning plans .	For Information and discussion	28th April	Tandra Forster/Shairoz Claridge/Lesley Wyman	Health and Wellbeing Management Group	Part I
Governance and Performance						
Delivery Plan Performance Report	To provide exception reports from each of the delivery groups.	For information and discussion	28th April	Lesley Wyman	Health and Wellbeing Management Group	Part I

RefNo	Meeting	Action	Action Lead	Agency	Agenda item	Comment
57	04-Jun-15	Include reference to the web location of Question and Answer packs within the minutes of meetings where an answer to a public/Member question was given.	Jess Bailiss	WBC	Minutes	This link will be incorporated when necessary.
58		Hilary Cole queried how AS3; DTOC attributable to social care (Total West Berkshire) was calculated and whether it should be an average or total figure. Tandra would check with her team and report back.	Tandra Forster	WBC	Health and Social Care Dashboard	An explanation on how this indicator is calculated has been included under the narrative section of the dashboard (under AS3)
59		Tandra Forster to bring a presentation to the next Health and Wellbeing Board meeting regarding the new way of working across Adult Social Care. The purpose of this item will be to advise the Health and Wellbeing Board on the Adult Social Care change programme.	Tandra Forster	WBC	BCF Update	Tandra Forster is on AL for the July meeting so this has been placed on the forward plan for September.
60		It was requested that acronyms be referenced within reports.	All/Jess Bailiss	WBC	BCF Update	Jess Bailiss will remind Officers of this point when requesting reports.
61		A presentation regarding the alignment of commissioning would be brought to the Board meeting in September	Tandra Forster	WBC	Alignment of Commissioning	This has been placed on the forward plan for September.
62		An informal meeting between Board Members to be set up prior to the next Development Session	Jess Bailiss	WBC	Health and Wellbeing Development Session	This will take place on the evening of 28th July 2015.

Actions carried over from previous meeting

RefNo	Meeting	Action	Action Lead	Agency	Agenda item	Comment
53	26-Mar-15	Comparator Data to be provided regarding the Joint Self Assessment for Learning Disabilities	Tandra Forster	WBC	Joint Self Assessment for Learning Disabilities	There is currently no service manager in place for learning disabilities. This information will be provided as soon as the post is recruited to.
54		Learning Disability Action Plan to be circulated to Board Members along with a more comprehensive version of the Self Assessment document.	Tandra Forster	WBC	Joint Self Assessment for Learning Disabilities	There is currently no service manager in place for learning disabilities. This information will be provided as soon as the post is recruited to.

This page is intentionally left blank

System Resilience
Health and Social Care Dashboard

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

Ref.	Indicator	Basis	Frequency	2014/15 Benchmark	2014/15 Target	Positive or negative trend (see key)	Latest data	Comments
ASC1	Proportion of older people (65+) who were still at home 91 days after discharge from hospital to reablement/rehabilitation service	West Berkshire Council Adult Social Care	Quarterly		90%	↔	**93.0% Q1**	There is an increased emphasis on the In Reach service to improve discharge planning; this will be further enhanced by the expansion of this Council service at weekends.
ASC2	Number of assessments completed in last 12 months leading to a provision of a Long term service (excludes Carers)	West Berkshire Council Adult Social Care	Quarterly		Target data not yet available	↑	**380 Q1**	*(Please note that this is a provisional figure)* As yet data is not yet available to reflect the impact of the change of eligibility by the Care Act or the New Way of Working having been introduced as an experiment applied to a proportion of new referrals.
ASC3	Proportion of clients with Long Term Service receiving a review in the past 12 months	West Berkshire Council Adult Social Care	Quarterly		Target data not yet available	↔	**62.0% Q1**	Additional resource is targeted at delivering reviews to all long term service users by April 2016; additionally Reviews are a target area for the ASC New way of Working initiative.

Children's Social Care

Ref.	Indicator	Basis	Frequency	Normal Range	2014/15 Target	Positive or negative trend (see key)	Latest data	Comments
CSC1	The number of looked after children per 10,000 population	West Berkshire Children's Services	Quarterly	Between 38 and 46 per 10,000		↑	**48 Q4**	The number of LAC has remained stable subsequent to our Ofsted inspection, but increased Care Proceedings over the last quarter evidences a progression in planning for our LAC, which through the next two quarters should influence qualitative data.
CSC2	The number of child protection plans per 10,000 population	West Berkshire Children's Services	Quarterly	Between 28 and 34 per 10,000		↑	**36 Q4**	Our number of CP plans have remained stable and a multi-agency audit review is being undertaken to review all those plans that have been in place for over 12 months.
CSC3	The number of Section 47 enquiries per 10,000 population	West Berkshire Children's Services	Quarterly	Between 20 and 25 per 10,000.		↓	**35 Q4**	Number of S47 enquires has increased but additional resource has been invested in ensuring management oversight and scrutiny to ensure appropriate thresholds and responses are maintained.
CSC4	To maintain a high percentage of (single) assessments being completed within 45 working days	West Berkshire Children's Services	Quarterly		70%	↓	**70% Q4**	Awaiting for Children's Services
CSC5	Looked after children cases which were reviewed within required timescales	West Berkshire Children's Services	Quarterly		99%	↓	**97% Q4**	LAC Review timeliness remains good with close scrutiny continuing on this indicator.
CSC6	Child Protection cases which were reviewed within required timescales	West Berkshire Children's Services	Quarterly		99%	↑	**100% Q4**	Awaiting for Children's Services

Acute Sector

Ref.	Indicator	Basis	Frequency	Baseline data	2014/15 Target	Positive or negative trend (see key)	Latest data	Comments
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%	↑	**95.4% May**	During May, 95.4% of patients spent 4 hours or less in Accident and Emergency at RBFT and the target for this indicator is 95%. The Urgent Care Programme Board continues with a robust approach to ensure performance is as high as possible and all partners are working together to ensure the target is achieved for quarter 1.
		Hampshire Hospitals NHS Foundation Trust				↑	**92.0% May**	The lead commissioners for these contracts are working with providers to improve the position through their system resilience programmes.
		Great Western Hospitals NHS Foundation Trust				↑	**92.8% May**	The lead commissioners for these contracts are working with providers to improve the position through their system resilience programmes.
AS2	Average number of Delayed Transfers of Care (all delays) per 100,000 population (18+)	Berkshire Healthcare NHS Foundation Trust	Monthly			↑	**0.8 May**	Increased In Reach to hospitals effects earlier engagement and more timely discharge.
		Great Western Hospitals NHS Foundation Trust				↓	**4.2 May**	Increased In Reach to hospitals effects earlier engagement and more timely discharge.
		Hampshire Hospitals NHS Foundation Trust				↑	**1.7 May**	Hampshire and Oxfordshire hospitals will benefit from the Joint Care Provider development in the second phase in September 2015 which will improve the speed of response.
		Oxford University Hospitals NHS Trust				↑	**0.4 May**	
		Royal Berks NHS Foundation Trust				↑	**1.3 May**	Increased In Reach to hospitals effects earlier engagement and more timely discharge.
		Total West Berkshire		14.7 (2012/2013 data)		↑	**8.4 May**	NHS England has set a stretch target of 2.5% for DToCs in the planning guidance for 2015-16. This was achieved by West Berkshire during April. The Urgent Care Programme Board is now monitoring DToC performance across the system on a monthly basis.
AS3	Average number of Delayed Transfers of Care which area attributable to social care per 100,000 population (18+)	Berkshire Healthcare NHS Foundation Trust	Monthly			↑	**0.8 May**	A 'Fit List' system has been introduced to the Community Hospital.
		Great Western Hospitals NHS Foundation Trust				↓	**1.3 May**	Situation affected by difficulty of commissioning care resources in the rural areas of the Western section of West Berkshire.
		Hampshire Hospitals NHS Foundation Trust				↑	**1.3 May**	Link worker in place giving a prompt response to referrals and timely provision of care for discharge.
		Oxford University Hospitals NHS Trust				↑	**0.0 May**	Please note the low usage of Oxford hospitals during sample period.
		Royal Berks NHS Foundation Trust				↑	**0.0 May**	Link worker in place giving a prompt response to referrals and timely provision of care for discharge.
		Total West Berkshire			4	↑	**3.3 May**	NHS England has set a stretch target of 2.5% for DToCs in the planning guidance for 2015-16. This was achieved by West Berkshire during April. The Urgent Care Programme Board is now monitoring DToC performance across the system on a monthly basis.

Acute Sector (continued)								
Ref.	**Indicator**	**Basis**	**Frequency**	**Baseline data**	**2014/15 Target**	**Positive or negative trend (see key)**	**Latest data**	**Comments**
AS4	**Community Services** Average number of Delayed Transfers of Care (all delays by patients delayed)	Berkshire Healthcare Trust as a provider	Monthly		No Target	↓	**14 April**	The urgent care operational team and locally with the local authority are working to improve the systems flow and therefore resilience, including the introduction of the integrated discharge team at Royal Berkshire Hospital and care coordinators in the community wards at West Berkshire Community Hospital to focus on admissions and discharge arrangements.
AS5	**Ambulance Clinical Quality - Category A 8 Minute Response Time - Red 2** [Category A Red 2 incidents: presenting conditions that maybe life threatening but less time critical than Red1 and receive an emergency responses irrespective of location in 75% of cases]	Berkshire West	Monthly		75%	↑	**75.1% April**	The ambulance service contract requires the national performance standards for ambulance response times to be achieved on a Thames Valley basis annually. The 2015/16 contract also includes performance standards for each of the CCGs to improve the variation from CCG to CCG. The national standard for the Red 2 8 minute response time is 75% and the CCG standards vary depending on performance levels in 2014/15. During April the Thames Valley wide 75% standards were not achieved for Red 2 calls responded to within 8 minutes. The contract requires the standards to be achieved on an annual basis and therefore the contract standard can still be achieved. The CCGs have provided additional investment to SCAS in the 2015/16 contract to support increases in recruitment and retention of staff and therefore performance is expected to improve during 2015/16 as staff are recruited.
AS6	A&E Attendances	Royal Berkshire Foundation Trust for Berkshire West	Monthly	1256 average monthly figure from 13/14		↓	**1167 April**	April A&E attendances were in line with expected activity. The system focused on planning for the Easter period and ensuring alternatives to Emergency Department were available so that patients did not default to A&E. Resilience initiatives were funded for an additional month during April.
		Hampshire Hospital Foundation Trust for Berkshire West	Monthly	300 average monthly figure from 13/14		↓	**370 April**	
		Great Western Hospital for Berkshire West	Monthly	168 average monthly figure from 13/14		↓	**183 April**	
AS7	Number of non elective admissions	Royal Berkshire Foundation Trust for West Berkshire	Monthly	547 average monthly figure from 13/14		↑	**550 April**	April non elective admissions were also in line with expected levels. Resilience initiatives were funded through April rather than being ceased on 31st March to ensure that any peaks in activity linked to the Easter period could be managed.
		Hampshire Hospital Foundation Trust for West Berkshire		157 average monthly figure from 13/14		↓	**168 April**	
		Great Western Hospital for West Berkshire		84 average monthly figure from 13/14		↓	**102 April**	
AS8	Total number of 111 calls (Answered in 60 seconds)	Berkshire wide	Monthly			↓	**17167 May**	South Central Ambulance Service are consistently meeting the target to answer 95% of calls to NHS 111 within 60 seconds

Primary Care								
Ref.	**Indicator**	**Basis**	**Frequency**	**2014/15 Benchmark**	**2014/15 Target**	**Positive or negative trend (see key)**	**Latest data**	**Comments**
PC1(a)	GP referrals to secondary Care	Newbury & District CCG	Quarterly		N/A	N/A	1059 April	N/A
PC1(b)	GP referrals to secondary Care	North & West Reading CCG	Quarterly		N/A	N/A	1070 April	N/A
PC2	Friends and Family Test	TBC	TBC		TBC			N/A
PC3	Access metric to be defined	TBC	TBC		TBC			N/A

Community Services								
Ref.	**Indicator**	**Basis**	**Frequency**	**2014/15 Benchmark**	**2014/15 Target**	**Positive or negative trend (see key)**	**Latest data**	**Comments**
CS1	Mental Health - Crisis response % of responses with 4 hours	Berkshire West	Quarterly		85% Q2, 90% Q3 and 95% Q4		**Data not available**	N/A

Appendices

Appendix 1 - Indicator/Target Narrative

Appendix 1

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

Children's Social Care		
Ref.	**Target/Data 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 for CSC 4, 5 and 6 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		

(Appendix 1 continued)

Acute Sector		
Ref.	**Target/Data Narrative**	**Further explanation on indicator**
AS1	Data is based on provider as a whole	
AS2	Data is based on Provider figures for West Berkshire residents only. (Data has been backdated to ensure reporting methodoligy matches that used for AS3)	(Adult Social Care Framework 2C Part 1)
AS3	Data is based on Provider figures for West Berkshire residents only. Data for AS2 and 3 is sourced from NHS England and is a monthly snapshot of delays taken on the last Thursday of the month at midnight. The Total West Berkshire figure is reported on nationally. The calculation for each trust/hospital is: (YTD Average of Delays per month/ population)*100000. So for April, the figure for the YTD Average part will include April only, but for May it would include the average of April and May and so on for each month until the end of the financial year. The result of the above calculation for each hospital is then totalled up to give the West Berks Part 2 figure	(Adult Social Care Framework 2C Part 2) This measures the impact of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. This indicates the ability of the whole system to ensure appropriate transfer from hospital for the entire adult population. It is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface between health and social care services. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care. This is a two-part measure that reflects both the overall number of delayed transfers of care per 100,000 population aged 18 and over (part 1 - AS2) and, as a subset, the number of these delays which are attributable to social care services and to both (health and social services) (part 2 - AS3).
AS4		
AS5	Data is based on Berkshire West as a whole.	Category A Red 1 incidents: Presenting conditions that may be immediately life threatening and the most time critical and should receive an emergency response irrespective of location in 75% of cases. Category A Red 2 incidents: Presenting conditions that may be life threatening but less time critical than Red1 and receive an emergency response irrespective of location in 75% of cases.
AS6	Date is based on Provider figures for Berkshire West.	An elective admission is one that has been arranged in advance. It is a non emergency admission, a maternity admission or a transfer from a hospital bed in another healthcare provider.
AS7	Data is based on Provider figures for West Berkshire.	An elective admission is one that has been arranged in advance. It is a non emergency admission, a maternity admission or a transfer from a hospital bed in another healthcare provider.
AS8	Data is based on Berkshire as a whole	NHS 111 is a new service that was introduced to make it easier for people to access local NHS Services in England. 111 can be called when medical help is required quickly however, it's not a 999 emergency.

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

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

Title of Report:	**Primary Care Strategy**
Report to be considered by:	The Health and Wellbeing Board
Date of Meeting:	30 July 2015

Purpose of Report: **To inform the Health and Wellbeing Board about the Primary Care Strategy.**

Recommended Action: **to comment**

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

Will the recommendation require the matter to be referred to the Council's Executive for final determination?	Yes: ☐	No: ☒

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. In this instance please give details of how the item impacts upon the equality streams under the executive report section as outlined.

Health and Wellbeing Board Chairman details	
Name & Telephone No.:	Graham Jones – Tel 07767 690228
E-mail Address:	gjones@westberks.gov.uk

Contact Officer Details	
Name:	Bal Bahia
Job Title:	GP Clinical Lead NDCCG
Tel. No.:	01635 868006

Executive Report

1. Background

1.1 The four Berkshire West CCGs have recently been approved to jointly commission primary medical services with NHS England under co-commissioning arrangements. These arrangements are to be discharged through the Joint Primary Care Co-Commissioning Committee which met for the first time on 24th June 2015. Each of the Health and Wellbeing Boards in Berkshire West is represented on this Committee. The Newbury representative is Graham Jones, Chair Health & Wellbeing West Berkshire Council.

1.2 The work of the Committee will be guided by the Berkshire West Primary Care Strategy. This has been developed through a Task and Finish Group involving key representatives from each of the four CCGs and taking into account views expressed by patients around primary care issues through the recent series of Call-to-Action meetings and subsequent public events. It was approved in principle at the first meeting of the Committee, subject to a number of minor amendments. Alongside the strategy, the Committee approved an outline communications plan which will include production and discussion of a more patient-orientated version of the document as well as focussed engagement with patients and partners around key areas for action.

1.3 The strategy is focussed around five strategic objectives which reflect what will be required of the primary care sector in order for it to support the delivery of the CCGs' overarching vision of providing more care outside of hospital. Likewise, in the context of increasing demand, growing populations and workforce constraints, the strategy recognises that early action is required to place primary care on a sustainable footing in order to enable it to move towards the models of care described. The strategic objectives set out in the strategy are therefore as follows:

- Addressing current pressures and creating a sustainable primary care sector.
- Interfacing in new ways with specialisms historically provided in secondary care to manage increasingly complex chronic disease in a community setting.
- Managing the health of a population in partnership with others. Acting as accountable clinicians for the Over 75s and other high risk patients and co-ordinating an increasingly complex team of people working in primary, community and social care to support patients at home.
- Offering extended provision to improve access and better meet the needs of patients requiring urgent care. Using new approaches to ensure access to primary care in line with patient need.
- Making effective referrals to other services when patients will most benefit.

1.4 The strategy sits alongside the CCGs' Strategic and Operational Plans as well as the local Better Care Fund plans. As such the key workstreams within it such as collaborative working, the move towards seven day provision, multi-agency care planning, IT connectivity and closer working with the voluntary sector will already be familiar to Health and Wellbeing Board members. The strategy incorporates all of these themes into a single document which will be used as the basis for the primary

care contracting decisions that the CCGs and NHS England will take as co-commissioners, as well as to support an ongoing dialogue with patients, partners and providers around what primary care will look like in the future. The strategy will also guide a programme of transformational work to support and develop the role of primary care as part of the wider health and social care system.

2. Equalities

2.1 This item is not relevant to equality.

Appendices

Appendix A - see attached primary care strategy

This page is intentionally left blank

Berkshire West Primary Care Strategy

2015 – 2019

DRAFT

1. Introduction

The Berkshire West CCGs 5 Year Strategic Plan describes how, by 2019, enhanced primary, community and social care services in Berkshire West will work to prevent ill-health within our local populations and support patients with complex needs to receive the care they need in the community, only being admitted to hospital where this is absolutely necessary.

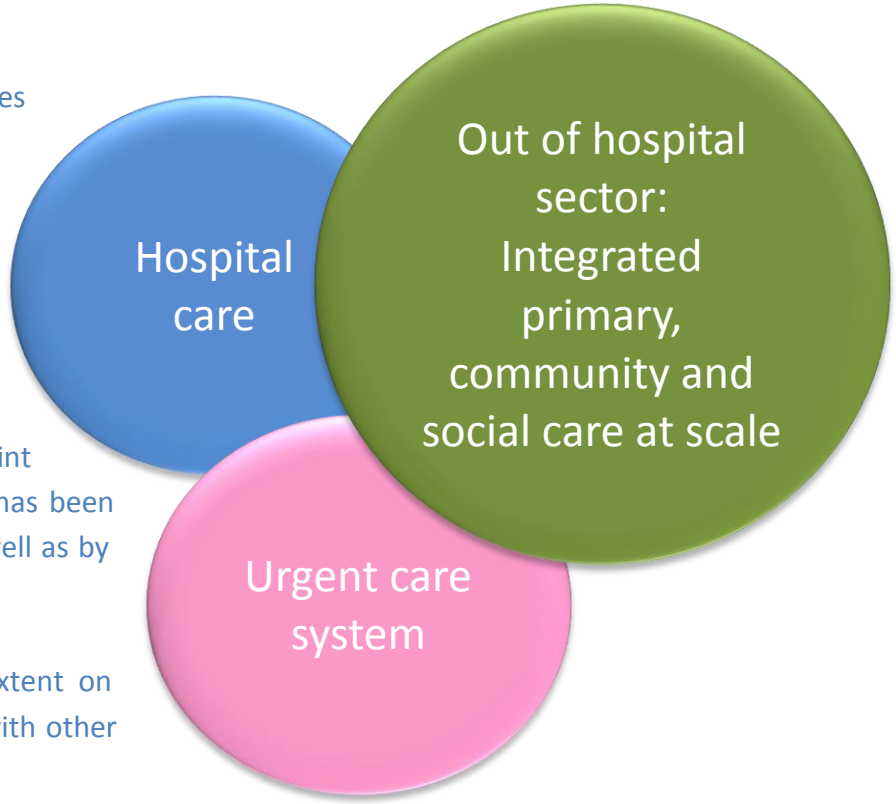
The overriding aims of our overarching Berkshire West CCGs plan which underpin this strategy are:

- Placing a greater emphasis on prevention and putting patients in control of their own care planning.
- Moving away from disease specific services to the commissioning of person centred care.
- Implementation of new models of care which support better integration, and which expand and strengthen primary and out of hospital care.
- Development of new payments mechanisms which incentivise the delivery of outcome focused care and which support the future sustainability of the local system.
- Development of urgent and emergency care networks which ensure patients get the right care at the right time in the right place.
- Better use of technology and innovation to achieve better outcomes for patients and improved demand management.
- Achieving parity of esteem for people with mental health problems and learning disabilities.

Over the coming year we will be exploring options for the development of locally appropriate models of care which offer innovative solutions to support delivery of these objectives in the context of the Five Year Forward View (NHS England October 2014), addressing both the financial challenges facing our system, and the increasing demand for services.

This Strategic Plan builds upon the overarching CCGs Strategic Plan by describing a more detailed vision for Primary care service in Berkshire West; anticipating that Primary care will play a pivotal role in delivering new models of care and in ensuring the sustainability of the broader health and social care system in the light of increasing demand and financial pressures.

This Strategy also describes what we intend to do to address the current challenges facing the sector including financial issues, growing workload pressures and increasing challenges in recruiting and retaining GPs and other key healthcare professionals.



The Strategy has been jointly developed by the four Berkshire West CCGs working together with NHS England as the statutory commissioners of primary care services, and with patients and partners (see Appendix 1). Its development has been overseen by our joint Primary Care Programme Board (shortly to become the Joint Primary Care Co-Commissioning Committee, membership listed at Appendix 2) and has been guided by a Task and Finish Group including GPs, Practice Managers and Nurses, as well as by discussions in each of the four GP Councils.

At this stage the Strategy focuses on primary medical services, and to a lesser extent on community pharmacy, but the opportunities and importance of integrated working with other community services is also a key theme.

Implementation of the Strategy will be overseen by the Joint Primary Care Co-Commissioning Committee, linking with the CCGs' other Programme Boards as appropriate. The Terms of Reference for the Joint Primary Care Co-Commissioning Committee are available at INSERT HYPERLINK.

2. Our Vision for Primary Care

By 2019, primary care in Berkshire West will be:

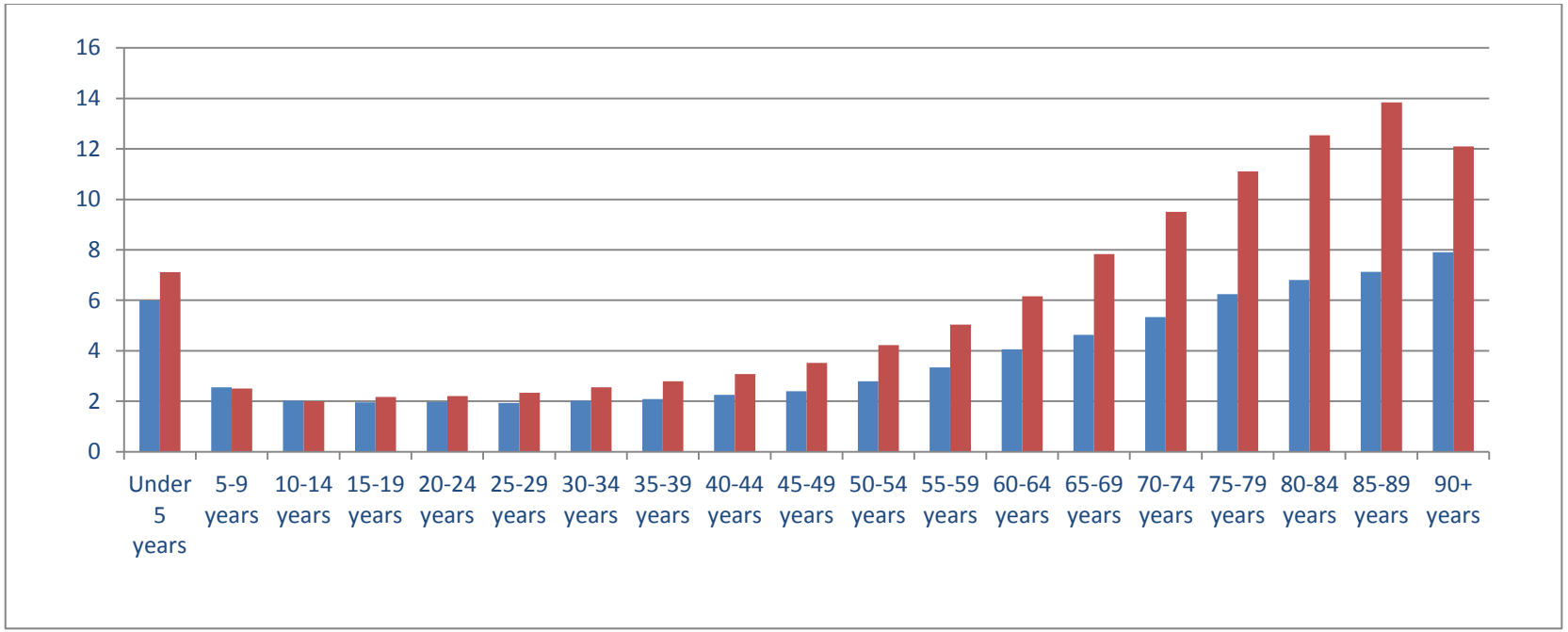
3. The Case for Change

There are 55 GP practices in Berkshire West, providing care to 550,000 patients from 77 surgeries. For 2014-15, the total budget for general practice services in Berkshire West was £64.9m, made up of £59.1m NHS England funding for contractual payments including QOF and enhanced services, and £5.8m invested by the CCGs in community enhanced services including Admissions Avoidance (care planning for Over 75s), support to care homes, early identification of diabetes and extended hours.

All practices in Wokingham CCG and all but one in Newbury and District CCG hold GMS contracts. In North and West Reading and South Reading CCGs, the majority of practices hold PMS contracts. There are currently four APMS contracts in place in Berkshire West, one of which includes a Walk-in Centre component and two of which are one-year interim contracts held by Berkshire Healthcare NHS Foundation Trust (BHFT). All four contracts are therefore due for re-procurement within the next two years. Out-of-Hours services are provided by Westcall (part of BHFT).

The quality of primary care provision in Berkshire West is generally high. The CQC's Intelligent Monitoring System (GP Intelligent Monitoring : Care Quality Commission) brings together data from the Quality and Outcomes Framework, EPACT prescribing data, GP patient survey results and Hospital Episodes Statistics (HES) to rate GP practices from 1-6 according to levels of variance from national norms. Currently the vast majority of Berkshire West practices are rated as either Band 5 or 6 (where Band 6 signifies the lowest level of risk). It is however recognised that there is some variation in performance against the indicators measured and a small number of practices were prioritised for an earlier CQC inspection based on this data.

It is becoming increasingly evident that pressures affecting the wider UK primary care system are starting to impact upon Berkshire West practices. The national increase in consultation rates, reflecting an ageing population increasingly suffering from one or more long-term conditions (see Figure 1, below), is being replicated in Berkshire West where over the 2014-15 Winter period, practices reported a 25% increase in consultation rates when compared with the previous year.



Changes in consultation rates 1995-2008 (HSCIC)

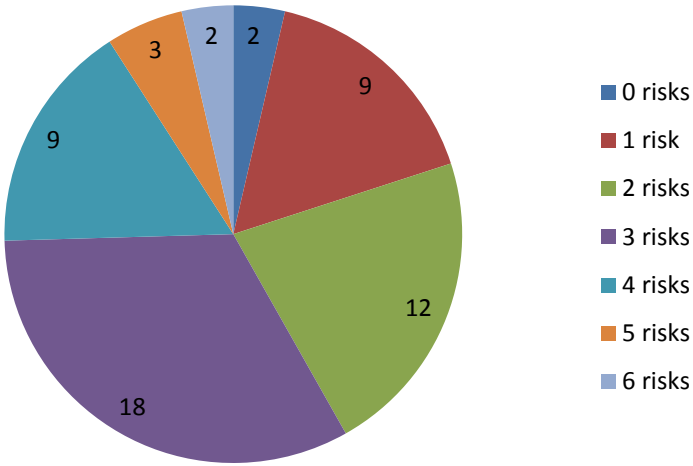
A further pressure relates to GP recruitment and retention. The Royal College of General Practitioners (RCGP) reports that the number of unfilled GP posts has quadrupled in the last three years and that applications to undertake GP training have dropped by 15%.[1] The Nuffield Trust reports that a third of GPs aged under 50 are considering leaving the profession in the next five years due to workload pressures.[2] There is an increasing trend towards part-time posts with 12% of general practice trainees now working in this way and towards salaried employment with just 66% of GPs now working as partners compared to 79% in 2006.[i] 27 of the 55 Berkshire West practices have indicated that they are currently experiencing issues with recruiting GPs and other

[1] http://www.rcgp.org.uk/news/2014/october/over-500-surgeries-at-risk-of-closure-as-gp-workforce-crisis-deepens.aspx
[2] *Is Primary Care in Crisis?*, The Nuffield Trust, November 2014

clinical staff and with a high proportion of Berkshire West GPs and Practice Nurses aged over 50 these issues are expected to become more acute over time.

Patients have told us that they are generally happy with the standard of care provided but would like services to be better co-ordinated so that they only have to 'tell their story once'. Some feel that access to GP services could be improved, particularly by surgeries being open in the evenings and at weekends, but patients also recognise that they need to play a role by accessing services appropriately and considering self-care for minor conditions. Patients would welcome being supported to take a greater role in their care and also believe that primary care could work more effectively with other organisations including in the voluntary sector to promote health and wellbeing. Further information about the priorities identified through patient engagement, together with details of how these are reflected in the Strategy are included in Appendix 1.

Figure 2: Practices with sustainability risks identified



The CCGs have recently undertaken a 'risk mapping' exercise aiming to assess the stability of the CCGs' GP practices in order to work with them proactively to address risks and avoid potential contract failures. In addition to recruitment and retention and workload pressures associated with serving a deprived or growing population, this took into account CQC risk ratings, practice size, condition of premises and the potential financial impact of NHS England's review of PMS contracts and phasing out of the Minimum Practice Income Guarantee currently paid to some GMS contractors. Eight measures were considered in total and Figure 2 summarises the level of 'sustainability risks' identified. This data will now be triangulated with quantitative data from other sources such as the national Primary Care Web tool, other CCG reporting tool and demographic information with a view to establishing an ongoing mechanism for identifying and responding to risks associated with primary care contracts.

Both NHS England's *Five Year Forward View* and our own Strategic Plan highlight the importance of a strong primary care sector working at the heart of integrated care provision for patients within the community. But to play this role it is recognised that primary care will need to change, working at scale to overcome current challenges and interfacing with other organisations in new ways.

The remainder of this document describes the strategic objectives and key workstreams which will enable us to realise our vision for primary care.

4. Strategic objectives

In order to deliver our vision, we have set the following five strategic objectives for primary care:

- Addressing current pressures and creating a sustainable primary care sector.
- Interfacing in new ways with specialisms historically provided in secondary care to manage increasingly complex chronic disease in a community setting.
- Managing the health of a population in partnership with others. Acting as accountable clinicians for the Over 75s and other high risk patients and co-ordinating an increasingly complex team of people working in primary, community and social care to support patients at home.
- Offering extended provision to improve access and better meet the needs of patients requiring urgent care. Using new approaches to ensure access to primary care in line with patient need.
- Making effective referrals to other services when patients will most benefit.

The following sections describe in more detail the models of care that we intend to develop in relation to each of these strategic objectives or 'asks' of primary care. In delivering these models, we will also address other aspects of our vision, such as ensuring that primary care in Berkshire West is sustainable, cost-effective and an attractive place to work, and that patients value the services provided and are supported to access them appropriately.

Strategic Objective 1: Addressing current pressures and creating a sustainable primary care sector.

Innovative solutions will be employed to address the challenges currently facing the primary care sector. We will work to address the current workforce crisis at all levels; improving pre-registration training provision, improving job satisfaction through more rewarding continuing professional development opportunities and working to improve retention of mid-career GPs and others by working with practices to offer more varied and flexible employment opportunities. We will also look to maximise the potential of new roles in primary care including Physicians' Associates, practice-based pharmacists and enhanced administrative and care co-ordination roles. Alongside this we will work to enable practices to respond to demand in new ways (see Strategic Objective 3) and to ensure that the expansion of the role of primary care is accompanied by an increase in primary care investments (see Strategic Objective 2).

Digital systems are the foundation upon which we will build a modern, efficient and responsive primary care sector. Enabling information to flow between care providers within and beyond organisational boundaries, and between care providers and patients, is a key means by which we will achieve a sustainable primary care sector. GP IT systems sit at the heart of primary care technology facilitating and recording thousands of interactions with patients every week. GP practices have led the way in the move from paper to digital record-keeping and recently begun offering online transactions, such as appointment bookings, repeat prescriptions, and online access for patient to their GP- held records.

In a challenging financial environment, IT services must not only improve the quality of care through enhancing the patients' experience of services, but also enable the practice to realise efficiency benefits such as a reduced administrative burden. Building on the solid foundations which are already in place in primary care, our vision is to support practices to develop IT functionality which responds to the evolving needs of patients and underpins integration across care pathways.

It is our view that addressing workforce challenges, capitalising on IT developments and providing the models of care set out under the following strategic objectives will require primary care providers to operate at scale. Single-handed and small practices are unlikely to be able to provide the range and

breadth of services described, or manage the communication and relationships required to operate as part of a truly integrated system. Similarly investment in IT and premises infrastructure is only likely to be cost effective where it serves a large patient population. Going forward, our intention is therefore to make commissioning and investment decisions that support the development of providers with at least 6,000 registered patients, and ideally 10,000 or more. There is evidence that encouraging the emergence of larger providers is likely to result in sustainable provision and improved outcomes for patients going forward.[3]

Strategic Objective 2: Interfacing in new ways with specialisms historically provided in secondary care to manage increasingly complex chronic disease in a community setting

Existing community-based care pathways, such as that developed for diabetes, will form the starting point for expanding similar models to other specialties. Virtual outpatient clinics and community-based consultants will become the norm and technology will be used to maximum effect to support self-care and timely liaison between clinicians working in primary and secondary care. Where additional services are commissioned from primary care, the associated investment must follow.

The implications of providing a greater range of services in primary care must be fully factored in to all levels of workforce and premises planning. Larger primary care providers will be better placed to take on expanded roles, and in any case collaboration will be required so that specialists can interface across practices.

[3] *Securing the future of general practice: new models of primary care,* Nuffield Trust and the King's Fund (2013)
Primary Care: Today and tomorrow – Improving general practice by working differently, Deloitte Centre for Health Solutions (2012)
Breaking Boundaries – a manifesto for primary care, NHS Alliance (2013)
Primary Care for the 21st Century, Nuffield Trust (2012)
Does GP practice size matter?, Institute of Fiscal Studies (2014)

Strategic Objective 3: Managing the health of a population in partnership with others. Acting as accountable clinicians for the Over 75s and other high risk patients and co-ordinating an increasingly complex team of people working in primary, community and social care to support patients at home.

Primary care should work as part of the broader health and social care system to avoid patients going into crisis and requiring emergency admission and to support effective discharge from hospital. Proactive care planning for patients with complex needs who may be at risk of admission, including those in care homes, will be further developed to become a core element of primary care provision. A multidisciplinary approach will be taken, with technological solutions supporting the sharing of care plans so that patients only have to 'tell their story' once and different organisations can work together in a co-ordinated way to meet their needs.

Primary care will take a more active role in working to improve the health of the population it serves. Practices will provide more primary and secondary prevention services, linking extensively with public health, the voluntary sector and other community organisations to prevent ill-health and promote wellbeing.

Supporting the broader health and social care system will be our programme for information sharing and connecting the health and social care system - "Connected Care". This has already commenced with the introduction of static interoperability, between practices and Out of Hours primary Care, but over the next 18 months practices will join a wider dynamic programme connecting, practice systems, with acute, community and social care system.

Strategic Objective 4: Offering extended provision to improve access and better meet the needs of patients requiring urgent care. Using new approaches to ensure access to primary care in line with patient need.

New technology will enable practices to respond to demand in different ways such as through greater use of the telephone, online consultations and email advice systems (with safeguards in place to ensure these systems are used appropriately), as well as technology enhanced mobile working. Patients will be supported to self-care where appropriate and to access the right services at the right time. Community pharmacy may also play a greater role in providing advice and guidance to patients.

The CCGs will encourage practices, especially smaller ones, to work together to respond to same day requests for appointments in a different way, thereby freeing up time for staff to focus on planning care for at-risk patients and on managing long-term conditions. The potential for NHS 111 to take an enhanced role in managing same day demand will be explored through the forthcoming re-procurement process.

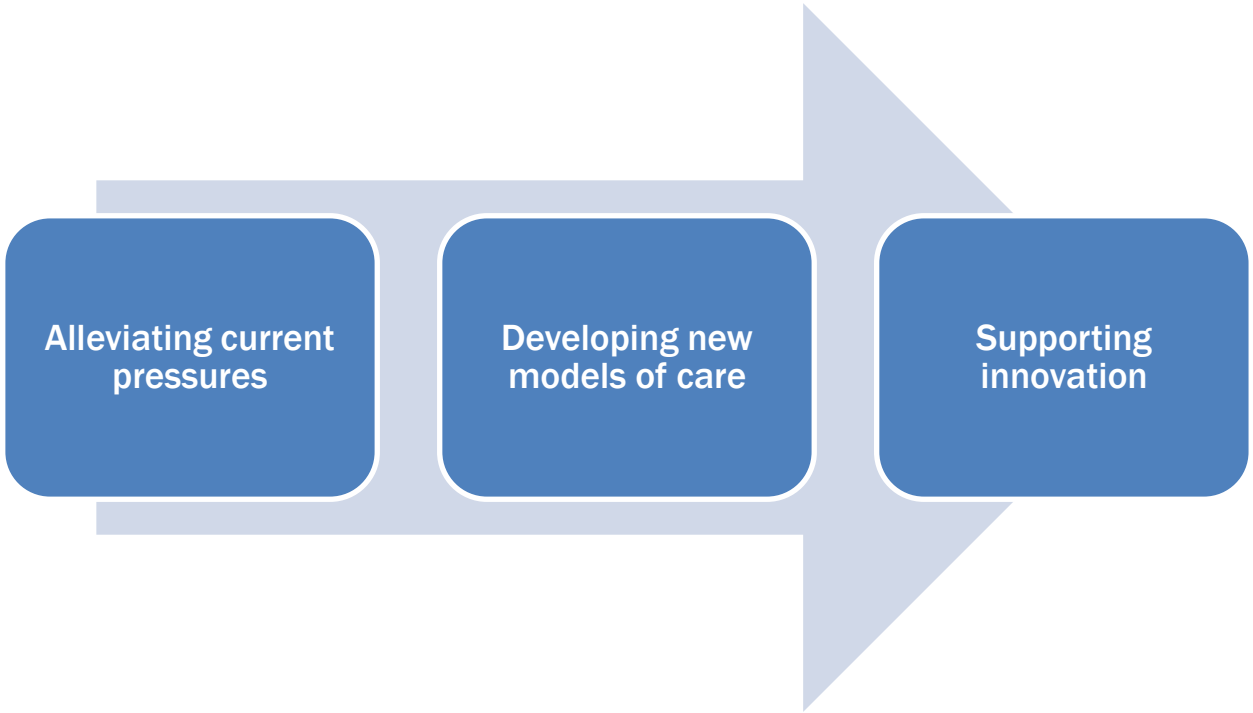
Primary care will function as a key component of the urgent care system and primary care providers and practices will therefore be commissioned to provide more appointments in the evenings and on Saturday mornings and potentially at peak times in-hours. By also providing bookable appointments within these sessions we will improve patient experience and avoid patients attending other services inappropriately outside of core hours. It is likely that practices will increasingly work together to meet demand for same day appointments, possibly through 'hub and spoke' arrangements. In developing such hub arrangements, the CCGs will have regard to the principles set out in the Keogh Review of ensuring patients have access to the right advice or treatment, in the right place and at the right time and the likely emergence of the 'Urgent Care Centre' model.

Strategic Objective 4: Making effective referrals to other services when patients will most benefit

The CCGs will work with practices through peer review and closer liaison with secondary care colleagues to reduce unexplained variation in levels of referral between practices and individual clinicians, thereby ensuring that patients are referred to the services that will most benefit them and at the most appropriate stage of their treatment. Support to referrals will be strengthened through the development of the DXS system which will work as an integral part of practice clinical IT systems, providing a directory of services and detailed information on agreed care pathways and local referral criteria.

5. Our Strategic Approach

The previous sections have highlighted that there is a real opportunity to build upon the high standards of provision in Berkshire West to create an expanded primary care sector as described in our Strategic Plan, but also a risk that this may be stifled by the pressures currently facing general practice. This strategy therefore takes a maturation approach whereby we will first look to support primary care providers to address the very real challenges they are facing, moving on to develop the new models of care described above, with a view to the primary care sector as a whole then being in a position to take a lead role in delivering the innovation required to create the integrated health and social care system we envisage operating in Berkshire West by 2019. The workstreams and investment plan set out below span these three areas and will inform the development of a more detailed Implementation Plan.



a) Workstreams to deliver our Strategic Objectives

Strategic objective for primary care	Anticipated workstreams
1: Addressing current pressures and creating a sustainable primary care sector.	• Supporting new roles in primary care, e.g. Physicians' Associates, prescribing pharmacists, AHPs. • Development of generic primary care nurse role allowing greater flexibility around where care can be delivered. • Expansion of training provision and development of network of multi-professional training practices. • Offering student nurse placements in primary care • Shared training programmes for existing staff including clearer career structures for e.g. practice nurses and administrative staff. Greater sharing of training with other providers / across disciplines. • Development of new roles around care planning and signposting e.g. care navigators, voluntary sector co-ordinators and enhanced case co-ordinator roles • Supporting collaborative approaches to recruitment and development of shared posts and portfolio careers. • Shared locum arrangements. • More effective linking with HETV and other appropriate organisations around workforce planning and training provision. • More co-ordinated appraisal system and CPD arrangements including a structured programme to support nursing revalidation and care certification for HCAs. • Further development of specialist nursing and medical roles working across networks of practices. • Supporting text messaging to communicate messages to patients • Install new servers, single domain and Wi-Fi in every practice. This is the biggest upgrade to GP Practice IT in 20 years and will mean Berkshire West has one of the most advanced infrastructures in the country. • Development of premises strategy, focussing on Reading and Wokingham initially.
2: Interfacing in new ways with specialisms historically provided in secondary care to manage increasingly complex chronic disease in a	• Roll out of existing community-based pathways to other specialties e.g. respiratory medicine. • Development of virtual outpatient clinic model and more community-based clinics • Expansion of community-based consultant roles, building on community geriatrician and community diabetologist models • Improving interface between primary and secondary care clinicians, e.g. greater provision of advice via Choose and Book, E-referral

community setting	and other means, using technology to share information between clinicians electronically, psychiatrists to visit practices to jointly review patients with complex mental health needs. • Further developing GP specialist roles working across clusters of practices, including in mental health in order to support effective management of mental health conditions within primary care. • Supporting the roll out of Eclipse from Diabetes to provide risk stratification system for use across GP Practices in West Berkshire to identify Long Term Condition Patients at risk of emergency admissions.
3: Managing the health of a population in partnership with others. Acting as accountable clinicians for the Over 75s and other high risk patients and co-ordinating an increasingly complex team of people working in primary, community and social care to support patients at home	• Systematic development and implementation of risk profiling and multi-disciplinary care planning for Over 75s and patients with complex health needs, including improved sharing of information and using technology to further develop the role of patient in managing their care. Anticipatory Care CES to be commissioned in 2015-16 supporting face-to-face care planning, medications review and sharing of information through Adastra. Improving care planning and systematic annual reviews for patients with chronic mental health needs and improved processes to review the health needs of patients with a learning disability. GP job plans to include care planning as a core component of their regular workload. • Improving interface between primary care, community services, social care and the voluntary sector through the development of neighbourhood clusters based around groups of GP practices. • Building on existing preventative work e.g. targeted screening for diabetes and exercise schemes to focus more strongly on promoting health and wellbeing amongst the practice population and ensure such work is appropriately reflected in contractual arrangements. • Supporting practices to better meet the needs of carers, including through provision of Directory of Services enabling improved signposting to voluntary sector support. • Supporting information sharing between practice and wider health and social care system through the Berkshire West Connected Care Programme
4: Offering extended provision to improve access and better meet the needs of patients requiring urgent care. Using new approaches to ensure	• Practices to be commissioned to offer more appointments in the evenings/early mornings and on Saturday mornings, and potentially at peak times in-hours. Smaller practices to be encouraged to work collaboratively to increase appointment availability, sharing patient records as appropriate. Extended hours sessions to include routine and urgent appointment capacity. • Empowering patients to self-care where possible and to access services appropriately.

access to primary care in line with patient need.	• Enabling practices to utilise technology to maximum effect to offer patients different options for accessing services e.g. via telephone or online consultations or through email advice portals. • Supporting practices to work together to respond to same-day demand in new ways thereby meeting urgent needs more efficiently and freeing up capacity for other aspects of primary care. To include considering shared call handling / urgent clinic models and potential role of NHS 111 in triaging in-hours calls. • Further exploration of potential role of community pharmacy as part of urgent care response. • Establishing clearer standards and expectations of practices with regard to capacity based on review of current local practice and patient feedback. • Supporting practices to deliver care through mobile working of existing practice system • Ensuring availability of a same day primary care response to patients in mental health crisis as part of the implementation of the local action plan linked to the Mental Health Crisis Care Concordat.
5: Making effective referrals to other services when patients will most benefit	• Roll-out of the DXS system and the associated service directory to be available to all practices and to include information on voluntary sector provision and carer support. • QIPP scheme to reduce variation in referrals and non-elective admissions where there is no clinical rationale behind this. To be delivered through peer review, CCG support and education sessions.

b) Co-commissioning

Delivery of our strategy will be underpinned by recently agreed co-commissioning arrangements with NHS England. The CCGs have been approved to jointly commission primary medical services with NHS England with effect from 1st May 2015. Responsibilities will be discharged through the Joint Primary Care Co-Commissioning Committee and will reflect the nationally determined scope of joint commissioning arrangements as well as guidance around governance and arrangements for managing conflicts of interest. Over time consideration will be given to moving to a fully delegated model.

Co-commissioning will play a crucial role in the delivery of the workstreams outlined above. It will enable CCGs to influence the content and management of core and enhanced primary care contracts (within national parameters) and to align the commissioning of primary care with the organisations' broader commissioning intentions, thereby enabling care to be commissioned across the full extent of the patient pathway.

The following opportunities and priorities have been identified:

- Through co-commissioning we will work to further develop our local definition of what high quality primary care looks like, what level of service patients can expect and anticipated outcomes, linking back to the strategic objectives set out in this document. We will take every opportunity to reflect this in contractual arrangements and in decision-making with regard to future practice changes. This will include encouraging 'upscaling' and collaboration between practices as we have recognised that this will best support delivery of the models of care described in this Strategy. We will work to develop an APMS contract offer as well as a similar consolidated 'contract plus' offer for GMS and PMS practices (following conclusion of the forthcoming NHSE review of PMS contracts) which reflect our strategic objectives and will reduce the bureaucracy associated with managing multiple contracts. This will move us towards our vision of ensuring that all patients have access to a defined level of service irrespective of the model of delivery.

- Linked to this, the CCGs will work with NHS England to develop a framework for further improving quality and addressing unwarranted variation in primary care. This will incorporate CCG-led peer support and sharing of best practice alongside arrangements to address any ongoing performance issues including those highlighted by CQC inspections. We will explore the potential to develop a local quality incentive scheme (potentially superseding some or all of QOF), aligned to the strategic objectives set out in this document. By risk mapping practices on an ongoing basis we will also be able to ensure that we offer targeted support to practices experiencing particular issues and work with those most under pressure to develop plans for the future.

- Through co-commissioning we will work to ensure that any PMS premium funding released as a result of the review of PMS contracts is re-invested in such a way as to further our strategic objectives for primary care. Over time the CCGs will look towards aligning funding levels for all practices irrespective of the type of contract they hold.

- We will work to develop a strategic plan for primary care premises, ensuring that investment is targeted towards premises developments which will underpin delivery of the new models of primary care described in this strategy and that the system is able to respond proactively when national funding streams are made available

c) CCG-level planning

The four GP Councils have been engaged in the development of this strategy through a series of workshops and the strategic objectives set out in this document reflect the collective output of these sessions. However whilst the associated workstreams (see above) will span the four CCGs, it is envisaged that implementation arrangements will vary between them, reflecting their differing population needs and the nature of their existing models of primary care provision. The focus of developments to date within the CCGs has also varied somewhat and further Council discussion will be required as set out in Section 7, in particular to consider any aspects of the strategic objectives for primary care for which a local approach has not yet been agreed.

The following table summarises the extent to which the emerging local vision of each CCG aligns with the broader strategic objectives for primary care identified in this document by identifying key elements of discussion in each area. More detailed information about CCG discussions to date is included in Appendix 2.

	Newbury & District	North and West Reading	South Reading	Wokingham
1: Addressing current pressures and creating a sustainable primary care sector.	• Self-care and automating QOF • New 'GP Personal Assistant' admin role • Freeing up GP time to focus on most complex patients • Multidisciplinary training environment	• Discussions have focussed on how can work together to make roles more attractive. • Consider role of other professionals e.g. pharmacists • Shared approach to multi-disciplinary training, appraisal and CPD	• Discussions have focussed on potential for practices to work more closely together through hub and spoke model thereby creating efficiencies.	• Discussions have focussed on cluster model. This would enable practices to work together to create back office and other efficiencies. • Consider role of Cluster Primary Care Urgent Care Centres
2: Interfacing in new ways with specialisms historically provided in secondary care to manage increasingly complex chronic disease in a	• Direct access diagnostics and new ways of working with consultants	• Building on diabetes model to develop further care pathways and work differently with consultants, including with psychiatrists	• Hubs would have critical mass to offer new services and interface with consultants and others in new ways.	• Clusters would have critical mass to offer new services and interface with consultant and others in new ways.

community setting				
3: Managing the health of a population in partnership with others. Acting as accountable clinicians for the Over 75s and other high risk patients and co-ordinating an increasingly complex team of people working in primary, community and social care to support patients at home	• Continuity when it matters – team of staff focussing on most needy patients; linking with other services as appropriate	• Looking to establish care planning for all long-term conditions • Preventative work e.g. Beat the Street • Age UK care workers • Practices to work as part of integrated Neighbourhood Health and Social Care Teams	• Hubs would act as point of interface with other organisations, thereby supporting cluster working as set out in BCF plan. • Practices could collaborate to meet on the day demand thereby freeing up time for care planning for patients with the highest needs.	• Cluster Care planning working with Care Navigators • Social workers, housing officers etc would be aligned to clusters enabling services to work together more effectively to meet people's needs in the community. • Voluntary Sector Co-ordinator role to be piloted.
4: Offering extended provision to improve access and better meet the needs of patients requiring urgent care. Using new approaches to ensure access to primary care in line with patient need.	• Exploring shared call handling and collaborative approach to 'extras'	• Additional extended hours capacity to be commissioned in accordance with patient need – evenings and Saturday mornings	• Hub and spoke model would offer flexible approaches to extended hours provision and potentially in-hours requests for same day appointments.	• West cluster to pilot collaborative approach to meeting demands for urgent care and providing extended hours.
5: Making effective referrals to other services when patients will most benefit	• Directory of Services likely to be delivered as part of DXS system. To facilitate direct access to other professionals and improved service navigation.			• DXS information will improve co-ordination of care and links with voluntary sector. • Considering how to reduce variation in referral rates for some time and now working with other CCGs on BW scheme.

6. Investment plan

Core primary care services are funded through NHS England's GP commissioning budgets. A high-level summary of 2014-15 budgets is provided below. Further enhanced services are commissioned by unitary authority Public Health departments.

CCG	GP Contract Payment £000	QOF and Aspiration £000	PCO Admin £000	GP Drugs Payments £000	GP Premises £000	Misc. Items £000	Enhanced Services £000s	Total Area Team £000
Newbury and District	8,464	1,197	331	515	1,197	125	812	12,641
North and West Reading	8,892	1,139	312	427	1,127	117	762	12,776
South Reading	12,245	1,056	380	490	1,777	143	917	17,007
Wokingham	10,980	1,625	449	608	1,786	169	1,102	16,720
Total	**40,580**	**5,017**	**1,472**	**2,040**	**5,887**	**554**	**3,592**	**59,143**

CCG budgets relating to primary care in 2015-16 are set out below. In addition to GPIT funding of £1.3m and established enhanced services funding of £0.5m, we intend to use the £5 per head funding to support the care of the Over 75s (as per the 2014-15 planning guidance) to invest in an Anticipatory Care CES designed to significantly advance our third Strategic Objective (Managing the health of a population in partnership with others). In addition, the Better Care Fund plans we have agreed with the local unitary authorities include £2.5m of this pooled budget being invested in extending GP access into extended hours and at peak times in-hours, following a £1m pilot scheme in 2014-15. These two schemes equate an 8.4% increase in investment in primary care. Details of current IT investment plans are included in Appendix 3, below.

	CCG Budgets				
CCG	£5 per head "anticipatory care" £000	BCF Enhanced Access £000	Enhanced Services Recurrent £000	GPIT £000	Total CCG £000
Newbury and District	576	576	101	299	1,552
North and West Reading	560	560	116	279	1,515
South Reading	643	643	94	352	1,732
Wokingham	722	722	187	406	2,037
Total	**2,500**	**2,500**	**498**	**1,336**	**6,836**

Further investment in primary care may follow where it is identified that this will result in overall cost savings in other parts of the CCGs' commissioning budgets. It is also intended however that the strategy will be delivered through the re-alignment of existing commissioning budgets to better reflect the strategic objectives described. As set out in the above co-commissioning section, key priorities will include:

- Development of an APMS offer that reflects our strategic objectives with KPIs aligned to local patient need.
- Redesign of QOF to reflect local priorities.
- Ensuring infrastructure investment furthers our strategic aims.
- Re-investment of released PMS premium funding in service models which reflect this strategy, and with the intention of aligning GMS and PMS funding levels in the future. The mechanisms for doing this require further discussion.

7. Delivering the Strategy

The following table summarises the outcomes that would result from successful delivery of our strategic objectives. Baselines and mechanisms for reviewing progress against these outcomes will be agreed by the Joint Primary Care Co-Commissioning Committee which will assess progress and review the strategy periodically in the light of developments in co-commissioning and in the broader health and social care economy's approach to integration and sustainability.

Strategic objectives	Outcome measures
1: Addressing current pressures and creating a sustainable primary care sector.	• Decreased number of vacancies within practices, application rates improved as primary care is seen as a more attractive place to work. • Staff satisfaction improved • Smaller practices working in federation or other collaborative forms from fewer/better premises serving populations of at least 6,000 but ideally 10,000 patients • No new contracts awarded to single-handed practitioners or practices that would have a list size of less than 6,000 • All primary care premises are fit-for-purpose • Primary care workforce diversified to include pharmacy, nursing, therapists and physicians associates. • Multidisciplinary and joined up arrangements in place for pre-registration training and continuing professional development • Practices receive a consistent level of funding for a defined level of service so that patients in Berkshire West have access to a consistent level of provision. • Services provided outside of core contracts are resourced appropriately. • Contractual arrangements simplified and bureaucracy reduced. • Quality standards are maintained or improved and unexplained variation between practices is addressed. • Strategy underpinned by a robust financial plan which incentivises new ways of working.

2: Interfacing in new ways with specialisms historically provided in secondary care to manage increasingly complex chronic disease in a community setting	• New care pathways in place between primary and secondary care resulting in fewer visits to hospital. • Improved control of long-term conditions e.g. reduced HbA1C level etc • Positive feedback from patients with long-term conditions
3: Managing the health of a population in partnership with others. Acting as accountable clinicians for the Over 75s and other high risk patients and co-ordinating an increasingly complex team of people working in primary, community and social care to support patients at home	• Directory of Services in place supporting improved links with the voluntary sector and increased signposting to voluntary services. • Risk stratification actively used to identify and develop care plans for at-risk individuals. • Preventative work in place with lower risk groups. • Improved patient feedback regarding co-ordination of care • Interoperability achieved and services therefore able to share information with patient consent
4: Offering extended provision to improve access and better meet the needs of patients requiring urgent care. Using new approaches to ensure access to primary care in line with patient need.	• Primary care available from 8am-8pm in the week and on Saturday mornings. • Improved patient survey results / Friends and Family test responses
5: Making effective referrals to other services when patients will most benefit	• Unwarranted variation in referral and non-elective admission rates reduced for specialties where this has been identified.

8. Next steps

Section 5 of this document describes the progress of the individual CCGs in formulating a local vision for primary care which will support delivery of the four overarching strategic objectives for primary care. As part of signing off this strategy, the four GP Councils will be asked to further review the extent to which the vision they have articulated to date, together with the associated local workstreams, will deliver the strategic objectives for primary care set out here, and to consider developing a 'Plan on a Page' around the key aspects of this Strategy. The resulting plans will be discussed at a joint meeting of the four GP Councils. As well as providing an opportunity for Councils to share ideas, this will aim to ensure that co-ordination between local projects and the overarching workstreams and enable identification of any areas of overlaps or potential for gaps in delivery.

Further engagement with patients around the workstreams set out in this Strategy will be undertaken as part of the CCGs' broader Communications and Engagement Strategy. An associated primary care communications plan will be developed.

Delivery of the strategy will be overseen by the Joint Primary Care Co-Commissioning Committee. The Committee will develop an implementation plan which will form the basis of a strategic programme for primary care for which it will take lead responsibility, identifying and working to mitigate risks as appropriate. It will also link extensively with the CCGs' other Programme Boards around specific workstreams.

Appendices

Appendix 1: Summary of key messages from patient engagement to date

The following table has been collated based on feedback from Call to Action events in 2014, the Reading GP question time event held in November 2014, a patient engagement event focussing on primary care held in Newbury in March 2015 and Wokingham CCG engagement around cluster working, as well as discussion with individual Patient Voice Groups.

As set out above, a more detailed Communications and Engagement Plan will be developed around the key workstreams identified in this strategy.

Key themes identified through patient engagement to date	How these are reflected in Strategy
People want better co-ordination of care between organisations so that they only have to tell their story once. There is a view that this should be achieved through shared IT system, and should include working to avoid admissions from care homes. Patients with the most complex needs should be prioritised and plans should be in place to ensure they do not have to explain their illness at every consultation. IT systems should ensure confidentiality of data. Technological solutions should not be a substitute for good face-to-face care.	• Integration with social care and other services through neighbourhood clusters will improve communication between organisations • Patients identified as being most at risk of admission will have care plans in place which can be accessed by other organisations through Adastra. This will incorporate specific care planning processes for care home residents. • Berkshire West Connected Care Programme currently allows the out-of-hours GP service to access patients' records with their consent. Over time this will be expanded to cover A&E and other organisations. Data confidentiality and information governance are key considerations in all initiatives being progressed under this programme. The programme aims to ensure that technology is used to maximum effect to support patient consultations and enhance patients' overall experience of care.

Whilst satisfaction with opening hours is generally high, a significant proportion of patients would like their GP practice to be open more in the evenings and at weekends, although others felt that good access in-hours with an ability to see their own GP was as important as extended opening. Appointments could also be different lengths according to patient need.	• We will commission practices to provide extended hours opening across weekday evenings and on Saturday mornings, in some cases working together to maximise access for patients. Maintaining and expanding capacity in-hours, particularly at peak times, will also be a focus. • Under the 2015-15 GP contract, practices are required to offer patients a named GP responsible for co-ordinating their care.
People recognise that there is a need to promote self-care and to ensure that patients access services appropriately.	• We will use new technology to support self-care as a component of care for patients with long-term conditions. • Our Communications plan will provide more information about self care for minor ailments and appropriate usage of A&E and other services.
People believe that the voluntary sector could play a greater role in meeting peoples' needs, although there it is important to assure the quality of the services offered and to fund these organisations appropriately. GPs need to be more aware of voluntary sector provision.	• Wokingham CCG are piloting a Voluntary Sector Co-ordinator role as part of their cluster working project. • We are working to improve signposting to voluntary sector provision for example through the Directory of Services linked to the new DXS system and through pilot role such as the Voluntary Sector Co-ordinator in Wokingham. The provision of information about support to carers through this system is also being explored.
People identified the need for primary care to work with other agencies to support wellbeing and help prevent mental health issues. A particular focus should be ensuring that young families have access to the support they need. Young people were also identified as a priority group.	• Our vision for primary care involves practices working at the heart of the communities they serve and with other agencies to prevent both physical and mental ill health and to work as proactively as possible to minimise the impact of illness. • Wokingham's pilot Voluntary Sector Co-ordinator role will have a particular focus on the needs of young families moving to the area. • Information on support services and organisations will be better available to

	practices through the DXS system (see above).
There is also a view that GP practices should routinely offer more information on the benefits of exercise and how to prevent diabetes and that young families need more support. It was recognised that practices should work in partnership with other organisations to enable early intervention and prevention of more complex health issues.	• NWR and Wokingham GPs are promoting physical exercise through the 'Beat the Street' initiative. We have also commissioned practices to provide support to patients identified as being at risk of diabetes or in the early stages of diabetes. Through this Strategy we will work with Public Health to further build the role of primary care in preventing ill health (see above).
It is recognised that practices will increasingly involve teams of different healthcare professionals, thereby widening the workforce.	• The workforce sections of this Strategy describe how different professionals such as Physicians' Associates, pharmacists and emergency care practitioners. may increasingly become involved in delivery primary care, with a wider practice team working to support the specific needs of different groups of patients.
People want more planned care for long-term conditions, including continuity of care where possible.	• The CCGs recognise that continuity of care is important to patients with complex needs and where this improves outcomes practices should endeavour to provide this. Where different professionals are involved in a patient's care, care planning and better sharing of information will improve communication between them (see above). GPs are also now required under their contracts to identify a named GP for all patients.

Appendix 2: Summary of CCG discussions to date

Newbury and District CCG	
Strategic Objective 1: Addressing current pressures and creating a sustainable primary care sector	• Services will work to support patients to self-manage their condition where appropriate thereby freeing up GP and other healthcare professionals' time to focus on work that can only be done by them personally. Technological solutions will be employed where possible to enable patients to enter their own data into the GP record where possible, to remind patients to attend for monitoring appointments and to automatically update associated parts of patient records following completion of other elements. • Focussing on patients with the most complex needs (see below) and using skill-mix more effectively will require GPs to work 'at the top of their licence', thereby removing tasks that do not require their input. Whilst the implications of GPs having a more complex casemix will need to be considered, managed appropriately this is likely to make roles in general practice more challenging and rewarding. Extending the role of training and trainee workforce will help foster a learning environment for everyone in the team to benefit from shared expertise and keeping up to date in professional practice. Collaborative approaches to recruiting to posts working in different parts of the primary care system will also be considered.
Strategic Objective 2: Interfacing in new ways with specialisms historically provided in secondary care to manage increasingly complex chronic disease in a community setting	• Direct access diagnostics and improved communications between GPs and consultants will reduce the need for referrals to secondary care and, where these are required, outpatient consultations will increasingly be provided in a community setting by community-based consultants with all appropriate tests having been done in advance. Within Newbury there is also an aspiration to develop a Diagnostic and Treatment Centre which would undertake tests and provide treatment where possible thereby avoiding the need for many patients to be admitted to an acute hospital.

Strategic Objective 3: Managing the health of a population in partnership with others. Acting as accountable clinicians for the Over 75s and other high risk patients and co-ordinating an increasingly complex team of people working in primary, community and social care to support patients at home	• Discussions in Newbury have focussed on the concept of continuity when it matters. This would involve developing GP-lead teams of healthcare professionals able to prioritise a smaller list of patients for whom continuity is important and may affect clinical outcomes (e.g. those with complex multimorbidity, severe enduring mental illness, a severe single condition, or requiring end-of-life care). These teams would consist of GPs, Primary Care Nurses (a new role combining elements of current community and practice nurses), Community Matrons and Physicians Associates, supported by an enhanced 'GP Personal Assistant' administrative role created by freeing up the staff time associated with dealing with on-the-day demand (see below). These staff would mainly be involved with this prioritised list and so would get to know the patients over time.
Strategic Objective 4: Offering extended provision to improve access and better meet the needs of patients requiring urgent care. Ensuring appropriate access to primary care services in line with patient need.	• The Newbury practices are exploring the potential of shared call handling provided either through one or more central hubs, or by using a locally-agreed uniform protocol to handle in-hours requests for GP appointments. This will create efficiencies within practices allowing administrative staff to take on enhanced roles (see below). Using a standard threshold for appointments could then enable practices to work collaboratively to meet excess on-the-day demand through a hub involving GPs, minor illness nurses and Nurse Practitioners. This will free up the time of GPs and others to focus on the patients who most need their care and will give GPs more control over their working day, thereby potentially improving retention. Hub working will also support more effective links with social care and other services. • Electronic consultations will enable GPs to review a succinct patient history prior to seeing or speaking to the patient. It is likely that telephone and/or Skype consultations will also become more common.
Strategic Objective 5: Using the DXS system to make effective referrals to other services when patients will most benefit	• Newbury GPs have discussed the concept of a Directory of Services which is likely to be delivered as part of the DxS system (see above). This will be used by practices, NHS 111 and out-of-hours to facilitate direct access to other appropriate professionals e.g. IAPT, Social Services, Physiotherapy etc. A service navigation function will support patients and practices to access the services they need.

North and West Reading CCG	
Strategic Objective 1: Addressing current pressures and creating a sustainable primary care sector	• Practices in the CCG recognise the need to make General Practice in North and West Reading an attractive place to work and will work together on this in order to respond to the current workforce crisis. As well as considering how posts can be made more attractive, the role of other professionals such as pharmacists will be further developed. Improving retention of staff will be a particular focus and it is felt that a more co-ordinated and multi-disciplinary approach to training, appraisal and continuing professional development focussed on the particular needs of the local population will support this.
Strategic Objective 2: Interfacing in new ways with specialisms historically provided in secondary care to manage increasingly complex chronic disease in a community setting	• Practices in the CCG are keen to build upon the success of the diabetes model to develop further community-based pathways with a strong self-care component for patients with other long-term conditions. Improved access to consultant advice should work to reduce referrals and support the management of patients within primary care. One of the strong features of the diabetes model is that GPs regularly meet with the Consultant Diabetologist and have direct access to him for urgent advice. The CCGs hopes to expand this to have better access to all other Consultants. GPs also want to ensure that there is a process for direct "doctor to doctor" conversations about any concerns about the quality of care delivered to patients in the hospital and community. The CCG wishes to see patient centred care /care planning adopted for all long-term conditions. This is at the centre of the Diabetes re-design and the respiratory work that is happening in 2015/16. • The interface with mental health services is a particular area of focus and GPs wish to improve the availability of advice from consultant psychiatrists and other mental health professionals.
Strategic Objective 3: Managing the health of a population in partnership with others. Acting as accountable clinicians for the Over 75s and other high risk patients and co-ordinating an increasingly complex team of people working in primary,	• The CCG will work with practices to take a more preventative approach to care. A key focus will be on promoting walking and cycling through an extended 'Beat the Street' campaign. Work is also underway to support the national cancer screening programmes and to identify and address gaps in the support provided to carers in primary care. The CCG will maximise opportunities to better support our population with self-care. • Providing better co-ordinated and proactive care for frail elderly patients is a key priority for all practices in the CCG.

community and social care to support patients at home	The CCG will work with and further develop the community geriatrician model to support practices avoid unnecessary admissions. As well as embedding and further developing care planning for those with the most complex needs, the CCG plans to commission two Age UK care workers to proactively seek out and support older people, particularly those socially isolated, not currently under medical or nursing care. Over time practices will look to work as part of Integrated Neighbourhood Health and Social Care Teams providing more joined up care for patients.
Strategic Objective 4: Offering extended provision to improve access and better meet the needs of patients requiring urgent care. Ensuring appropriate access to primary care services in line with patient need.	• The CCG will look to commission further extended hours working in a way that addresses patient need and maintains GP work/life balance without de-stabilising core in-hours and out-of-hours provision. In common with the broader principles set out elsewhere in this Strategy, at present this is likely to involve practices offering additional capacity in the evenings and on Saturday mornings, working collaboratively to do this where appropriate.
Strategic Objective 5: Using the DXS system to make effective referrals to other services when patients will most benefit	• To be considered further by the NWR GP Council.

South Reading CCG In South Reading primary care discussions to date have focussed on how GP practices might work together to address the challenges of growing demand and difficulties in recruitment and to expand the primary care sector. South Reading practices are well-placed to offer services collaboratively as there are a large number of smaller practices working in close geographical proximity. A sub-group of the Council is currently meeting to explore how the CCG can move towards a network of geographically-determined 'hubs and spokes'.	
Strategic Objective 1: Addressing current pressures and creating a sustainable primary care sector	• The hub and spoke model would offer significant potential efficiencies for practices in terms of sharing back office functions, providing enhanced services collaboratively and offering opportunities to work together to address growing demand.
Strategic Objective 2: Interfacing in new ways with specialisms historically provided in secondary care to manage increasingly complex chronic disease in a community setting	• Hubs would potentially serve a population of around 25,000 and would therefore have the critical mass required to offer services beyond those historically provided in general practice and to interface with consultants and others to provide more community-based care. Practices would also be able to collaborate to provide enhanced services.
Strategic Objective 3: Managing the health of a population in partnership with others. Acting as accountable clinicians for the Over 75s and other high risk patients and co-ordinating an increasingly complex team of people working in primary, community and social care to support patients at home	• Hubs would act as a point of interface with other organisations, thereby supporting the development of cluster working as described in Reading's Better Care Fund Plan. • Practices would also be able to work collaboratively through hubs to offer enhanced services and potentially also to meet on-the-day demand for services, freeing up time within 'spoke' practices to proactively plan care for patients with the highest level of need.

Strategic Objective 4: Offering extended provision to improve access and better meet the needs of patients requiring urgent care. Ensuring appropriate access to primary care services in line with patient need.	• Practices would collaborate through the hub model to meet the needs of patients requiring same day appointments and to offer extended hours provision.
Strategic Objective 5: Using the DXS system to make effective referrals to other services when patients will most benefit	• To be considered further by the South Reading GP Council.

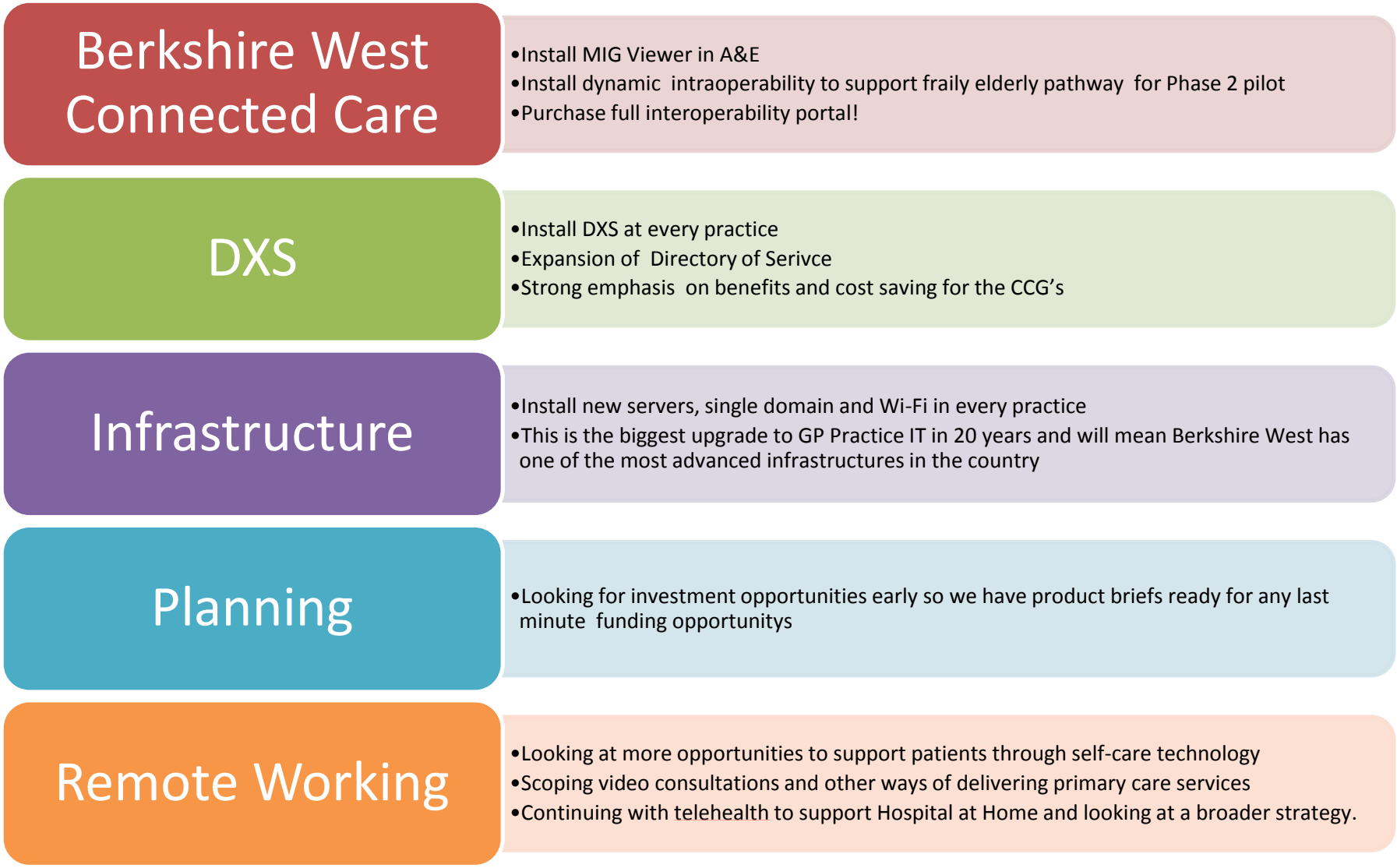
Wokingham CCG

Wokingham CCG is working with Wokingham Borough Council and other partners on the development of cluster working. Clusters will be a grouping of services working together to meet the needs of a defined population. There will be three clusters within Wokingham (East, West and North), each serving a population of 40 – 60,000 people. Wokingham is experiencing significant population growth as a result of new housing development and key focus is planning to meet the primary care needs of an estimated additional 32,000 residents by 2022. Each cluster will pilot a key collaborative project in the first year which will be evaluated and rolled out as appropriate. Cluster working will enable practices to work together to address key challenges such as recruitment and retention and growing demand, thereby delivering a more sustainable workload for primary care teams.

Strategic Objective 1: Addressing current pressures and creating a sustainable primary care sector	• Cluster working offers significant opportunities for practices to work more efficiently by sharing back-office functions, working together to meet rising demand and potentially providing services collaboratively.
Strategic Objective 2: Interfacing in new ways with specialisms historically provided in secondary care to manage increasingly complex chronic disease in a community setting	• Clusters will have the critical mass required to offer services beyond those historically provided in general practice and to interface with consultants and others to provide more community-based care. There will be opportunities to further develop GP specialists supporting a number of practices and to work in new ways with secondary care clinicians.
Strategic Objective 3: Managing the health of a population in partnership with others. Acting as accountable clinicians for the Over 75s and other high risk patients and co-ordinating an increasingly complex team of people working in primary, community and social care to support patients at home	• Over time, by managing urgent demand collaboratively, clustering should free up GP time to focus their efforts on providing proactive, community-based care for patients with higher levels of need. • It is envisaged that social workers, housing officers and other key professionals in other services will be aligned to clusters thereby enabling services to work together jointly to plan for meeting patients' needs in the community. • The Clusters will bring in the role of care navigators. This will support practices to signpost people to the extensive range of voluntary sector services available to them. It will also work to reduce social isolation amongst older people and will work proactively to help people to access support at an early stage. A further focus will be meeting the needs of young families moving into the Wokingham area who may not have local family networks to support them.

Strategic Objective 4: Offering extended provision to improve access and better meet the needs of patients requiring urgent care. Ensuring appropriate access to primary care services in line with patient need.	• The Clusters will pilot a joint approach to meeting demands for urgent care through a cluster based primary care urgent care centres with a particular focus on working together to deliver both in hours and extended hours services. Opportunities to work jointly to respond to requests for same day appointments will also be explored.
Strategic Objective 5: Using the DXS system to make effective referrals to other services when patients will most benefit	• Co-ordination of care between services and links with the voluntary sector will be underpinned by information provided through DXS which will be readily available to all practices. • Wokingham CCG has been considering how to reduce variation in referral rates between practices for some time and will work with the other CCGs on the implementation of a Berkshire West scheme to progress this.

Appendix 3: IM&T investment plans



This page is intentionally left blank

Title of Report:	**Better Care Fund – Progress Report**
Report to be considered by:	The Health and Wellbeing Board
Date of Meeting:	30th July 2015

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

Recommended Action: **For information and approval.**

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

Will the recommendation require the matter to be referred to the Council's Executive for final determination?	Yes: ☐	No: ☒

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. In this instance please give details of how the item impacts upon the equality streams under the executive report section as outlined.		

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

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

Executive Report

1. Programme Status

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

2. BCF Projects progress

(1) Hospital At Home

The business case has now been reframed to shift the focus to early supported discharge and admission avoidance. Further work has been completed on the costs/benefits assessment and, this is to be reviewed by the Hospital at Home Project Group. The focus is on health provider provision but any impact for social care services will be kept under close review from the scheme commencement as a 'soft launch' on June 22nd.

(2) Integrated Health and Social Care Hub

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

(3) Enhanced Care and Nursing homes support

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

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

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

and West Berkshire Community Hospitals extending the service from September 2015.

(5) **Personal Recovery Guide**

The scheme will provide a Guide to vulnerable residents who are using the complex network of health and social care services. Contracts have been signed with Red Cross, AgeUK and the Volunteer Centre West Berkshire (VCWB) to provide this joint service in a pilot phase commencing on 1st July 2015; proving the value of this service is planned to lead to an ongoing contract through competitive tender from April 2016.

3. Equalities

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

4. Recommendations

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

Appendices

Appendix A – Integration Portfolio Status Report and Risk Register
Appendix B – Highlight reports: Included within separate information only pack

Consultees

Officers Consulted:	Toby Ellis, Paul Coe, Steve Duffin, Shairoz Claridge, Patrick Leavey
Other:	Not applicable

This page is intentionally left blank

Berkshire West 10 Integration Portfolio Status Report

Reporting Period: 18 May 2015 to 15 June 2015

Scheme / Programme		Description / Key Achievements	Responsible Lead	Next Steps	Please Select	Issues / Actions/ Item to Note
Frail Elderly	Pathway Activities	• The ITT for support with the development of new models of care and delivery of the pathway have been put on the Lead Provider Framework • A series of communications has gone out about the FEP pathway including presentations to HWBs and CCG Council of Member practices and Governing Bodies.	Stuart Rowbotham Fiona Slevin-Brown	• External Contract tender panel scheduled for the 26th June • FEP Steering group to review the governance arrangements for holding the external partner to account for delivery, quality, process • FEP steering group to map key governance and reporting lines internally across the partnership to ensure that change can be expedited despite current complex governance arrangements • FEP steering group to develop and agree an engagement plan which includes staff and managers as to the scale of potential impact and change •FEP steering group to review its membership and to explore what dedicated resources might be required, to ensure readiness for delivery and to drive co-creation and co-production	Green	Capacity and Capability to support delivery of the Programme need to be assessed and mapped out
Berkshire West Programmes	Health and Social Care Hub	Exception report presented to Delivery group on 28.05.15. Clear set of actions identified which were presented to the T&F Group meeting on the 9.06.15 Wokingham to appoint a PM resource to support the delivery of their local Hub and to feedback in line with meeting timetable at the next T&FG meeting Agreement at the T&FG to also work together on future proofing the common design elements of an Integrated Hub with recognition that any shared activities/actions would require a quick turnaround so as not to delay Wokingham's delivery timetable. Confirmation that BW10 partners are still going forward with the staged inclusion of Reading and West Berks to allow them time to implement and assess local initiatives	Delivery Group Lead - Naseema Khan Task & Finish Group Lead- Katie Summers PM John Rourke	Key action on Next Steps from the Delivery Group: Hub working group to clearly define the impact of changes to the scope, timing and method of delivery of the Hub based on the original business case, and on other BW10 programmes including FEP Meet with locality Programme managers to outline the specific requirements of a potential BW Hub from their local perspective. Arrange for a presentation from Partners for Change to fully understand the service design model being considered by Reading and West Berkshire Councils to be able to complete an impact analysis of the staged inclusion of West Berkshire and Reading BC in the development of the Integrated Hub Next Steps discussions to include a review of 7 Day Access and Out of Hours Services to clarify what is required going forward Revise the T&FG meetings to monthly schedule Agreement to utilise the DOS meeting to horizon scan and make recommendations		Define the impact of the changes to the scope, timing and method of delivery of the HUB based on the original business case and on the other BW10 programmes. Review PM support and Task and Finish Group Governance.
	Hospital at Home	Activity onto the pathway is due to commence from 15th June 2015 and in the first instance numbers will be limited to the capacity of current teams to manage suitable patients referred by clinicians at the RBFT. Recruitment to additional staff in the community and the additional Community Geriatrician is ongoing. It is anticipated that key posts will not be filled until September and that as a result full go-live of the pathway will be delayed until the Autumn. The recruitment of staff remains one of the most significant risks and is being monitored through the Operational Delivery group which meets fortnightly. The overall status of the scheme as of end of April 2015 for the 15/16 BCF is Amber as the key milestone for go-live is at risk due to recruitment to ley posts. The soft launch will enable some activity to be undertaken. The remaining milestones for delivery in the plan are currently on target including spend. There is a financial risk to the CCGs around non –delivery of the QIPP savings identified within the business case which was approved by the CCGs QIPP and Finance Committee in February. This risk has crystallised in month and is linked to the contract agreement with the RBFT for the ESD activity, which will continue to be paid at current HRG rates. BHFT ops group have confirmed readiness to proceed to soft launch - pending formal approval by Provider Leads Group on the 9th June 2015 Final draft SOP completed and signed of at Provider leads meeting in May 2015 First tranche of all training elements completed for BHFT staff in each locality Escalation arrangements agreed for identifying deteriorating patients during the soft launch period Draft medical rota established for soft launch period All Community Geriatrician work plans agreed locally with individual CCG's Recruitment progressing – some posts offered in each locality, repeat adverts placed on NHS jobs Home based record requirements agreed Locality operation pathways confirmed to support soft launch H@H email set up to receive comments / concerns from staff during soft launch period Hub have confirmed temporary arrangements in place to provide manual solution for observation monitoring (blue alert) Patient leaflet reviewed by patient reader, agreed and printed Internal Comms for RBFT staff agreed	SRO Fiona Slevin-Brown - Providers Operational Lead - Katie Summers - CCG PM - Kate Turner	'Recruitment of locum consultant support for medical cover Tele health equipment contract with NRS for signature MSD software and business continuity to be agreed with BHFT Recruitment of interim project support Testing of pathway in each locality scheduled Ongoing recruitment for BHFT and RBFT RBFT staff awareness schedule in place Communications for GPs being developed to go out before soft launch	Amber	The remaining milestones for delivery in the plan are currently on target including spend. There is a financial risk to the CCGs around non –delivery of the QIPP savings identified within the business case which was approved by the CCGs QIPP and Finance Committee in February. This risk has crystallised in month and is linked to the contract agreement with the RBFT for the ESD activity, which will continue to be paid at current HRG rates. • New Risk : Contract required for software and services from MSD • New Issue - Requirement for Radio pagers for community geriatricians FP10 pads required for ANP in localities
	Enhanced Services for Care Homes (QIPP Scheme)	CES - **GP Community Enhanced Scheme. Outcome of 30% reduction in Non-Elective Admissions (NEL)** Work continues on developing the Anticipatory Admission DES now led by South Reading Operations Director. End of year report received regarding payments. **Enhanced Training - Outcome of 35% reduction in A&E and NEL admissions** The Leadership Programme is to commence on 17 June 2015. At time of writing report there have been 14 potential candidates submitted their interest. Application forms to be circulated by the academy in the first week of June 2015. The Care Home Support Team have developed a provisional schedule of the revised training programme. **Recruitment - Speech and Language Therapist (SLT)** The remainder of the WTE equivalent hours have now been appointed to and has commenced employment. **Medicines – Care Home Pharmacist. Outcome of a reduction of £100 per patient on prescription costs** The Care Home Pharmacist has commenced in post from 1 April 2015 to review of medications with GPs to reduce polypharmacy, reduce adverse reactions and therefore, reduce costs of prescribing. It should be noted that the Associate Director of Medicines Optimisation was not aware of the cost reduction agreed by Q&F in December 2013 and this has been noted at the LTCPB in May 2015. **BW10 Integration programme scoping underway**	CCG Lead - Katie Summers Berkshire West CCGs QIPP Scheme Lead Nina Vinall CSU Support	**CES - GP Community Enhanced Scheme. Outcome of 30% reduction in Non-Elective Admissions (NEL)** To continue monitoring payments and activity until end of July 2015. **Enhanced Training - Outcome of 35% reduction in A&E and NEL admissions** To finalise the training schedule and ensure there is regular monitoring of the programme. A meeting is planned on 10 June with the Care Home Support Team manager to discuss the frequency of the training. **Recruitment - Speech and Language Therapist (SLT)** To provide an update each month on progress. **Medicines – Care Home Pharmacist. Outcome of a reduction of £100 per patient on prescription costs** This work includes; project management time will no longer include supporting implementation of various work streams. It will focus on the necessary information required for various monthly reports, attending LTCPB, BW10 Integration Delivery Group, Care Home Working Group and various programme boards. **Phasing two scoping care homes project is underway to report within the next couple of weeks**		Phasing two scoping care homes project is underway to report within the next couple of weeks
Reading	Amber	DTA up and running but GP cover still to be finalised and all vacant posts filled 2 pilots for neighbourhood clusters up and running to be implemented in June. Health model to be reviewed with possibility of partnership working with Social Care. Social Care and community nursing and therapy services operating 7 day cover. Acute and GP surgeries yet to implement whole systems 7 day cover. Delays in formalising the S75 may delay release of the BCF funds and if not resolved will have adverse impact upon capacity.			Amber	Recent conversations regarding some of the Berkshire wide projects has highlighted the need to reframe the purpose and outcomes we expect to achieve through delivery. Identified the need to review milestones for all projects. This is ongoing work which will be finalised once the detail of projects has been signed off by the Reading Integration Board.
Whole System Whole week	Scheme 1 - Discharge to Assess (DTA)	Services commenced 01 April. Service operating with 10 flats and 2 beds in the dementia unit. GP cover for 12 beds still be finalised Majority of BHFT posts now filled. Nurse practitioner post proving difficult to fill due to lack of nurses in the market at that level. Post under review by BHFT. Ongoing recruitment for RBC posts in hand. Operating policy for service in process of being drawn up which will detail pathways into and out of the service.	Scheme Sponsors Suzanne Westhead & Brigid Day PPM's Melanie O'Rourke	**Reading Integration Programme** Paper to be presented to ACE Group 29 June regarding the programme and progress to date **Scheme 1 Discharge to access** Recruitment of Health and Social staff on-going. All posts to be filled by end of Q1 Confirm funding for GP support to Willows Finalise operating manual (update pathways, GP cover and KPI sections) Finalise performance reporting framework for CRT/FI Finalise contract/SLA with BHFT for additional nursing and therapist staff	Green	
	Scheme 2 - Whole System Whole Week 1) Neighbourhood Clusters	Age UK pilot hosted by Tilehurst Surgery and the Reading Walk-in Health Centre, with two part-time social prescribers and a Nepali worker. Between them, they speak 6 languages. Referral rates by the Nepali community are already high and likely to exceed the targets set for June. Age UK Berkshire presentation on Social Prescribing to May Steering group. Recruitment of 2 co-ordinators complete. Go live date 1 June. Health model undergoing review.	Scheme Sponsors -Suzanne Westhead & Brigid Day PPM's Melanie O'Rourke / Jan Caulcutt	A review of pilot projects in Reading to be presented to the Steering Group with options on the way forward.	Green	
	Scheme 3 - Whole System Whole Week 2) 7 day access	Community and bed based intermediate care now operating 7 days a week. Linkages now made to the Acute Frailty Network at RBH, to explore issues and opportunities. Social workers are in situ for 7 day working Community assessor role in place – able to provide simple items of equipment to prevent hospital admission and to facilitate discharge 7 day template developed and to be completed and now being refined		• Further work with RBH to address issues regarding medication and consultant discharge. • Emergency Duty Service contract is up for renewal and initial discussion about our requirements going forward have started.	Green	
	Scheme 4 - Whole System Whole Week 3) GP Access 7/7	A pilot has been agreed to open two surgeries in the North cluster for extended hours Monday to Friday and on Saturday mornings. The new times are in place as a result of what people said in patient surveys. Details of how this will be resourced have yet to be agreed. Plan to roll out pilot in N and W Reading being developed further. Aim to start pilot autumn 2015 • At request of service user and carer reps a draft procedure on user and carer reward and recognition is drawn up with their involvement. Draft to be fed into the integration board. • Comms group to be set up regarding mental health strategy communication "you said, we did" to build in a feedback loop • Draft strategy sub groups to be formed. • Additional work around performance to be completed before final recommendations for ace committee 29th June along with feedback from BHFT.	Scheme Sponsor - Eleanor Mitchell	• Ongoing work between CCG's and GP surgeries. • Detail of extended hours and Saturday surgery opening for GPs now being formulated.	Green	
	Section 75 Agreement	Continuing issues related to pan Berkshire governance delaying the agreement/s. Revolve around existing authority (or lack of) of the BW10 partnership board to make decisions on cross Berkshire schemes and how this fits with original BCF submissions and local governance via HWBB. Reading have again proposed splitting the funds into local and pan Berkshire Section 75s to enable parties to at least sign off the majority of funding and schemes under a local S75. This approach does not directly address governance issues surrounding the pan Berkshire schemes, but using a dedicated pan Berkshire principle will make producing the associated S75 more straightforward. Draft agreement completed and now under scrutiny from legal.		Gain cross Berks agreement to the 'split' approach proposed by Reading Draft both local and pan Berkshire S75 templates All BCF scheme specifications to be finalised for S75 agreement	Green	

Berkshire West 10 Integration Portfolio Status Report

Reporting Period: 18 May 2015 to 15 June 2015

Scheme / Programme		Description / Key Achievements	Responsible Lead	Next Steps	Please Select	Issues / Actions/ Item to Note
	Mental Health Integration	At the Mental Health Partnership Strategic Board meeting the following key actions were agreed. • At request of service user and carer reps a draft procedure on user and carer reward and recognition is drawn up with their involvement. Draft to be fed into the integration board. • Comms group to be set up regarding mental health strategy communication "you said, we did" to build in a feedback loop • Draft strategy sub groups to be formed. • Additional work around performance to be completed before final recommendations for ace committee 29th June along with feedback from BHFT.		Report to be presented to ACE meeting 29 June	Green	
Wokingham	Amber	Section 75- agreement that local agreements will be signed, currently with WBC legal to final draft and present for signing. WISH paper approved by WBC CLT PMO briefing paper approved by WBC HWBLT WISP ToR re-drafted and circulated HWBB briefing regarding neighbourhood clusters Involve submitted bid to the Health and Social Care Volunteering Fund (up to £50K over 3 years H&SCVF for funding for 'care navigator co-ordinator' post Bi-lateral meeting held with RBC BCF regarding neighbourhood clusters BW partnership board agreed that Health and Social Care Hub will be split with funds separated to allow Wokingham to move forward and deliver a local hub, new BCF scheme		Sign section 75 agreement Circulate and sign off PIDS for local schemes Formalise local project management arrangements	Amber	
	Scheme 1- Health and Social Care Hub	To follow after next Hub T and F group 9/6/15		To follow after next Hub T and F group 9/6/15		
	Scheme 2 - Integrated short term health & social care team	WISP workshop agreed outline vision for team. Briefing for HWBB circulated to partners agreed in principle by to WBC's HWBLT and CLT, plus BHFT's Executive. JD for head of service drafted and evaluated by BHFT Initial development meeting held, focused on financial risk, accountabilities and what services are in scope.	Scheme Sponsor - Stuart Rowbotham PM James Burgess	Briefing paper regarding WISH to be presented to HWBB , project manager position to be advertised. Further joint development meetings ongoing WISH- Concern that grading of service manager post will not attract right candidate	Amber	
	Scheme 3 - Step up Step Down	Lease agreement signed between Central and Cecil, Wokingham Borough Council and Catalyst for flats Referral pathway from HLT WISH team for Step Down element of service drafted and circulated. Support service specification drafted, service costs agreed with Optalis, who have secured staff for the scheme. Occupancy agreement completed by WBC legal team and template prepared for Optalis staff. Flooring being installed 2/6/15 completion due 10/6/15 Furnishings and equipment to be delivered after flooring complete. Additional laundry facilities to be ordered	Scheme Sponsor - Stuart Rowbotham PM James Burgess	• Furnish and equip 2 identified units • Lay new flooring requested. • Circulate FAQs and referral pathway • Launch service pilot	Amber	
	Scheme 4 - Domiciliary Care Plus	Commenced AT service specification being re-drafted following comments from partners. Discussion regarding resources to deliver project underway.	Scheme Sponsor - Stuart Rowbotham PM James Burgess	Evaluate AT service specification feedback and decide procurement approach; examine resources needed to progress project, outline project manager requirement for project and secure approval to recruit. AT model and how it will fit with the Hub needs to be understood	Amber	
	Scheme 8 - Self-Care and Primary Prevention & Neighbourhood Cluster Teams	**Neighbourhood Cluster Teams:** Outline presentations about Neighbourhood Clusters given to H&WB Board workshop on 14th May. Detailed planning and design of Cluster projects being reviewed following issues raised at HWB and CCG Council. Workshop with small group of representatives planned to define in detail the purpose, outcomes and governance issues around NCTs. Draft "Memorandum of Understanding" discussed at NCT steering group; minor amendments required. Involve bid submitted to Health and Social Care Volunteering Fund – decision not expected until "late summer" Meeting with Reading's BCF manager to share progress/ideas. Reading has 2 pilot projects underway – "Living Well" (for over 65s) with Age UK, and a social prescribing pilot for over 18s with Reading Voluntary Action. Potentially useful opportunities to learn from Reading with these 2 pilots Overview & Scrutiny Committee have suggested the following projects for further scrutiny: - Neighbourhood Clusters - GP access Awaiting further clarification and details of scope. **Self Care / Primary Prevention:** Initial discussions with Healthwatch re linking their work on accessing information with proposals for Neighbourhood Clusters. 2 x NCT Steering group reps invited to their next Access to Info project meeting on 23 June. Focus on supporting people to self care & on primary prevention will be key part of volunteer Community Navigators' role. The BW 10 Workforce group has included Community navigators/co-ordinators in their work plan. However, the timescales are too long – they will not be addressing job descriptions until Sept. As Wokingham will need to have a co-ordinator in post in Sept if the bid to H&SCVF is successful, draft job description for the Community Coordinator is being drawn up – see notes about Health and Social Care Volunteering Fund. WBC Prevention strategy – the Social Care Prevention strategy has been signed off. Work ongoing to complete a Berkshire West –wide evidence-based, stand-alone website "Ageing Well" for professionals to use as reference and for commissioners to identify services to be commissioned. Will link in with JSNAs and PH Outcomes Framework and will lead to the development of locality-wide Prevention strategies.	Scheme Sponsor - Stuart Rowbotham PM James Burgess	Neighbourhood Cluster Teams Workshop with small group of representatives planned for 2nd July. Key messages from the ACG/RUB findings to be triangulated with PH profiles work to help inform plans for developing neighbourhood cluster working and to agree the indicators to demonstrate impact of neighbourhood cluster working. Draft PID to be updated and submitted to WISP (17 June) then to BW Delivery Group Final version of the Memorandum of Understanding to be signed by all parties at next NCT Steering group meeting - all group members to ensure that key people in their organisation are clear about the intentions and agree to the MoU prior to signing Community navigators - job description for Co-ordinator role to be drafted. Business case for implementing this project a) with H&SCVF funding and b) if H&SCVF bid is unsuccessful to be prepared and circulated to steering group then submitted to WISP (17 June) Quarterly meetings with Reading to share progress with NCT projects Similarly, ensure links with the FutureGov work on community engagement and neighbourhood principles of working Further detail expected regarding the projects to be scrutinised by the Overview & Scrutiny Committee Draft "Who's who" directory, allowing staff in each cluster to easily contact the right person when needed to be brought to next steering group meeting. Update required regarding appointment of Full time Project Manager Next steering group meeting: tbc Self Care / Primary Prevention: 2 x NCT Steering group reps to attend Healthwatch's Access to Info project meeting on 23 June. Draft job description for the Community Coordinator to be incorporated into Business case for Volunteer Community Navigators for circulation to NCGT Steering group and presentation to WISP (17 June) Public Health's Berkshire West-wide evidence-based, stand-alone website "Ageing Well" to go live ? July 15. Publication of development of locality-wide Prevention strategies following this – date tbc.	Amber	
	Scheme 9 - Access to General Practice	A business case for a redesigned Community Enhanced Service was supported by Joint Primary Care Co-Commissioning Committee on 13th May 2015. Key features of the Enhanced Access CEs are: • Practices must provide a minimum of 5 additional hours a week • Saturday clinics provided a minimum of 46 Saturdays a year • Funding for additional appointments within normal business hours • Practices with a patient list size of less than 5,800 will only be able to provide the CES by working together with one or more other practices to offer the minimum level of additional capacity to their patients. Wokingham CCG has two practices with a list size below 5,800 – Burma Hills and Wilderness.	Scheme Sponsor - Stuart Rowbotham PM James Burgess	Consultation on providers underway, with particular focus on: • Delivering Saturday morning opening. • Minimum staffing levels required. • The mix of bookable and non-bookable appointments.	Amber	
West Berkshire	Amber	**The Innovation Phase of the project, testing the new 'Pathway' for all individuals being discharged from Hospital is planned to commence on 1 June and will be monitored on a weekly basis. This will be followed by a Consolidation Phase responding to community referrals as well as hospital discharges from September 2015.During the Innovation and Consolidation Phases the 'Pathway' will be refined and developed for an appropriate level of '7 Day Response'; it will also provide the framework for testing a 'Trusted Assessor' route into the service for District Nurses, allowing direct access to initiate care services. Care Provider staff will also broaden their remit to begin to carry out limited reviews and finalise cases during these phases. The resourcing of the project has now been extended to 31st August 2015** **Finance - Spend on delivery of the project has continued using the Call to Action funds year end slippage.** **No spend of scheme monies has yet taken place. A meeting has been scheduled for July 2015 between Senior Officers at WBC and CCG colleagues to discuss utilisation of Call to Action Funding and the proposal to spend BCF scheme monies on items not contained within the approved BCF Expenditure Plan.**			Amber	
	Joint Care Provider (inc 7 day services and direct commissioning)	Milestone Status – The Project Plan for the project has been revised to take into account the developments outlined above. Suggested revised milestones are now documented within this Report. **Project Level** 1. Agreement from the hub to process referrals differently, 2. Agreed allocations process for the West Berkshire Discharge Pathway 3. Agreed process flow for the referrals Link Worker role , 4. Agreed Discharge Pathway Consent Form 5. Agreed JCP Innovation Phase principles, 6. Agreed Innovation Phase Performance data 7. Agreed Patient Leaflet/Satisfaction Survey, 8. Agreed Briefing arrangements prior to 1 Jun launch 9. Briefing with RBH Service Navigation Team (SNT) completed, 10. Referral process agreed with RBH including collection of DTOC data **BCF04 Joint Care Provider** 'Pathway Redesign' Work Package 1 (including products 1a, 1b, 1c, 1d, 1e) 1a – Pathway Redesign • Pathway developed for Innovation Phase to commence on 1 Jun 1b – Workforce • Briefing paper prepared and expected impact during Innovation Phase agreed with staff • New Communications Document prepared and circulated to affected staff • Rostering of Discharge Pathway agreed for initial month 1c – Transfer to Long Term Care • Current transfer to long term care arrangements confirmed. 1d – IT Systems • Innovation Phase manual workarounds agreed • Governance protocols between WBC and BHFT still to be finalised, linking with the Connected Care Project. 1e – Data/Performance • Innovation Phase data tools agreed by WBC and BHFT **BCF05 7 Day Services' - '7 Day Working' 'Trusted Assessor' Work Package 3** • WBC Project Group have reviewed 7 day working in order to fit with JCP Innovation Phase BCF01 Community Nurses Directly Commissioning Care / Reablement Services	Scheme Sponsors Shairoz Claridge & Tandra Forster Patrick Leavey Iain Mundy Toby Ellis	**Project Level** • Weekly review meeting coordinated by Duty Manager • One month review meeting to be scheduled by Core Team **BCF04 Joint Care Provider: Pathway Re-design:** • Briefing launch sessions scheduled for 1 June • Innovation Phase to go live 2 June • Weekly team operational team meetings scheduled throughout Innovation Phase • First month review scheduled for 29 June **BCF05 7 Day Services** • Review of likely impact of Innovation Phase activity on 7 day services • Initial Proposal for 7 Day development of services to be presented to Integrated Steering Group on September 2nd. **BCF01 Community Nurses Directly Commissioning Care / Reablement Services - Work Package 2 – '7 Day Services'** • Review of likely impact of Innovation Phase activity on 7 day services • Initial Proposal for 7 Day development of services to be presented to Integrated Steering Group on September 2nd. New Issue - Ability of staff to maintain equitable services across all hospitals given neighbouring acute sites are not part of project. New Risk identified likely impact of Innovation phase on non-RBFT CCG/UA patients concerning a potential level in inequity in their discharge plans. Discussions to follow affected acute sites o an exception basis as required (not rated as high level for escalation onto programme risk log)	Amber	

Berkshire West 10 Integration Portfolio Status Report

Reporting Period: 18 May 2015 to 15 June 2015

Scheme / Programme		Description / Key Achievements	Responsible Lead	Next Steps	Please Select	Issues / Actions/ Item to Note
	Personal Recovery Worker	**Executive Summary –** The contract has been prepared and will be issued to providers in early June. Once signed the providers will commence the recruitment process and work with commissioners to finalise all operational details. The service will go live in July as scheduled. **Operational Summary** - The Project Team and the Pilot Providers are finalising KPIs for use with contract monitoring. A meeting is arranged for 22 June to confirm these details. **Finance -** Spend on delivery of the project has continued using the Call to Action funds year end slippage. Whilst no spend of scheme monies has yet taken place, the contracts with the three service providers have been drafted and will commit £279k of spend in this financial year with any further payments dependent upon performance. Whilst the S75 agreements are yet to be signed, and the monies transferred into the pooled budget, the council expects to sign the contracts during June. A meeting has been scheduled for July 2015 between Senior Officers at WBC and CCG colleagues to discuss utilisation of Call to Action Funding and the proposal to spend BCF scheme monies on items not contained within the approved BCF Expenditure Plan. **Milestone Status -** The project remains on schedule to deliver the pilot scheme as per existing milestones as providers have advised they will transfer existing staff to the PRG pilot and backfill these roles. Note that the initial contract review/project closure is now scheduled for 3 August. **Key Achievements** •Specification agreed • Costs agreed • Contract prepared for issue subject to final approval regarding funding	Scheme Sponsors Shairoz Claridge and Ian Mundy Programme Manager Patrick Leavey Project Manager Toby Ellis	• Contract to be issued • Contract to be signed • Recruitment/Set-up period to commence • Operational documentation to be agreed • Go Live date to be confirmed (will be approx. 8 weeks after Set-up period commences) New Issue: Go Live date likely to be 1 Jul following 8 week set-up/recruitment period. Subsequent Contract management to be undertaken by Patrick Leavey (Service Manager) and WBC Contracts & Commissioning Team as part of their BAU. New Risk: Contract cannot be let without funding confirmed via S75 agreement - (not escalated onto programme risk log)	Amber	
Enabling Programmes						
Connected Care		• **Commercial** - Berkshire West has approved a joint procurement with Berkshire East. Berkshire East has a more complicated and therefore lengthy approval process – decision expected end June (seen as a formality). Project budget has been identified, CCG funding to the end of the pilot and procurement stage, i.e. the end of Phase 2. Business case has started. First draft of the cross organisational "partnering agreement" has been submitted to the SRO and FD. Pre (formal) procurement market engagement has started. • **Deployment** - Infrastructure has been purchased and is being setup. Due to be available to the implementation team on 13th July. Orion have been re-engaged. Milestone dates have now be baselined. Cross organisational process to gain agreement of requirements defined. Planning activities have started. BHFT have confirmed their dates for the provision of RiO data. Local Authority data-set being defined, expect this to be verified by 31 July. A review of existing solution capabilities has started (a business case input). • **IG** - Cross organisational IG steering group meeting scheduled. ToR, expected outputs and inputs defined, Data Sharing Agreement for Phase 2, GP schedule D's now complete. RBFT schedule D now complete. BHFT – delay in signing (no formal issue identified). • **Benefits** - Phase 2 pilot teams (Sam's story) & BW_10 scenarios are complete and documented. Comms team have been tasked with producing a robust plan for phase 2 and into phase 3.	Operational Lead - Katie Summers Programme Manager John MacDonald	• **Commercial** - Fully engage all partners in the development of the Business Case, including analysis of existing solutions. Update partnering agreement based on SRO/FD feedback. Meet with potential vendors as part of the pre formal process engagement. • **Deployment** -Implement the infrastructure and start the initial build. Localise the procurement documents required for the formal process. • **IG** -BHFT to sign the ISA. Prepare the input documents for the first cross organisational IG steering group. SRO to attend this first meeting to help set the direction. • **Benefits** - Comms plan drafted. Scenarios will identify the top 10 issues – draft the "year 1" deliverables from these.	Amber	**Information Governance L2 Compliance.** Reading and West Berkshire Unitary Authorities have estimated a lead-time of 9 months minimum to achieve IGL2 accreditation without a marked increase in senior management engagement levels (essential to drive through the required changes in processes/practices). These timescales will limit their ability to consume data during the first stages/months of Phase 3. IGL2 status is a pre-requisite to signing up to the Berkshire Wide Core Information Sharing Agreement as data consumers and gaining access to N3.
Market Management		**Evaluation report on the current spends -** The achievement on the procurement on the feasibility report has been completed to agreed deadline. It was agreed from the last market management meeting that officers will carry out a feedback exercise from approaching other local authorities that are using the data warehouse system and directory on the investment and effectiveness of the system. The PMO will co-ordinate and also be part of this exercise. The need to involve other interested parties such as Bracknell Forest and RBWM has been agreed to have a separate meeting. **Progressing work to Manage Market Failure Policy / Protocol** Each LA Partner has their Market Failure Policy/Protocol in place **Ensuring Fair Pricing for Nursing and Residential Care -** A template was created to capture existing toolkits used on care packages. West Berkshire have submitted their information however no such toolkits have been used. Reading and Wokingham are working on collecting their information. (in line with the aged 6-8 week period).	SRO - Stuart Rowbotham Programme Manager - Amina Begum	**Purchasing of the Information Market Management System (IMSS) and /or directory** A meeting has been scheduled with relevant lead officer from each LA who wish to purchase the data are house and directory system,. The meeting will enable a co-ordinated approach to officer's visits and give contacts for LA, the meeting has been schedule for 18th June. This will then be used to report to the MMPG. **Market Failure**-Phase 2 will look at a collective approach taking into consideration all the other existing work stream that is taking place e.g. joint commissioning etc. **Fair Pricing-**Berkshire West has sent in their information however no such toolkits have been used. Reading and Wokingham are working on collecting their information.	Green	Drafting Phase 2 of the Market Mgmt programme to be reviewed at next meeting on the 8th July
Integrated Carers Commissioning		**Carers information Advice and Support Contract**: Berkshire wide provider event held 02.06.2015 to inform new service specification(s) and identify support needed to develop collaborative bids. **Carers Assessment:** Links and advice on signposting to carer assessment tools collated by CCGs for circulation to GP practices. **Carers Needs Assessment** 1st draft of Reading component developed by Berkshire Shared Services Public Health team	SRO: Gabrielle Alford Operational lead: Janette Searle / Sarita Rakhra	**Carers Assessment**: Wokingham and Reading components to be developed by Berkshire Shared Services Public Health team. **Carer Information Advice and Support Contract**: Provider and carer engagement to inform specification for re-commissioned service. **Governance**: Section 75 agreements to be finalised setting out respective roles of health and social care commissioners in relation to carers funding allocated within Better Care Fund plans **Carers Breaks and support:** Internal delivery plans and Service Level Agreements to be confirmed in light of Section 75 arrangements. In principle agreements reached and communicated to providers.	Green	'Back Me Up' service provider considering service closure from 30.06.2015 (impacts Reading & Wokingham)
Whole System Organisational Development		• 29/30th April workshop agreed key actions around Governance, Finance, Prevention and New models of care. These actions have named leads and delivery dates. • Facilitated meetings with CEOs from all partner organisation • Write up from workshops shared with BW10	SRO's Fiona Slevin-Brown & Rachael Wardell	Write up on systems leadership for staff to be circulated to partner organisations Next Steering group scheduled for 17th July to review progress against the actions from the April workshop, and planning for September dates	Green	
Integrated Workforce Development		Scoping of the workforce transformation agenda has been completed and an Action Plan agreed 1. The development of new 'generic' roles 2. A skills development programme, 3. The development of joint recruitment plans , 4. Leadership development , 5. Improving workforce data quality, 6. Supporting cultural change. **Work programme** The workforce strategy which includes an implementation plan has been signed off by the Workforce Group Embedding working arrangements - Membership of the Workforce Group has been extended to include the L& D leads for each of the main provider partners. New Terms of Reference for Workforce Group established A Project Manager to lead the delivery of the Action Plan has been appointed (replacing the current Programme Manager) The first workshop to explore the Generic Support Worker role took place on June 4th (12 attendees). Agreement with Skills for Health to support the programme has been signed off by the Workforce Group **Generic Support Worker** A Project Manager to lead the delivery of the Action Plan has been appointed (replacing the current Programme Manager) The first workshop to explore the Generic Support Worker role took place on June 4th (12 attendees). Agreement with Skills for Health to support the programme has been signed off by the Workforce Group **HETV Partnership Board -** Presentation made to HETV Partnership Board highlighting work underway on GSW	Operational Lead - Brigid Day Programme Manager - Derek Williams	Work programme - Monitoring process implemented for work programme Generic Support Worker - Complete scoping work on GSW (Workshop 1st July) Agree action plans for piloting the GSW role arising from workshops Agree draft Job Description for GSW role Agree 'issues log' for implementation of GSW for consideration by the Workforce Group Begin scoping work for Care Navigator role HETV Partnership Board - Develop training plan to identify planned training activities associated with the BW10 prog	Green	New Programme Level Issue - Change in programme management to ensure future focus is on delivery of the agreed action plan First GSW workshop held Thursday 4th June, 13 delegates attended (6 from Reading; 1 from West Berks and 6 from Wokingham) Positive feedback from delegates (combination of managers and Care assistants likely to be performing generic role in the future)
7 Day Working including BCF National Condition		**Local Authorities**: mapping of 7 day services, current and future requirements, has been completed in Wokingham, but is subject to further review in West Berkshire and Reading. This review work is not expected to be completed until July 2015. **BHFT:** Work on SDIP continues. This will cover mapping of current, future and proposals for change in relation to 7 day working requirements. **RBFT:** Improvement plan being developed to implement 7 day working in key areas across the Trust. **GPs**: New Community Enhanced Service under development which is likely to provide a degree of evening and Saturday morning services across all localities. Westcall/Walk-in Centre continue to be operational across 7 days. **SCAS (Non-emergency Patient Transport Service):** Current contract provides Saturday and Sunday transport service between 8am – 8pm. Contract is to be re-procured which may extend provision further. **Community Pharmacy**: Mapping exercise completed which shows adequate range of 7 day services across all localities. All of the above actions will ensure that a comprehensive picture of 7 day services is available across the system to identify critical gaps.	Sub Group Lead - Gerry Crawford PM TBC	Local Authorities: mapping of 7 day services, current and future requirements, has been completed in Wokingham, but is subject to further review in West Berkshire and Reading. This review work is not expected to be completed until July 2015. BHFT: Work on SDIP continues. This will cover mapping of current, future and proposals for change in relation to 7 day working requirements. RBFT: Improvement plan being developed to implement 7 day working in key areas across the Trust. GPs: New Community Enhanced Service under development which is likely to provide a degree of evening and Saturday morning services across all localities. Westcall/Walk-in Centre continue to be operational across 7 days. SCAS (Non-emergency Patient Transport Service): Current contract provides Saturday and Sunday transport service between 8am – 8pm. Contract is to be re-procured which may extend provision further. Community Pharmacy: Mapping exercise completed which shows adequate range of 7 day services across all localities. All of the above actions will ensure that a comprehensive picture of 7 day services is available across the system to identify critical gaps.	Amber	Given Local Authority reviews being undertaken completion of mapping delayed until July
Integration Programme Delivery Group & Finance Sub Group		Delivery group have identified a number of Next Step activities for the Hub programme to understand the impact to Scope, time and delivery of a BW integrated H&S care Hub. Rescoping of care homes phase 2 started with a focus on NICE guidance Revisions to overarching Section 75 including schedules for governance, risk management and reporting. Discussions with CSCU to commission informatics and communications support for the information. Recruitment of Interim Head of PMO and replacement workforce lead successfully completed. PMO admin support recruitment ongoing.	Naseema Khan	• Capacity issues impacting development and quality of programme documentation PIDS/ Milestone plans/ Dependencies, Risks etc. • Further work on Overarching Section 75 agreements required • Develop transition plans for management of Integration Programme Office and Delivery Group Meeting • Inductions for new starters to PMO • To establish a clinically focussed sub-group to take forward the joint assessment work started within the BW Health and Social Care Hub Group • Phase two scoping of market management and care homes	Amber	Gaps in resources, PMO Support New Starters: Integrated Workforce Development Fast track PMO Support for 3 Months / Head of PMO

This page is intentionally left blank

Title of Report:	**CCG Quality Premium**
Report to be considered by:	The Health and Wellbeing Board
Date of Meeting:	30th July 2015

Purpose of Report: **To inform the Board of the Quality Premium Scheme, and to highlight the two local indicators that the CCG have elected to achieve which align with the local Health & Wellbeing strategy**

Recommended Action: **None**

When decisions of the Health and Wellbeing Board impact on the finances or general operation of the Council, recommendations of the Board must be referred up to the Executive for final determination and decision.		
Will the recommendation require the matter to be referred to the Council's Executive for final determination?	Yes: ☐	No: x

Is this item relevant to equality? Please tick relevant boxes	**Yes**	**No x**
Does the policy affect service users, employees or the wider community and:		
• Is it likely to affect people with particular protected characteristics differently?	☐	☐
• 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. In this instance please give details of how the item impacts upon the equality streams under the executive report section as outlined.		

Health and Wellbeing Board Chairman details	
Name & Telephone No.:	Graham Jones – Tel 07767 690228
E-mail Address:	gjones@westberks.gov.uk

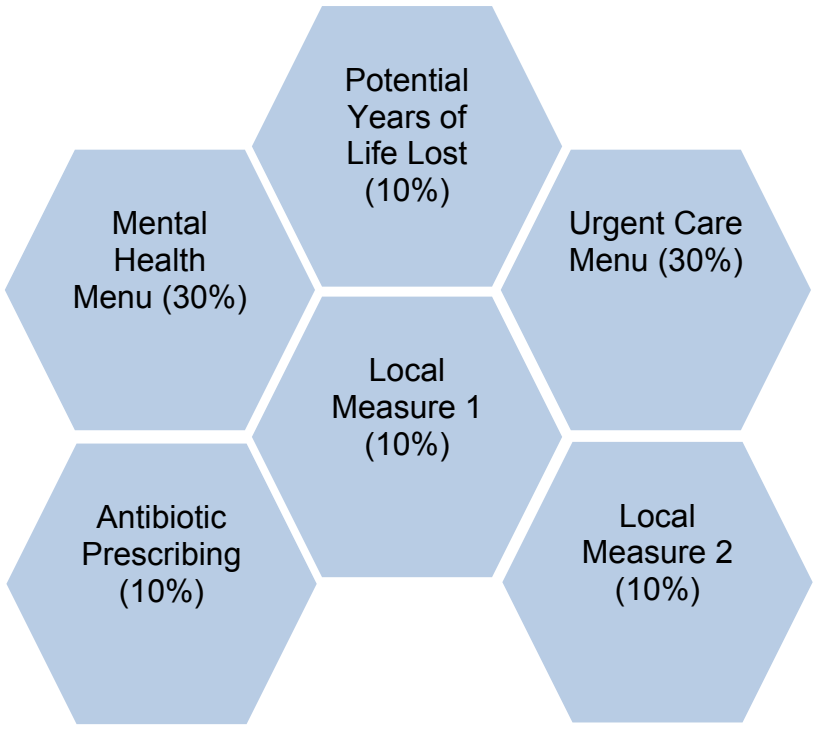
Contact Officer Details	
Name:	Shairoz Claridge and Sarah Wise
Job Title:	Operations Director Newbury and District CCG / CCG Manager, North & West Reading CCG
E-mail Address:	shairoz.claridge@nhs.net / sarah.wise2@nhs.net

Executive Report

1. Introduction

1.1 NHS England has produced "Quality Premium Guidance" for CCGs for 2015/16. 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 Quality Premium measures agreed and achieved in 2015/16 will be paid to CCGs in 2016/17 – to reflect the quality of the health services commissioned by them in 2015/16 – and will be based on six measures (depicted below) that cover a combination of national and local priorities. Some of these measures are required to be signed off by the Health and Wellbeing Board. This paper outlines the measures and the targets that have been set by the individual CCGs that require such sign off.



2. Urgent and Emergency Care Quality Premium Indicator

2.1 There is a menu of 3 measures for CCGs to choose from locally in conjunction with their relevant Health and Wellbeing Board(s) and local NHS England team. The menu is overall worth 30 per cent of the quality premium. CCGs, with the above partners, can decide whether to select one, several, or all measures from the menu and also what proportions of the 30 per cent are attributed to each measure.

2.2 Avoidable Emergency Admissions Composite Measure

The CCGs are all very high performers on non-elective activity where benchmarked against CCGs across the South Central and Nationally. Taking this into account along with the work that is already being done within the Better Care Fund and CCG

QIPP schemes to manage non elective activity, it is recommended that this indicator is not selected.

2.3 Delayed Transfers of Care with NHS Responsibility

The CCG has reviewed the local provider Trusts and a comparison can be seen below. This shows that the annual numbers are very low as these are based on a snapshot position for the last Thursday of every month. Therefore, if there was one or two really bad last Thursdays, the remainder of the year could be put at risk.

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Total
RBFT	14	12	21	23	22	22	27	20	14	13	17	205
BHFT	1	0	0	0	2	2	6	4	5	7	7	34
Bucks	22	15	15	11	12	16	15	27	11	18	18	180
OUH	46	65	61	65	74	67	97	77	97	105	87	841

2.4 Non-elective admission patients discharged at the weekend or on a bank holiday

The proportion of patients discharged on a Saturday, Sunday or English Public Holiday should be;

(a) at least 0.5% points higher in 2015/16 than in 2014/15; OR
(b) Greater than 30% in 2015/16

The current baseline position is below 30%, so the aim will be to achieve a 0.5% increase in 2015/16. This fits with the system resilience plans around patient flow and additional community and social care capacity has been commissioned for weekend discharges. RBFT are also working to increase 7 day working in some key areas within the Trust which would also support achievement of this target.

2.5 Recommendation

Therefore, it is recommended that the weekend discharge indicator is picked for the whole 30% of the urgent and emergency care measure.

3. Mental Health Quality Premium Indicator

3.1 There is a menu of 4 measures for CCGs to choose from locally in conjunction with their relevant Health and Wellbeing Board(s) and local NHS England team. The menu is overall worth 30 per cent of the quality premium. CCGs, with the above partners, can decide whether to select one, several, or all measures from the menu and also what proportions of the 30 per cent are attributed to each measure.

3.2 Reduction in the number of patients attending an A&E department for a mental health-related need who wait more than four hours to be treated and discharged, or admitted, together with a defined improvement in the coding of patients attending A&E

a) The proportion of primary diagnosis codes at A&E with a valid 2 character A&E diagnosis or 3 digit ICD-10 code will be at least 90%; AND
b) The proportion of patients with a primary diagnosis of mental health-related needs or poisoning that spend more than 4 hours in A&E is no greater than the average for all patients, or is over 95%

3.3 Currently less than 1% of A&E attendances are coded with a valid diagnosis code on SUS. Therefore it will be difficult to achieve the first part of this indicator. This indicator appears to be an annual assessment and therefore there is no time to achieve the increases required in A&E coding to achieve an annual position of 90%.

3.4 Number of people with severe mental illness who are currently smokers

After discussion with the Mental Health GP lead there are a number of concerns with this indicator. A large proportion of these patients will no longer be under the care of BHFT and therefore this will depend purely on GP patient reviews. It is known that this is a difficult group of patients to attend the GP surgery and they will also be a very resistant group to stop smoking. The feedback loop from BHFT to GP practices would need to be improved to ensure that where a patient is referred to the stop smoking service from BHFT and subsequently stops smoking, the GP is informed to ensure the system record reflects this. Therefore it is felt that although this is the right thing to do for patients; this indicator would be particularly difficult to show an improvement against.

3.5 Increase in the proportion of adults in contact with secondary mental health services who are in paid employment

a) An increase in the percentage of people in contact with mental Services who are in paid employment.; OR
b) a reduction in the gap between people in contact with mental services who are in paid employment and the employment rate of the general population.

3.6 BHFT have a CQUIN in place during 2015/16 which requires an increase in the number of community mental patients who are in purposeful activity, defined as education, training employment or volunteering. This will therefore support the CCG if this is chosen as the quality premium indicator. NHSE has confirmed that we do not need to specify the increase and any increase would be classed as achievement.

3.7 Improvement in the health related quality of life for people with a long term mental health condition

3.8 This indicator would require a reduction in the difference between the health related quality of life for people with any long term conditions compared to those with a mental health long term condition. The data source for this indicator is the GP survey. It is very difficult to directly make an improvement on the survey as we could make a difference for a cohort of patients who then they may not get asked to complete the survey. We've had real problems with year on year variation on the scores for different questions in this survey which could just be natural variation due to the different patients completing the questionnaire. We also normally benchmark well on the survey, making it even harder to improve. Following discussions with the GP Mental Health Lead, it is recommended that this indicator is not selected.

3.9 <u>Recommendation</u>

Therefore, it is recommended that the paid employment indicator is picked for the whole 30% of the mental health measure.

4. Newbury & District CCG Local Quality Premium Indicators

4.1 Local Indicator 1

For 2015/16 the CCG have agreed to train all practice based clinical staff on domestic violence (subject to approval by NHS England) using the Nationally Validated Tool –IRIS (Identification & Referral to Improve Safety).

IRIS is a general practice-based domestic violence and abuse (DVA) training support and referral programme. Core areas of the programme are training and education, clinical enquiry, care pathways and an enhanced referral pathway to specialist domestic violence services. It is aimed at women who are experiencing DVA from a current partner, ex-partner or adult family member. IRIS also provides information and signposting for male victims and for perpetrators.

IRIS is a collaboration between primary care and third sector organisations specialising in DVA. An advocate educator is linked to general practices and based in a local specialist DVA service. The advocate educator works in partnership with a local clinical lead to co-deliver the training to practices.

IRIS will be a valuable resource, not only regarding the training itself, but as a trusted point of contact for concerns about Domestic Abuse and what to do if practices hear a disclosure of it in a consultation, or at the front desk.

This aligns with our Health & Wellbeing Strategy priority 1 - **Emotional Wellbeing:** *We will promote emotional wellbeing in children and young people, through prevention, early identification and provision of appropriate services.*

5. Local indicator 2

Eat 4 Health offer a Free 10-week weight management programme to support people in losing weight across the areas of West Berkshire, Wokingham and Reading. The programmes are delivered in group settings and are open to anyone 16 years and above who have a body mass index (BMI) over 25. Sessions are run over 10 consecutive weeks, and each session is split into 2 parts:

- Lifestyle management and healthy eating (45 mins)
- Exercise with qualified exercise instructor (45 mins)

Throughout 2015/16 the CCG would seek to promote and actively refer individuals to the service in sufficient numbers to maximise the utilisation if this service which has been jointly commissioned by the Local Authorities.

This aligns with our Health & Wellbeing Strategy priority 6 - **Healthy weight and physical activity:** We *will maintain or increase the number of people who are a healthy weight, by: promoting physical activity and healthy eating, by providing a range of evidence based weight management interventions and by increasing opportunities for residents to be more physically active.*

6. North & West Reading CCG Local Quality Premium Indicators

6.1 CCG local quality premium targets should focus on an area identified as a local priority for the CCG. North & West Reading CCG have identified the main areas to receive greater focus in 2015/16 as follows:

- Ensuring that all GP practices conduct risk stratification and care planning for patients aged 75 and over (including all care home residents);

- Ensuring that at least 80% of practices provide enhanced access for their patients;

- Implementation of a three year plan to increase walking/cycling via the "Beat the Street" initiative. There will be a specific focus on encouraging those with long term conditions to take part and we aim to ensure that at least 15% of patients with long term conditions will take part in 15/16;

- Increase dementia diagnosis rates from 62.4% to 67% by July 2015;

- Reduce the potential years of life lost per 1,000 population from neoplasms compared to the CCG comparator group by increasing uptake of bowel cancer screening to 62% by the end of December 2015;

- Focus on cardiovascular disease by working closely with Public Health to achieve increased uptake in health checks from 61% to 66% of our eligible population by end of March 2016;

- "Upstream" intervention for patients aged 75 plus. We will work with Age UK Berkshire to pilot a scheme whereby 2 Personal Independence Co-Ordinators will be funded to guide and support patients not currently requiring medical or nursing intervention to help reduce their future dependency on health and social care;

- Working with partners to identify and address gaps in local GP services to support carers.

6.2 The CCG's Quality Premium indicators reflect two of these focus areas; reducing the potential years of life lost from neoplasms by increasing bowel cancer screening rates and increasing the number of carers known to GP practices so that more carers benefit from enhanced support from general practice.

7. Quality Premium Indicator - to address gaps in local GP services to support carers

7.1 In response to work being conducted by partners to identify and address gaps in local GP services to support carers, the CCG plans to increase the number of carers known to GP practices so that more carers benefit from enhanced support from general practice. The Quality Premium target is to increase the number of carers identified by GP practices and included on a register from 1,251 to 2,502 by the end of March 2016; this is a 1% increase in the CCG's population identified as being carers.

This aligns to the Health and Wellbeing strategy priority 8 – *Carers*: *We will promote the health and wellbeing of carers, including young carers.*

8. 4.2 Quality Premium Indicator - to address potential years of life lost from neoplasms

8.1 In response to the CCG having the highest rate of potential years of life lost per 1,000 population for neoplasms compared to the CCG comparator group, we will target one of the major programmes that supports a reduction in this variation, increasing uptake of bowel cancer screening. The Quality Premium target will be to increase uptake of bowel cancer screening from 57.95% (March 14) to 62% by the end of March 2016, this is above the national target of 60%.

This aligns to the Health and Wellbeing strategy priority 7 – *Cardiovascular disease and cancer: We will improve the prevention and early identification of cardiovascular disease and cancer in primary care and community settings through the provision of NHS health checks and screening and ensure the provision of high quality secondary care services.*

9. Equalities

9.1 This item is not relevant to equality.

Appendices

There are no Appendices to this report.

This page is intentionally left blank

Title of Report:	**West Berkshire Children's Life Satisfaction and Happiness Survey 2014**
Report to be considered by:	The Health and Wellbeing Board
Date of Meeting:	30th July 2015

Purpose of Report: **To inform the Health and Wellbeing Board of the findings from the Survey.**

Recommended Action: **To note the finding of the survey and give consideration to the potential impact on future commissioning.**

When decisions of the Health and Wellbeing Board impact on the finances or general operation of the Council, recommendations of the Board must be referred up to the Executive for final determination and decision.		
Will the recommendation require the matter to be referred to the Council's Executive for final determination?	Yes: ☐	No: x

Is this item relevant to equality? Please tick relevant boxes	**Yes**	**No x**
Does the policy affect service users, employees or the wider community and:		
• Is it likely to affect people with particular protected characteristics differently?	☐	☐
• 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. In this instance please give details of how the item impacts upon the equality streams under the executive report section as outlined.		

Health and Wellbeing Board Chairman details	
Name & Telephone No.:	Graham Jones – Tel 07767 690228
E-mail Address:	gjones@westberks.gov.uk

Contact Officer Details	
Name:	Alison Roe
Job Title:	Research and Information Manager
Tel. No.:	01635 519732
E-mail Address:	aroe@westberks.gov.uk

Executive Report

1. Introduction

1.1 The Public Health and Wellbeing Service, working with Children and Young People's Services in West Berkshire Council, commissioned the Children's Society to provide a survey on the wellbeing and happiness of children and young people in the area.

1.2 The aim of the survey is to better understand the levels of wellbeing and happiness of children and young people in West Berkshire to help ensure services are commissioned that meet children's and young people's needs.

2. Methodology and Responses

2.1 The Children's Society Good Childhood Index (http://www.childrenssociety.org.uk/what-we-do/research/well-being/background-programme/good-childhood-index) has been used as the basis for the survey as this is a nationally tested tool. It explores the quality of children's lives – as rated by children themselves. It is based on an eight-year, collaborative ground-breaking programme of research, with the University of York, to explore and measure children's subjective well-being. By 2013, this research programme had involved surveys and consultation with over 42,000 children aged eight and above.

2.2 The survey took place in late 2014/early 2015. All schools in West Berkshire were invited to participate. In practice a total of nine schools took part and there were a total of 2153 responses.

2.3 Each school that took part received an individualised report about the wellbeing and happiness of the children in their school. This will assist schools in meeting Ofsted's information needs with regard to effective safeguarding in schools.

3. Recommendation

3.1 The results of the survey will be presented to the Health and Wellbeing Board on 30th July 2015, by the Children's Society.

3.2 It is recommended that the Board note the findings and give consideration to the impact on future commissioning.

4. Equalities

4.1 This is an informative item on the West Berkshire Children's Life Satisfaction and Happiness Survey 2014. Any future commissioning plans as a result of the survey would be subject to a full EIA.

4.2 For completion of the survey special delivery options were offered for children with learning difficulties or disabilities.

Appendices

Appendix A – Summary of Findings from the Survey

Consultees

Local Stakeholders:	Schools, Public Health, Primary Health Care Services, Education, Children and Families Services
Officers Consulted:	Maxine Slade, Julia Waldman, Fatima Ndasuma.

This page is intentionally left blank

APPENDIX A

West Berkshire Children's Life Satisfaction and subjective well being survey
Summary of findings for presentation on 30th July 2015

The Children's Society was commissioned to conduct a subjective well being assessment of 8-16 year olds in West Berkshire using the on line survey and class based consultation method it employs across the country. The results of this survey that will be highlighted at the meeting on the 30th July are as follows:

- Overall the results indicate that children in West Berkshire have levels of well being that are as good as or in some domains higher than the national average
- Where well being is lower for some children it is likewise in keeping with what is seen nationally with little variation from the average
- As such it is children in West Berkshire who say they have experienced bullying, children who say they have a disability or difficulty in learning who have the lowest well being
- Children who said they were on Free School Meals or had no adult at home in paid employment were in the minority (less than 6% on FSM) but have lower levels of satisfaction than their peers in relation to life at home and thoughts about the future
- Other work conducted by The Children's Society suggests that school is an environment where being from a poor household hinders children's experience of school
- There was surprisingly little difference between boys and girls in their levels of well being with the notable exception of girls being unhappier than boys with their appearance
- On attitudes to health behaviour and sport we found that the majority of children reported taking exercise or being involved in sport regularly especially for primary age children. The vast majority of secondary age children thought that smoking and drug taking were unacceptable behaviours for people their age
- A higher than average number of children in the survey said they had some form of caring responsibility at home. There was some evidence of this in the consultation phase

This page is intentionally left blank

Title of Report:	**Status report on comprehensive CAMHs**
Report to be considered by:	The Health and Wellbeing Board
Date of Meeting:	30th July 2015

Purpose of Report:

To provide an update on the improvement across the comprehensive CAMHs system.

Recommended Action:

2.1 To note the need for rapid improvement of the emotional health and well-being service offer to children and young people in West Berkshire, including the Pre-CAMHS (PCAMHS) improvement plan; and our shared partnership responsibility for these changes. The changes will be made in the wider context of the Health and Well-Being Strategy priorities and the strategic vision for Building Community Together (Brilliant West Berkshire), which all statutory partner agencies have made commitment to.

2.2 To note the agreement across Berkshire West to develop a shared series of principles, workforce development and outcomes framework for Tier 2 emotional health services to consistently work towards (see Appendix 2).

2.3 To understand the Clinical Commissioning Group's recent additional investment in CAMHS.

2.4 To seek the H&WBB's agreement to the Children & Young People's Delivery Group having strategic oversight, monitoring and scrutiny of the emotional health improvement agenda. In this context information will be shared with the Local Safeguarding Children Board to 'ensure effectiveness' of the joint arrangements and their ability to safeguard and protect children.

2.5 To ensure that up-to-date analysis of need and risk informs the JSNA to ensure strategic oversight and governance.

When decisions of the Health and Wellbeing Board impact on the finances or general operation of the Council, recommendations of the Board must be referred up to the Executive for final determination and decision.		
Will the recommendation require the matter to be referred to the Council's Executive for final determination?	Yes: ☐	No: ☒

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. In this instance please give details of how the item impacts upon the equality streams under the executive report section as outlined.		

Health and Wellbeing Board Chairman details	
Name & Telephone No.:	Graham Jones – Tel 07767 690228
E-mail Address:	gjones@westberks.gov.uk

Contact Officer Details	
Name:	Gabrielle Alford and Andrea King
Job Title:	Director of Joint Commissioning, Berkshire West Clinical Commissioning Groups and Head of Prevention and Building Community Resilience at West Berkshire Council
E-mail Address:	Gabrielle.alford@nhs.net aking@westberks.gov.uk

Executive Report

1. POLICY CONTEXT

1.1 A range of national, regional and local reviews have been undertaken in the last 12 months that relate to CAMHs services. A very good summary of the policy context is to be found in the Commons Select Committee report, published 28th October 2014, which says;

'There are serious and deeply ingrained problems with the commissioning and provision of Children's and Adolescents' mental health services. These run through the whole system from prevention and early intervention through to inpatient services for the most vulnerable young people.'

1.2 The report cites the following reasons for this:

- Rising demand for specialist services that is leading to increased waiting lists at this level. The national reasons for rising demand are unclear. It is thought that this could be due to greater awareness and less-stigma attached to mental health issues. Additionally, the current arrangements are characterised by fragmented care pathways that result in children not accessing universal and targeted provision but going straight to specialist provision. The Select Committee also highlights the increasing influence and prevalence of the digital culture that young people are growing up in as having a significant impact on demand.

- Nationally there has been variation on whether CCGs and partners are prioritising CAMHs services. In Berkshire however there has not been a cut in funding at the specialist level, but there is variation at the universal and targeted service level across the county.

- Nationally there are significant problems with access to Tier 4 inpatient services, with children and young people's safety being compromised while they wait for an inpatient bed to become available. Locally temporary beds are always found and police cells are never used while Tier 4 beds are sourced. However because until May 2015 there were no tier 4 beds in Berkshire, young people have had to be placed out of county and this makes contact with family, friends and local services difficult, leading to longer in patient stays.

- Many of the children's work-force nationally currently feels ill-equipped and lacking in confidence in dealing with mental health issues in children and young people, and that their current training does not prepare them adequately for this.

1.3 Berkshire completed a comprehensive engagement exercise about Berkshire Children's and Adolescent Mental Health Services (CAMHs) service during spring 2014. Views were gathered from children and young people, parents and foster carers, staff who work in the service, GPs and others who refer into the service and others with an interest in the service.

The results of this, including the findings and recommendations are available on the Berkshire Clinical Commissioning Groups' (CCGs) websites.

1.4 "Future in Mind – promoting, protecting and improving our children and young people's mental health and wellbeing", the report of the government's Children and Young People's Mental Health Taskforce, was launched in March 2015. https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people. The report provides a broad set of recommendations that, if implemented, would facilitate greater access and standards for CAMHS services, promote positive mental health and wellbeing for children and young people, greater system co-ordination and a significant improvement in meeting the mental health needs of children and young people from vulnerable backgrounds. There is a requirement for establishing a local Transformation Plan in each area during 2015/16 to deliver a local offer in line with the national ambition. In order to access specific additional national investment (such as for Eating Disorders) local areas must have a local Transformation Plan in place. A partnership Awayday on 3rd July was the first strategic co-ordination of West Berkshire's Transformation Plan.

2. PROGRESS TO DATE

2.1 Tier 2 emotional health and well-being services are currently commissioned by Local Authorities and CCGs also fund some voluntary sector organisations to provide Tier 2 services for children. Tier 3 arrangements are commissioned by CCGs. Tier 4 arrangements are commissioned by NHS England. Please see Appendix 2 for an overview of local Tiers of emotional health services.

2.2 The local PCAMHS (Tier 2) offer to West Berkshire children and young people has recently 7th May 15 been made subject to Improvement Plan; little progress has been made on the improvement plan by the provider. In the recent Safeguarding inspection by Ofsted (February 15). CAMHS services were found to be less than adequate and in addition to a range of comments associated with increasing the effectiveness of the service, a specific recommendation followed:

- 'Ensure that all looked after children receive timely health and dental assessments and that looked after children and care leavers have prompt access to services from Child and Adolescent Mental Health Services (CAMHS).'

2.3 Currently Tier 3 performance across Berkshire West (i.e. Reading, Wokingham and West Berkshire areas) is showing;

2.4 An increase in referrals compared to the same months last year, but this is rising at a slower rate than was the case in 2013/14.

2.5 All urgent referrals are being seen by tier 3 CAMHS within 24 hours.

2.6 In addition 77% of referrals classed as needing to be seen 'soon' were seen within 4 weeks.

2.7 Finally 27% of routine referrals were seen within 7 weeks. The 7 week target is a Berkshire target and is ambitious, as other parts of the country often use up 26 weeks as the routine referral benchmark. (54% of referrals have to wait 16 week plus in Berkshire West).

2.8 Over the winter the Berkshire West Federation of CCG secured approx. £300k mental health operational resilience funding and commissioned additional services from BHFT to reduce CAMHs waiting times starting with those young people assessed as being at most risk. The short term aim was to reduce the number of young people who reached crisis point. The initiative produced good outcomes and this led to the CCGs investing an additional £1 million recurrently and £500K non recurrently in CAMHs for Berkshire West. The aim is to achieve sustainable shorter waiting times, as well as deliver a high quality, safe, efficient and easily accessible service as part of the local Transformation Plan.

2.9 Since September 2014 longer term plans have been agreed between the Berkshire CCGs and NHS England to change the Berkshire Adolescent Unit, based in Wokingham from a Tier 3 unit (with some Tier 4) into a Tier 4 provision. The Unit is now open for 7 days a week, 52 weeks per year. The aspiration is to expand from a 7 bed facility to form a larger in-patient residential unit (12-15 beds) as well as catering for day patients. This unit could also potentially provide some crisis intervention beds. Under this new arrangement a proportion of the funding for commissioning the provision will transfer to NHS England. The remaining Tier 3 resources for the community based Eating Disorders service and Early Intervention in Psychosis is now included within the Tier 3 CAMHs service specification.

2.10 A range of work has also been underway at the universal and targeted levels of support.

- Educational Psychology Service increasing the range of mental health interventions to schools, especially a group Cognitive Behavioural Therapy based anxiety programme in secondary schools, video interaction guidance and exam stress
- Educational Psychology Service increasing training for school staff and other professionals in Emotional First Aid and Mental Health First Aid programmes,
- PCAMHs offering support and advice to schools and training
- Time to Talk offering professional counselling in schools and in the community
- West Berkshire Cruse Bereavement Care offering training and support to schools and professionals
- Daisy's Dream offering advice and support to bereaved young people,
- West Berkshire Behaviour Support Team offering advice to schools on social emotional and behavioural issues
- The Edge offering a confidential service to young people with drug and alcohol concerns
- Family Resource Team supporting families in conflict to develop relationships
- Looked After Children's Education Service (LACES) supporting LAC pupils in education and unaccompanied asylum seekers,
- EMTAS supporting children of ethnic minority backgrounds in school,
- Children's Centres supporting a wide range of family needs and positive early child development
- West Berkshire Pre School teacher Counsellors and West Berks Disabled Children's Team focusing on children with Special Educational Needs

- Mencap offering a wide range of support for people with learning difficulties including summer schemes
- Berkshire Autistic Society & West Berkshire Autistic Spectrum Disorder Service
- West Berkshire Youth Offending Team with specialist psychologist input.

2.11 Following a supportive challenge from Berkshire West and East CCGs (Summer 2014) the six Berkshire Local Authorities have begun to discuss ways to work more cooperatively across the emotional wellbeing/ mental health pathways. Subsequently, following a joint presentation by West Berkshire and Reading lead officers; the three Berkshire West authorities have agreed in principle to work with the Berkshire West CCGs to:

- Agree a shared training and workforce development approach; including shared practice/skills building
- Agree a common focus on improving outcomes for children and young people; and subsequently shared strategic objectives and values
- Ensure Tier 2 arrangements work coherently with Tier 3 delivery and the Common Point of Entry

Each area will retain autonomy for local design and delivery of Tier 2 services. It is anticipated that following a period of up to twelve months co-operation around Tier 2 services; conversations about the potential to re-design Tier 3 will follow; it is recognised that these conversations will potentially be more challenging and will inform the local Transformation Plan.

2.12 In West Berkshire, the improvement of Tier 2 services is being progressed in the following way:

- A joint awayday (on 3rd July 15) with partner agencies to re-design the Tier 2 emotional health services offer, building on existing strengths in the system. The re-direction of some existing resources will be sought from partner agencies to strengthen the emotional health offer available to children, young people and families.
- In parallel, an analysis of all WBC and Newbury & District CCG and North and West commissioned emotional health and well-being services for children has been initiated and will be mapped. Schools are also being asked to contribute to this mapping exercise. The purpose of this analysis will be to ensure that all available resources at Tier 2 are utilised in the most efficient and effective way.
- A Health & Well-Being Board Hot Focus session on emotional health and well-being services for children and families is scheduled for the 22nd October 2015. This session will be co-designed by commissioners from the CCGs, Public Health and the Communities Directorate and will ensure that the learning from the awayday on the 3rd July is translated into a co-designed specification for services.
- The Communities Directorate; following advice from Legal Services, will work with leaders in the market through a 'market consultation' to develop an outcomes focussed specification. This will ensure that emotional health and well-being services are available in communities and are outcome-led (in line with the Health & Wellbeing Strategy and Brilliant West Berkshire strategic vision and intent).

- In parallel, we are reviewing national learning in this field and we are giving specific attention to the recent learning emerging from Slough about the application of the 'Thrive' model, which has potential relevance for West Berkshire's Children's Social Care Multi0Agency Safeguarding Hub (MASH)/Triage developments.

3. FUTURE OPPORTUNITIES

3.1 Developing further cooperation between local CCGs, WBC and the neighbouring Local Authorities in these key areas

- Joint commissioning both from voluntary and statutory sector
- Workforce development
- Building links between care pathways to create a more seamless journey up and down the system, particularly between Tiers of service and providers

3.2 Building collaboration with University of Reading to develop an evidence base for anxiety and depression using a stepped care model.

3.3 Using digital technology to increase both access and support e.g. MindFull online counselling; app for self harm, anxiety and depression (Slough pilot); Young SHaRON online support platform for CAMHS users, young mothers and Children in Care; CAMHsWeb,an interactive portal and support tool for children accessing CAMHS across England.

3.4 West Berkshire Council has the opportunity to commission School Nursing and Health Visiting to support integrated pathways, universal prevention services and early identification for support. Public Health and Communities Directorate Leadership team are giving specific thought to how the design of the health visiting and school nursing contracts could be further developed to enable a more holistic service offer to children and families.

3.5 A "good" CAMHs service has been described in the new national service specification for Tiers 2 and 3 and is described in www.jcpmh.info "Guidance for commissioners of child and adolescent mental health services". Berkshire West CCGs and BHFT constantly use benchmarking information and national exemplars of good practice to develop services. For example CAMHs workers at the Berkshire Adolescent Unit are currently being trained in Dialectical Behaviour Therapy which has a good evidence base for people who self-harm. Thames Valley Strategic Clinical Network continues to have a focus on improving CAMHs, transition into adult services and perinatal mental health services in this area.

3.6 A number of national pilots are underway to improve transition between child and adult mental health services. Lessons learned could aid in developing local mental health services in the future.

4. NEXT STEPS

4.1 Future in Mind recommends that Health and Wellbeing Boards ensure that both the JSNA and health and Wellbeing strategies address the mental and physical health needs of children, young people and their families effectively and cohesively.

4.2 For the Health & Well-Being Children and Young People's delivery group to oversee the progress of the Tier 2 re-design of emotional health services and to hold partners to account for their contribution to the design work.

4.3 For the LSCB to ensure the effectiveness of those arrangements for the safeguarding and protection of children and young people.

5. COMMUNITY ENGAGEMENT AND INFORMATION

5.1 A significant engagement exercise was undertaken in early 2014 which has been fully cited in this report.

5.2 The 3rd July Awayday provided an opportunity to ensure that the breadth of partner agencies are involved in co-designing and resourcing a Tier 2 emotional health and well-being offer.

5.3 Pilot schools and partner agencies acting as community 'anchors' involved in the 'Brilliant West Berkshire: Building Community Together' strategic vision, will be actively contributing to the co-design activity. In turn, children and young people's views will be proactively sought; and where appropriate, children and young people will also be involved in co-designing and commissioning of small projects and services within their school community.

6. BACKGROUND PAPERS

6.1 Commons Select Committee report – Oct 14
http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhealth/342/34202.htm

6.2 Engagement exercise link http://southreadingccg.nhs.uk/news/entry/review-of-children-and-adolescent-mental-health-services-camhs-in-berkshire

6.3 Local Offer link
http://servicesguide.reading.gov.uk/kb5/reading/directory/results.page?familychannel=6-6&qt=&term=&sorttype=field

8.1 Future in Mind -March 2015
https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people

7. Equalities

7.1 This item is not relevant to equality.

Appendices

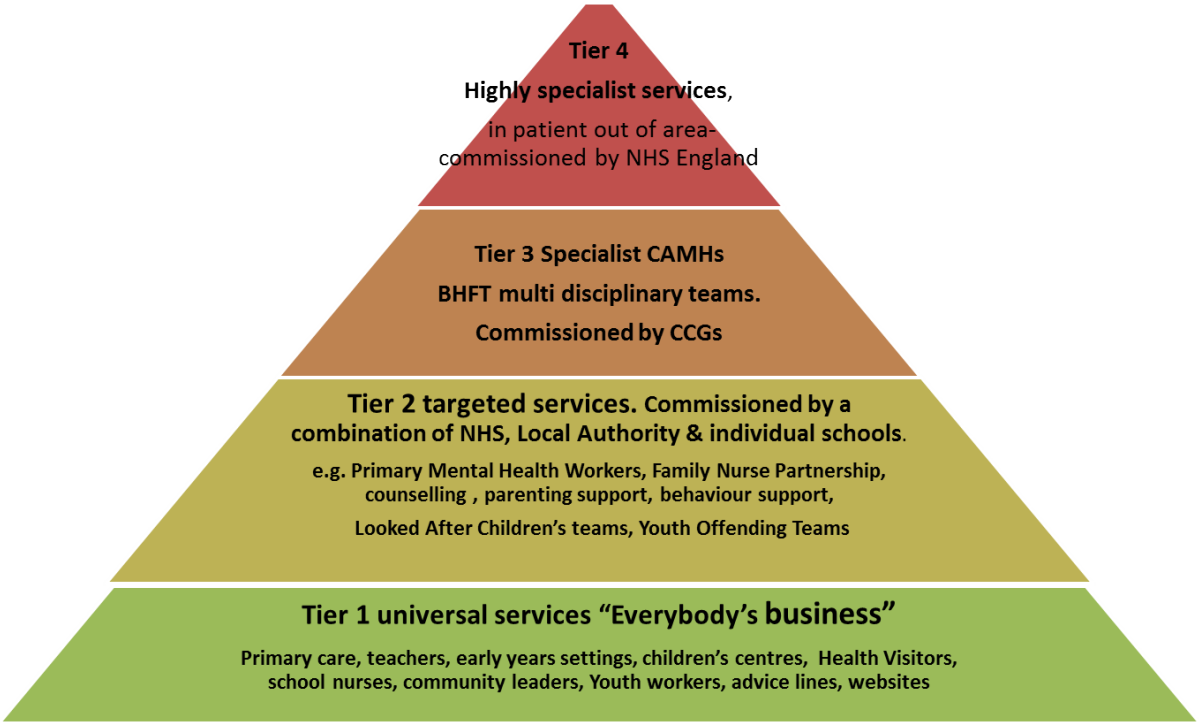
Appendix 1 - Acronyms used in the report
Appendix 2 - How emotional health and wellbeing/ CAMHs services are commissioned in Berkshire
Appendix 3 - Comprehensive Mental Health service provision for children and young people in West Berkshire

Appendix 1 – Acronyms used in the report

Acronym	Full description
CAMHs	Child and Adolescent Mental Health Service
CCGs	Clinical Commissioning Group
JSNA	Joint Strategic Needs Assessment
ASD	Autistic Spectrum Disorder
BHFT	Berkshire Healthcare Foundation Trust
CATs	Children's Action Team
CPE	Common Point of Entry for BHFT
EHWB	Emotional Health Wellbeing
LSCB	Local Safeguarding Children's Board
PMHW	Primary Mental Health Worker
ELSA	Emotional Literacy Support Assistant
HV	Health Visitor
YOS	Youth Offending Service
ADHD	Attention Deficit Hyperactivity Disorder
RBH	Royal Berkshire Hospital

Appendix 2

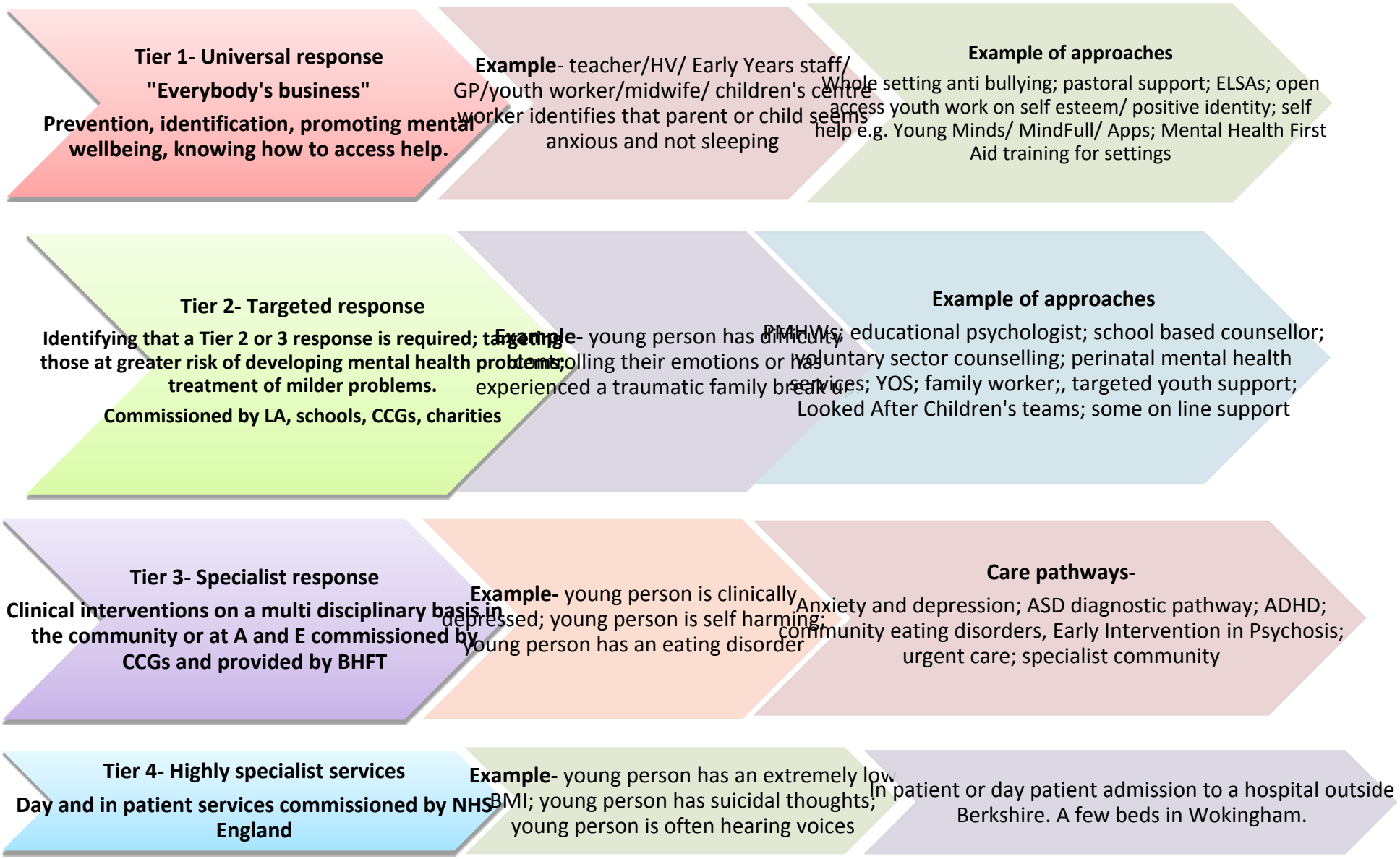
How emotional health and wellbeing/ CAMHs services are commissioned in Berkshire



A "good" CAMHs service has timely, effective and efficient integrated working across Tiers (and therefore agencies) - reference Joint Commissioning Panel for Mental Health 2013 www.jcpmh.info. This means that children, young people and families should be able to access emotional health and wellbeing support in early year's settings, voluntary sector, schools, the community and primary care before needs escalate to Tiers 3 or 4.

This page is intentionally left blank

Appendix 3: Comprehensive Mental Health service provision for children and young people in West Berkshire



This page is intentionally left blank

Title of Report:	**Child Sexual Exploitation**
Report to be considered by:	The Health and Wellbeing Board
Date of Meeting:	30th July 2015

Purpose of Report:

Whilst the Local Safeguarding Children Board has primary strategic governance in relation to Child Sexual Exploitation (CSE) this paper is intended to outline priorities in relation to CSE locally, and the needs of the young people involved and highlight the progress being made in addressing these concerns

Recommended Action:

To note the developments in relation to CSE and the improved quality of information from our reprofiling which ensures we focus our approach accordingly.

To endorse and support the progress being made and the partnerships commitment to strengthening the effectiveness of our work in relation to CSE.

To assist in the heightening of awareness to the concerns of CSE and the importance of a co-ordinated and robust response.

When decisions of the Health and Wellbeing Board impact on the finances or general operation of the Council, recommendations of the Board must be referred up to the Executive for final determination and decision.		
Will the recommendation require the matter to be referred to the Council's Executive for final determination?	Yes: ☐	No: x

Is this item relevant to equality? Please tick relevant boxes	**Yes**	**No x**
Does the policy affect service users, employees or the wider community and:		
• Is it likely to affect people with particular protected characteristics differently?	☐	☐
• 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. In this instance please give details of how the item impacts upon the equality streams under the executive report section as outlined.		

Health and Wellbeing Board Chairman details	
Name & Telephone No.:	Graham Jones – Tel 07767 690228
E-mail Address:	gjones@westberks.gov.uk

Contact Officer Details	
Name:	Dr Mac Heath
Job Title:	Head of Children & Families Services
Tel. No.:	01635 519735
E-mail Address:	Mheath@westberks.gov.uk

Executive Report

1. Introduction

1.1 In 2014 Ofsted carried out a national thematic inspection of agency responses to Child Sexual Exploitation (CSE) called "The sexual exploitation of children; it couldn't happen here could it?". This outlined the range of high profile investigations and criminal trials in a number of towns and cities including Rotherham, Rochdale, Derby and Oxford. This inspection highlighted the extent of the challenge and:

- the dangers of agency complacency,
- refusals to accept that there could be a problem locally,
- not listening to and believing children and young people,
- a lack of coordinated and robust action against perpetrators.

1.2 West Berkshire is committed to ensuring that there is a strong multi-agency partnership which effectively works to safeguard children and young people who are being abused and those at risk of being exploited. We are committed to learning from other areas, but also to understanding the nature and prevalence of CSE locally. We are committed to supporting children to reduce the likelihood of them being involved in CSE, but also to ensuring that the risks of them being involved are identified, information is shared between agencies and action is taken to protect the child and disrupt or prosecute the perpetrators.

1.3 The LSCB's vision is that every child and young person in West Berkshire grows up safe from maltreatment, neglect and crime. We know from our profiling of victims of CSE that they are some of the most vulnerable young people in our communities. As such they are one of the five strategic priorities for the West Berkshire LSCB with a commitment to ensuring that the detailed action plan associated with our draft strategy is progressed robustly. This warrants the Health and Wellbeing Board being strongly sighted on the developments in our responses to CSE and being able to contribute accordingly.

1.4 There is a national government and inspectorate expectation that all Joint Strategic Needs Assessments include information about the prevalence of CSE, identification and needs of high risk groups. This has been a priority for us and we have now completed a reprofiling of the group of young people who are considered at risk of, or are victims of CSE.

1.5 This paper outlines:

- the definition of CSE
- the national picture
- our Local Profile of Victims
- our priorities for action

2. DEFINITION

2.1 The following definition of CSE is set out in the Statutory Guidance on Safeguarding Children and Young People from Child Sexual Exploitation 2009:

"Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive "something" (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain.

In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability." DCSF 2009

2.2 Children involved in any form of sexual exploitation must be treated as the victims of abuse and their needs carefully assessed and responded to.

3. NATIONAL PICTURE

3.1 What is clear is that CSE can happen anywhere and any child or young person may be at risk regardless of their family background and circumstance. However, there are strong links between children involved in sexual exploitation and other behaviours such as going missing from home or care, bullying, self-harm, teenage pregnancy, truancy and substance misuse.

3.2 Research evidence suggests that perpetrators of CSE are typically white males, with the next largest group being from a minority ethnic background. Ofsted emphasise that stereotypical assumptions about the ethnic identity of exploiters and victims of CSE should be avoided, but that the issue of race, if it relates to CSE, should be tackled as an absolute priority.

3.3 Forms of sexual exploitation range from situations where sex is exchanged for attention, drugs or alcohol, gifts, etc. to serious organised crime and child trafficking. Perpetrators seek to establish power over victims, increasing the dependence of victims on their abusers. Technology and social media is increasingly used either to record abuse or as a medium, through which children are to groomed.

3.4 A key message from Ofsted (2014) is that "Senior leaders and elected members in local authorities and across partnerships have to show the political and moral courage to confront and tackle child sexual exploitation wherever and however it occurs".

4. LOCAL PROFILE

4.1 Understanding our local profile in relation to CSE is essential to ensure our strategy relates to local issues, but also to inform the JSNA and commissioning priorities. A CSE multi-agency Operational Group considers all young people referred and determines their risk level.

4.2 Our profiling of young people considered by the Operational group has informed us that:

- Within 2014-2015, 38 young people were considered to be at risk from CSE; all but one were female
- This age range was from 13-17 years, but with 52% aged 15 or 16 years
- 18 of the 38 were considered to be at medium or high risk of CSE. They were all White British apart from one who was "White Other"

4.3 Of those who were assessed as being medium or high risk:

- The young people lived across West Berkshire and attended the range of schools although were overrepresented in Pupil Referral Units
- All were known to Children's Social Care before being referred to the CSE Operational Group and following engagement with the CSE Operational Group, 11 of the young people were looked after, three became subject to Child Protection Plans. Seven of the Looked After Children were placed out of area
- Out of the 38 young people profiled, 78% had been reported missing, 72% were known to CAMHs and 55% had self-harmed
- 61% were known to the Youth Offending Team
- 55% had experience domestic abuse and the same proportion having a substance misusing parent. 61% had experienced neglect in their childhood. (This replicated locally the findings from the work in Rotherham, where over 1,400 children were sexually exploited 1997-2013, has evidenced the link between victims of CSE and the 'Toxic Trio'., domestic violence, parental mental ill-health and parental substance misuse)
- The majority of CSE offending in West Berkshire is lone offending, often through on-line grooming, with drugs and alcohol often playing a part in the abuse'. Links between the use of Mephedrone and CSE have been noted.
- In terms of outcomes in 13 of the 18 cases the CSE risk level reduced during the period of intervention providing early evidence that the progress of the CSE approach in West Berkshire is beginning to show it's effectiveness is proving effective.

4.4 It is difficult to make comparisons on this information with the previous years prior to the CSE Operational Group coming into existence summer 2013, so with no full previous year of comparative data. However, the following outlines a snapshot of the numbers of young people being considered by the CSE Operational Group in 2014 and 2015.

Risk Level	February 2014	March 2015
High	7	2
Medium	0	2
Low	11	6
Total	18	10

5. NEXT STEPS AND PRIORITIES

5.1 A CSE Strategic Group, a sub-group of the LSCB has over-sight of activity in relation to CSE and reports into the LSCB. The recent Ofsted inspection report on children's Services in March 2015, recognised that this group is well attended and is effectively monitoring partnership activity. The inspectorate also noted that our CSE action plan contains relevant actions related to the key areas. These are:

- **Prevention**: to raise awareness and understanding of CSE in order to prevent children from becoming victims

- **Identification:** to ensure those at risk of CSE or being exploited are identified so we can safeguard and support them and prevent further harm

- **Support**: to ensure that victims of CSE receive the support they need at the right time, in the right way and for as long as needed to aid their recovery

- **Disruption and Prosecution**: to ensure that we work together to bring offenders to justice and disrupt behaviour, whilst ensuring that children and young people are not subject to further risk and harm.

5.2 Our emerging strategic priorities, subject to endorsement of the draft CSE Strategy (See Appendix A) from the LSCB are to:

- ensure that CSE and the needs of this high risk group are included in the Joint Strategic Needs Assessment
- ensure that we understand that our services commissioned for children include necessary services for those being sexually exploited
- gather feedback from children to ensure our services meet their needs and strategic development takes account of their feedback
- ensure strong links with the Domestic Abuse strategy and work on raising awareness of unhealthy relationships
- ensure this work links with the LSCB work related to the 'Toxic Trio'; domestic abuse, parental substance misuse and mental ill health is given the strong link from our profiling.
- reprofile every two years to allow us to understand and analyse patterns and trends
- agree how to resource the coordination of our work on CSE
- ensure we take account of further national developments and our strategic and operational development takes account of best practice

6. Equalities

6.1 This item is not relevant to equality.

Appendices

Appendix A – Achievements & Priorities for 2015-2017

APPENDIX A

ACHIEVEMENTS AND PRIORITIES FOR 2015-2017

Our work and action plan focuses on five key areas:

- **Strategy Development:** to ensure that developments relating to CSE are coordinated across agencies and link with other relevant plans and strategies
- **Prevention**: to raise awareness and understanding of Child Sexual Exploitation in order to prevent children from becoming victims
- **Identification:** to ensure those at risk of CSE or being exploited are identified so we can safeguard and support them and prevent further harm
- **Support**: to ensure that victims of CSE receive the support they need at the right time, in the right way and for as long as needed to aid their recovery
- **Disruption and Prosecution**: to ensure that we work together to bring offenders to justice and disrupt their behaviour, whilst ensuring that children and young people are not subject to further risk and harm.

Strategy and Development

Achievements

- A CSE Strategy Group, a sub-group of the LSCB has led on the development of the strategy and provides regular reports to the LSCB, and through the chair to the Safer Communities Partnership. It will continue to lead on monitoring progress against the action plan and providing an annual report to the LSCB
- Stronger links have been established with Public Health, with a Health and Well-being in Schools post being funded by Public Health and with a strong focus on CSE
- We have profiled the characteristics of children being exploited or at risk of being exploited, and we are using this information to inform this strategy
- We have ensured that the CSE agenda is strongly linked with the missing from care and home agenda and the missing from school agenda
- Challenge event? Or below
- We have included information about children at risk of CSE in our LSCB data set to enable ongoing monitoring of prevalence in our area.

Priorities 2015-2017

- We will ensure that CSE and the needs of this high risk group are included in the Joint Strategic Needs Assessment
- We will ensure that we understand that our services commissioned for children include necessary services for those being sexually exploited
- We will gather feedback from young people to ensure our services for children meet their needs and their views inform our strategic development
- We will ensure strong links with the Domestic Abuse strategy and work on raising awareness of unhealthy relationships
- We will ensure this work links with the LSCB work related to the 'Toxic Trio', domestic abuse, parental substance misuse and mental ill health given the strong link from our profiling.
- We will agree how to resource coordination of our work on CSE
- We will ensure we take account of further national developments to inform our local best practice development

Prevention

Achievements

- In 2014 Police and Children's Services delivered training to licensed premises, hotels and local businesses identified as CSE hotspots to alert them to issues related to CSE
- In 2015 we have held two multi-agency Awareness Raising Events, led by Thames Valley Police, again providing a range of information about CSE to the public and businesses. Social media – twitter, facebook and you tube- were used to support and provide greater reach
- We have developed a postcard "3 Top Tips to Keep Yourself Safe" launched at the CSE Awareness day in June 2015
- The Safer Schools Officer has visited 24 secondary schools to deliver education about sexting and CSE
- The play 'Chelsea's Choice' was made available to all secondary schools to raise awareness amongst year x pupils about CSE
- We have filmed one school's play about CSE and are disseminating this to other schools

Priorities

- We will further develop awareness raising and preventive education to equip children and young people with the skills they need to make safe and healthy choices and to avoid situations which put them at risk of child sexual exploitation
- We will ensure children and young people know who they can turn to if they are worried, need advice or support
- We will raise awareness amongst parents and carers so they are aware of the risks, understand the patterns of abuse and where to access advice and support
- We will further raise awareness in communities including hotels, taxi drivers and other businesses
- We will ensure the children's workforce, including foster carers and residential staff are trained to understand risk factors associated with CSE and how to respond

Identification

Achievements

- We have developed our service for missing children and ensured return interviews are carried out. We have included missing children on the agenda of the CSE Operational Group ensuring operational linkages between the two agenda
- Members of the CSE Operational group increasingly act as CSE 'Champions', supporting others in their areas in identifying CSE
- The terms of reference for the Operational group have been reviewed and agreed. A CSE specific Information Sharing Protocol has also been agreed.
- We have made training available to staff in the Children's Workforce through an e learning package, although this needs further development
- All police officers have received individual training in relation to CSE through on line packages and a video programme involving a victim and parent involved in Operation Bullfinch
- TVP provided training to Children's Social Care staff in relation to how to provide intelligence
- We have an agreed Framework for responding to CSE and an agreed CSE Information Sharing Agreement

Priorities

- We will clarify the CSE training available across the Children's Workforce and monitor access to it. We will ensure more specialist training is available to staff working with vulnerable children, and those who provide interventions and support to them.
- All agencies will report on the numbers of staff trained at the level appropriate to their role
- We will disseminate information about what a professional should do In West Berkshire if he/she believes a child is at risk of CSE
- We will audit to ensure that CSE screening tools are completed in a timely way
- We will ensure that a CSE screening tool is completed for any looked after child who goes missing
- We will develop peer mentors to be able to raise awareness of CSE in schools
- We will include information about children identified as at risk of CSE in our LSCB dataset to monitor prevalence
- We will continue to try and engage young people who are under-represented in those referred e.g. boys

Support

Achievements

- Our CSE operational Group, established in summer 2013 is an effective forum for information-sharing and ensuring plans are in place for those at risk of CSE
- A Youth Outreach Contraception and Sexual Health Nurse attends the Operational group and takes referrals and engages with young people considered by the group
- We have completed a multi-agency audit in relation to CSE and implemented the resultant action plan
- We have ensured strong links between the Sexual Harm Intervention Programme for young people who display sexually harmful behavior and the CSE Operational group

Priorities 2015-2016

- We will ensure that young people receive the support they need and will conduct an annual multi-agency audit to ensure this is the case
- We will ensure that actions in relation to addressing CSE are incorporated into Child in Need, child Protection and Looked After Children's Plans
- We will ensure that a robust approach is taken to children placed out of area who may be at risk of CSE
- We will ensure that our commissioned services include appropriate services for victims of CSE
- We will develop with practitioners a list of resources for them to access in working with young people who may be sexually exploited

Disruption and Prosecution of Perpetrators

Achievements

- TV Police have introduced an intelligence form for partners to clarify routes for providing intelligence and information
- The SHIP (Sexual Harm Intervention Programme for young people) Steering Group ensures linkages with the CSE operational group and ensures that a young person's harmful sexual behavior as it relates to CSE is addressed appropriately

- NEED MORE – MEETING LINDSEY FINCH ON RETURN

Priorities 2015-2016

- We will ensure that information about the location of incidences of CSE and information about perpetrators of the abuse of West Berkshire young people is available to inform future strategic development
- We will identify suspected perpetrators and reduce dependency on victims' statements through information sharing, local intelligence, surveillance and proactive joint operations
- We will proactively use legislation and powers to prevent CSE, such as Child Abduction Notices, Risk of Sexual Harm Orders, Sexual Offences Prevention Orders etc.
- We will work closely with the Crown Prosecution service to secure convictions
- We will ensure that effective support is provided to young victims and witnesses
- Taxis and hotels
- Where there is intelligence on locations, a disruption plan will be developed and deployed