

Notice of Meeting



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Health and Wellbeing Board

Thursday 3 October 2019 at 9.30am
in Council Chamber Council Offices
Market Street Newbury

Please note that a test of the fire and lockdown alarms will take place at 10am. If the alarm does not stop please follow instructions from officers.

Date of despatch of Agenda: Wednesday, 25 September 2019

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact Jo Reeves / Jessica Bailiss on (01635) 519486/503124
e-mail: joanna.reeves@westberks.gov.uk / jessica.bailiss@westberks.gov.uk

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



Agenda - Health and Wellbeing Board to be held on Thursday, 3 October 2019 (continued)

To: Councillor Rick Jones (Executive Portfolio: Health and Wellbeing, Leisure and Culture), Dr Bal Bahia (Berkshire West CCG), Councillor Lynne Doherty (Executive Portfolio: Children, Education & Young People), Councillor Graham Bridgman (Executive Portfolio: Adult Social Care), Councillor Dominic Boeck (Executive Portfolio: Corporate Services), Councillor Richard Somner (Executive Portfolio: Community Resilience and Partnerships), Councillor Steve Masters (Shadow Portfolio Holder (Green Party) for Health and Wellbeing), Councillor Owen Jeffery (Shadow Portfolio Holder (Liberal Democrats) Health and Wellbeing), Andy Sharp (Executive Director (People)), Tessa Lindfield (Strategic Director for Public Health), Cathy Winfield (Berkshire West CCG), Ian Mundy (Locality Director, BHFT), Mary Sherry (Chief Operating Officer, Royal Berkshire Hospital), Superintendent Nicholas John (Thames Valley Police), Neil Carter (Group Manager - RBFRS), Luke Bingham (Divisional Director - Sovereign Housing), Garry Poulson (Volunteer Centre West Berkshire), Andrew Sharp (Healthwatch), Matt Pearce (Head of Public Health and Wellbeing, WBC) and Charlotte Hall (Corn Exchange)

Agenda

Part I

		Page No.
1	Apologies for Absence To receive apologies for inability to attend the meeting (if any).	
2	Minutes To approve as a correct record the Minutes of the meeting of the Board held on 30 May 2019.	5 - 10
3	Health and Wellbeing Board Forward Plan An opportunity for Board Members to suggest items to go on to the Forward Plan.	11 - 12
4	Actions arising from previous meeting(s) To consider outstanding actions from previous meeting(s).	13 - 14
5	Declarations of Interest To remind Members of the need to record the existence and nature of any personal, disclosable pecuniary or other registrable interests in items on the agenda, in accordance with the Members' Code of Conduct .	



Agenda - Health and Wellbeing Board to be held on Thursday, 3 October 2019 (continued)

- 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

- 8 **Update on Priority Two (Primary Care Networks) for 2019/20 (Kamal Bahia)** 15 - 18
To update of the progress to establish Primary Care Networks in West Berkshire.

Strategic Matters

- 9 **Developing a Berkshire West Shared Joint Health & Wellbeing Strategy (Tessa Lindfield)** 19 - 26
To confirm the decision made at the Informal Meeting on 11 July 2019 to produce a Joint Health and Wellbeing Strategy with Reading and Wokingham's Health and Wellbeing Boards.
- 10 **CCG's Improvement and Assessment Rating for 18/19 (Cathy Winfield)** 27 - 30
To receive assurance that an improvement plan is in place in response to the Improvement and Assessment Framework Rating 2018/19.
- 11 **Better Care Fund Plan (Tandra Forster/ Shairoz Claridge)** 31 - 86
To approve the Better Care Fund Plan 2019/20.
- 12 **Development of a new Cultural Strategy (Presentation by Paul James)**
To consult the Board on the objectives which will be published for consultation for the Culture Strategy.
- 13 **West Berkshire Vision 2036 - Strategy Alignment (Jo Reeves)** 87 - 96
To present a list of existing and emerging strategies which support the delivery of the West Berkshire Vision 2036.



Agenda - Health and Wellbeing Board to be held on Thursday, 3 October 2019 *(continued)*

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| 14 | Health and Wellbeing Board Self-Assessment (Jo Reeves)
To present the outcome and recommendations arising from a self-assessment exercise. | 97 - 118 |
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Other Information not for discussion

- | | | |
|----|--|-----------|
| 15 | Improving Health and Care in Buckinghamshire, Oxfordshire and Berkshire West
To present an update on the plan to develop a five year strategy for the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System. | 119 - 130 |
| 16 | West Berkshire Dementia Friendly Community Update (Sue Butterworth)
To present an update on the work to make West Berkshire dementia friendly. | 131 - 158 |
| 17 | Members' Question(s)
Members of the Executive to answer questions submitted by Councillors in accordance with the Executive Procedure Rules contained in the Council's Constitution. <i>(There were no questions submitted).</i> | |
| 18 | Future meeting dates | |

Sarah Clarke
Head of Legal and Strategic Support

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

DRAFT

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

HEALTH AND WELLBEING BOARD

MINUTES OF THE MEETING HELD ON THURSDAY, 30 MAY 2019

Present: Councillor Rick Jones (Executive Portfolio: Health and Wellbeing, Leisure and Culture), Dr Bal Bahia (Berkshire West CCG), Andy Sharp (Executive Director (People)), Councillor Lynne Doherty (Executive Portfolio: Children, Education & Young People), Councillor Graham Bridgman (Executive Portfolio: Adult Social Care), Andrew Sharp (Healthwatch), Cathy Winfield (Berkshire West CCG), Superintendent Jim Weems (Thames Valley Police), Ian Mundy (Locality Director, BHFT), Councillor Owen Jeffery and Councillor Steve Masters

Also Present: Nick Carter (Chief Executive, West Berkshire Council), Jo Reeves (Principal Policy Officer)

Apologies for inability to attend the meeting: Councillor Dominic Boeck, Tessa Lindfield, Mary Sherry, Neil Carter, Luke Bingham and Garry Poulson

PART I

45 Election of the Chairman and Appointment of the Vice-Chairman for the 2019/20 Municipal Year

RESOLVED that Councillor Rick Jones be elected the Chairman of the Health and Wellbeing Board for the 2019/20 Municipal Year.

Councillor Jones thanked members of the Board for their confidence in him and stated he was looking forward to a good year ahead.

RESOLVED that Dr Bal Bahia be elected the Chairman of the Health and Wellbeing Board for the 2019/20 Municipal Year.

46 Minutes

The Minutes of the meeting held on 24 January 2019 were approved as a true and correct record and signed by the Chairman subject to the inclusion of Councillor Marigold Jacques on the list of attendees.

47 Health and Wellbeing Board Forward Plan

The Forward Plan was noted.

48 Actions arising from previous meeting(s)

The list of actions arising from previous meetings was noted and updated as appropriate.

49 Declarations of Interest

Dr Bal Bahia declared an interest in all matters pertaining to Primary Care, by virtue of the fact that he was a General Practitioner, to Secondary Care by virtue of the fact that he was a Director for Royal Berkshire NHS Foundation Trust and also that he was a Director for Recovery in Mind, but reported that as his interests were personal and not disclosable pecuniary or other registrable interests, he determined to remain to take part in the debate and vote on the matters where appropriate.

HEALTH AND WELLBEING BOARD - 30 MAY 2019 - MINUTES

Councillor Owen Jeffrey declared an interest by virtue of the fact that his daughter was employed by Frimley Health Foundation Trust and reported that, as his interest was personal and not a disclosable pecuniary or other registrable interest, he determined to remain to take part in the debate and vote on the matters where appropriate.

Councillor Lynne Doherty declared an interest by virtue of the fact that she was employed by a disability charity and reported that, as her interest was personal and not a disclosable pecuniary or other registrable interest, she determined to remain to take part in the debate and vote on the matters where appropriate.

Councillor Steve Masters declared an interest by virtue of the fact that he was the Chair of Trustees for Eight Bells for Mental Health and reported that, as his interest was personal and not a disclosable pecuniary or other registrable interest, he determined to remain to take part in the debate and vote on the matters where appropriate.

Andrew Sharp declared an interest in any items that might refer to South Central Ambulance Service due to the fact that he was the Chair of Trustees of the West Berks Rapid Response Cars (WBRRRC), a local charity that supplied blue light cars for ambulance drivers to use in their spare time to help SCAS respond with 999 calls in West Berkshire, and reported that, as his interest was personal and not a disclosable pecuniary or other registrable interest, he determined to remain to take part in the debate and vote on the matters where appropriate.

50 Public Questions

a Question submitted by Mrs Aimee Thomas to the Executive Member for Health and Wellbeing

A question standing in the name of Mrs Aimee Thomas on the subject of oral health was answered by the Executive Member for Public Health and Community Wellbeing.

51 Petitions

There were no petitions presented to the Board.

52 Update on Priority Two (Employment for Vulnerable People) for 2018/19

The Board considered a report (Agenda Item 9) which provided an update from the Skills and Enterprise Partnership (SEP) on their activities to support the Board's priority for 2018/19 to improve access to employment for vulnerable people. Councillor Rick Jones reported that he and Dr Bahia had met with the SEP's chair, Iain Wolloff (Principal of Newbury College), to discuss the action plan which had largely been completed. A conference on business and wellbeing would be held in the Autumn and the SEP would report back to the Steering Group on further activities it would be completing. Andrew Sharp stated that the group had got off to a slow start as the result of some personnel changes but the membership had been expanded and the momentum was growing. He urged everyone to attend the conference.

Councillor Jones praised the support that Newbury College already offered students with disabilities and hoped the approach could be rolled out to the wider community. Dr Bahia agreed that a lot of work was being undertaken at the college which aligned with the Board's ambitions in the Vision 2036. Councillor Lynne Doherty also commended the work at the Castle and Brookfields schools in supporting vulnerable people to access employment.

RESOLVED that the report was noted.

53 Healthwatch Voice Of Disability Report

The Board considered a report (Agenda Item 10) which presented recommendations arising from a workshop with people with disabilities organised by Healthwatch. Andrew Sharp, in introducing the report, thanked all partners for their support to hold the event and write the report.

On the subject of standards of care for people with disabilities, Andrew Sharp highlighted the recent BBC Panorama documentary about Whorlton Hall. He asked that the following question be answered by the Board to provide reassurance to the public:

“How is the Board assured that the kind of staff behaviour seen on the BBC Panorama documentary is not happening in West Berkshire OR to any patients from West Berkshire sent out of area? (Do we also know if any residents of West Berkshire were or ever have been patients at Whorlton Hall?). What steps are undertaken to ensure this does not happen to West Berkshire Residents who are sent out of area ; which Board member organisations are responsible for ensuring this is not occurring and are there any actions that might need to be taken as a result of the BBC documentary to increase assurance levels?”

Returning to the report, Andrew Sharp highlighted that there were a lot of good things reported at the conference but a minority received a less than exceptional service. He outlined each of the recommendations involving pavement parking, repairs by the wheelchair clinic and support to use IT. The particular challenge to the Board was whether it had sufficient oversight of disability issues within its current strategy and structures.

Councillor Doherty thanked Healthwatch for the report. She noted that it did not include the voice of children and would ask that this was included. Recommendation 6 regarding CAMHS waiting times, had been discussed many times at the Board and the Local Safeguarding Children’s Board. She agreed that pavement parking posed an issue to many residents including people with disabilities. Councillor Doherty was confident that the Children’s Delivery Group had oversight of the Special Educational Needs and Disability Strategy but was not sure how the Board had oversight of adults with disabilities.

Councillor Owen Jeffery expressed the view that diagnosis through CAMHS was important. Councillor Doherty provided reassurance that through initiatives such as the Emotional Health Academy children could receive early help before any diagnosis. West Berkshire had been identified as part of a national trailblazer pilot of children’s mental health. Although Councillor Doherty accepted that waiting times were still too long, she assured Councillor Jeffery that children still received support.

Councillor Jeffery further asked whether Thatcham Football Club had been contacted regarding the feedback outlined on page 37 that their site was not disabled-friendly. Andrew Sharp advised that Healthwatch were still in the process of getting in touch with relevant organisations.

Councillor Steve Masters thanked Healthwatch for the report and in response to recommendation 13, reported that he had accompanied someone to their Personal Independence Payment assessment as an advocate and had found the process to be designed to intimidate. The lift had also been out of order but he understood that assessments were now taking place at an alternative premises. Councillor Jones responded that this issue could be referred to MPs to address. Andrew Sharp advised the DWP representatives had attended the event and were locally becoming more engaged.

HEALTH AND WELLBEING BOARD - 30 MAY 2019 - MINUTES

Councillor Jones asked what the next steps would be. Andrew Sharp advised that he would welcome further responses on each of the recommendations over the next couple of weeks before it was officially launched. Dr Bal Bahia expressed the view that it was not clear how disability issues would be reported to the Board and this warranted further consideration.

Councillor Jones requested that all Board members ensure their organisations responded to the points raised in the report. Recommendation 16 would need further investigation and recommendation 17 was a longer term issue which would need to be considered as part of development of the new strategy.

RESOLVED that the report was noted.

54 **Proposed Creation of Integrated Care Partnership**

The Board considered a report (Agenda Item 11) which set out governance arrangements for the proposed Integrated Care Partnership (ICP). Since 2013 there had been partnership working in Berkshire West through the Berkshire West 10. In 2016, the Integrated Care System was established with the intention that local government would joint later and it was now appropriate to do so. Elected Members would be involved with the ICP through its Leadership Board . A launch event would be held in July 2019 at Shaw House, Newbury.

Cathy Winfield stated that she would like the ICP's work programme to align to the Health and Wellbeing Strategy. She highlighted that there was no legislative change so organisations would be coming together as virtual entities to support this way of working.

Councillor Graham Bridgman sought clarification on a statement in the report that the Chief Executive and two Members from each local authority would form part of the Leadership Board. Nick Carter responded that the proposal had since been revised to one Member to ensure there was a balance between the number of local authority and health representatives.

Andrew Sharp expressed concern that the new governance did not include strengthening of patient involvement. Cathy Winfield advised that existing mechanisms would not change and Primary Care Networks would ensure that involvement with patients was strengthened at an appropriate level.

RESOLVED that

- (1) The strategic objectives outlined in the main report (Table 4) are approved as the basis of the BWICSS work programme in 2019/20 noting that these are likely to change as a new strategy is developed.
- (2) The taxonomy summarised in Fig 1 is used to frame the governance arrangements for the BWICP.
- (3) The governance structure as set out in Fig 2 is adopted for the new BW ICP.
- (4) The terms of reference for the BWICP Leadership Board, BW10 Executive and BW10 Delivery Group as set out in Appendices 5a-c of the main report are agreed.
- (5) The principles for resourcing the ICP as set out in section 5 are agreed.

55 **Feedback from the Annual Health and Wellbeing Conference**

The Health and Wellbeing Board noted the report.

56 **Health and Wellbeing Board Membership**

The Board considered a report (Agenda Item 13) which proposed amendments to the membership of the Health and Wellbeing Board. Councillor Jones expressed the view

HEALTH AND WELLBEING BOARD - 30 MAY 2019 - MINUTES

that it was timely to consider the membership as the Board entered a new Municipal Year.

Cathy Winfield stated that in time it might be appropriate to consider the inclusion of representatives for the emerging Primary Care Networks.

The Board discussed employer representation and concluded that umbrella organisations rather than single companies would be a more inclusive approach. Dr Bal Bahia recognised that the Board engaged with employers through the Skills and Enterprise Partnership. He also questioned whether the Board's agendas would facilitate employer engagement. The Board concluded to remove all seats for employer representatives at the Health and Wellbeing Board and encouraged further engagement to be pursued via the Skills and Enterprise Partnership.

The Board discussed the importance of arts and culture to health and wellbeing; they agreed to invite a representative from the sector so long as they represented a wide spectrum of organisations. The Board agreed to delegate the identification of a suitable representative to Councillor Jones.

RESOLVED:

1. That the Health and Wellbeing Board appoint the Head of Public Health and Wellbeing at West Berkshire Council as a member.
2. That the number of named CCG representatives is reduced to two following the Berkshire West CCG merger.
3. That the Board clarifies that one shadow portfolio holder for health and wellbeing from each Political Group on the Council may be a member of the Board.
4. That the two seats for employer representatives are removed.
5. That a representative, to be identified by Councillor Jones, from the arts and culture sector be invited to join the Board.

57 ICS Operational Plan 2019/10

The Health and Wellbeing Board noted the report.

58 Members' Question(s)

There were no Member questions submitted.

59 Future meeting dates

The next public meeting of the Health and Wellbeing Board would be held on 4 October 2019.

(The meeting commenced at 9.30 am and closed at 11.00 am)

CHAIRMAN

Date of Signature

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Health and Wellbeing Board Forward Plan 2019/20 (All meetings are on a Thursday, starting at 9.30am in the Council Chamber except where otherwise stated)

There is a fire alarm and lockdown alarm in the Council Chamber at 10am on Thursdays.						
Item	Purpose	Action required by the H&WB	Date Agenda Published	Lead Officer/s	Those consulted	Is the item Part I or Part II?
24 October 2019- Health and Wellbeing Workshop - Give Every Child the Best Start in Life (Council Chamber)						
28 November 2019 Informal Meeting						
Update on Priority One (Give Every Child the Best Start in Life/ First 1000 Days) for 2019/20	To receive an update of progress made regarding Priority Two (tbc) for 2019/20.	For information and discussion		tbc	Health and Wellbeing Steering Group	
Update on Priority Two (Primary Care Networks) for 2019/20	To receive an update of progress made regarding Priority One (tbc) for 2019/20.	For information and discussion		tbc	Health and Wellbeing Steering Group	
Health and Wellbeing Workforce	To discuss workforce challenges across the health and wellbeing system and outline current strategies.	For information and discussion		Jo Reeves	Health and Wellbeing Steering Group	Part I
Report from the BAMER Event		For information and discussion		Alice Kunjappy-Clifton	Health and Wellbeing Steering Group	Part I
30 January 2020 - Board meeting						
Programme Management						
Update on Priority One (Give Every Child the Best Start in Life/ First 1000 Days) for 2019/20	To receive an update of progress made regarding Priority Two (tbc) for 2019/20.	For information and discussion		tbc	Health and Wellbeing Steering Group	
Update on Priority Two (Primary Care Networks) for 2019/20	To receive an update of progress made regarding Priority One (tbc) for 2019/20.	For information and discussion		tbc	Health and Wellbeing Steering Group	
Delivering the Health and Wellbeing Strategy Q2	To provide the performance dashboard for the delivery of the health and wellbeing strategy and highlight any emerging issues.	For information and discussion		Jo Reeves	Health and Wellbeing Steering Group	Part I
Strategic Matters						
<i>No items at present</i>						
13 February 2020- Health and Wellbeing Workshop(Council Chamber)						
26 March 2020 Informal Meeting						
Update on Priority One (Give Every Child the Best Start in Life/ First 1000 Days) for 2019/20	To receive an update of progress made regarding Priority Two (tbc) for 2019/20.	For information and discussion		tbc	Health and Wellbeing Steering Group	
Update on Priority Two (Primary Care Networks) for 2019/20	To receive an update of progress made regarding Priority One (tbc) for 2019/20.	For information and discussion		tbc	Health and Wellbeing Steering Group	
Delivering the Health and Wellbeing Strategy Q3	To provide the performance dashboard for the delivery of the health and wellbeing strategy and highlight any emerging issues.	For information and discussion	19th March 2019	Jo Reeves	Health and Wellbeing Steering Group	
Life Education report	To provide a report on the Life Education pilot in schools, funded by the Health and Wellbeing Board.	For information and discussion		Denise Sayles/ Caroline Stevenson	Health and Wellbeing Steering Group	
2 April 2020- Health and Wellbeing Conference (venue tbc)						
21 May 2020 - Board meeting						
Programme Management						
Update on Priority One (Give Every Child the Best Start in Life/ First 1000 Days) for 2019/20	To receive an update of progress made regarding Priority Two (tbc) for 2019/20.	For information and discussion		tbc	Health and Wellbeing Steering Group	
Update on Priority Two (Primary Care Networks) for 2019/20	To receive an update of progress made regarding Priority One (tbc) for 2019/20.	For information and discussion		tbc	Health and Wellbeing Steering Group	
Delivering the Health and Wellbeing Strategy Q4	To provide the performance dashboard for the delivery of the health and wellbeing strategy and highlight any emerging issues.	For information and discussion	21st May 2019	Jo Reeves	Health and Wellbeing Steering Group	Part I
Strategic Matters						
<i>No items at present.</i>						

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Actions arising from Previous Meetings of the Health and Wellbeing Board

RefNo	Meeting	Action	Action Lead	Agency	Agenda item	Comment
128	30 May 2019	Identify a representative from the arts and culture sector to join the Health and Wellbeing Board	Rick Jones	WBC	Health and Wellbeing Board Membership	Charlotte Hall from the Corn Exchange has been invited to join the Health and Wellbeing Board.
129	11 July 2019 (Informal Meeting)	Children's Delivery Group to provide their action plan including timescales.	Pete Campbell	WBC	Update on Priorities for 2019/20	In progress.
130	11 July 2019 (Informal Meeting)	Children's Delivery Group to lead the workshop on 24 October 2019	Pete Campbell	WBC	Update on Priorities for 2019/20	In progress.
131	11 July 2019 (Informal Meeting)	Arrange an informal induction session for new members of the Board	Jo Reeves	WBC	Update on Priorities for 2019/20	Completed.
132	11 July 2019 (Informal Meeting)	Conduct a self-assessment to identify what progress has been made since the 2016 peer review.	Jo Reeves	WBC	Delivering the Health and Wellbeing Strategy Q4 2018/19	On the agenda for the meeting.
133	11 July 2019 (Informal Meeting)	Ask the PPE to conduct a flu vaccination campaign	Kamal Bahia	CCG	Flu Update 2018/19	Plans for a joint campaign are underway.
134	11 July 2019 (Informal Meeting)	Circulate the final draft of the Joint HWBB Strategy approach document, to be agreed at the next public meeting	Jo Reeves	WBC	Developing a Berkshire West Shared Joint Health & Wellbeing Strategy	Completed
135	11 July 2019 (Informal Meeting)	Paul James to present the draft Culture Strategy at the next meeting	Paul James	WBC	WBC Cultural Strategy - how the strategy can support objectives for improving health & wellbeing	On the agenda for the meeting.

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Update on Priority Two (Primary Care Networks) for 2019/20

Report being considered by: Health and Wellbeing Board

On: 3 October 2019

Report Author: Kamal Bahia

Item for: Discussion

1. Purpose of the Report

- 1.1 Kamal Bahia will provide a verbal update on the progress to establish Primary Care Networks (PCNs) in West Berkshire.

2. Recommendation

- 2.1 The Board should establish whether any support can be provided to ensure that PCNs are successful.

Will the recommendation require the matter to be referred to the Executive for final determination?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
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3. Introduction/Background

- 3.1 Primary Care Networks (PCNs) are groupings of GP practices and other services working together to plan and co-ordinate care within local neighbourhoods typically serving 30-50,000 patients. The NHS Long Term Plan and the subsequent five-year framework for GP contract reform set out arrangements and funding for all practices to become part of a Primary Care Network.
- 3.2 In West Berkshire, four PCNs have been established: A34, Kennet, West Berkshire Rural and West Reading Villages. Please see a fact sheet including a visual representation of the PCNs at Appendix A.
- 3.3 At the Board meeting on 3 October 2019, Kamal Bahia will provide an update on progress made according to the checklist overleaf.

4. Appendices

Appendix A –Primary Care Network Fact Sheet



YOUR PCN CHECKLIST

JULY 2019 - MARCH 2020

- 1** Establish the **governance structure** of the PCN
- 2** Employ additional **pharmacists**
- 3** Employ **social prescriber**
- 4** Train and develop **clinical director**
- 5** Start to deliver first of **NHS plan requirements**
To be delivered in full by 2020/21
 - Structured Medication Reviews
 - Care Home
- 6** Look at **health needs assessment** of your PCN – engage with Public Health
- 7** Establish network of PCN **clinical directors** in your ICS area
- 8** Start thinking about next three **NHS plan requirements**
Starts in 2020/21
 - Personalised Care
 - Anticipatory Care
 - Supporting early cancer diagnosis
- 9** Establish relationships with other **community providers**
- 10** Start thinking about employment of **first contact physiotherapist and physician associate**
Reimbursement available from 2020/21
- 11** Engage with the public via your **practice PPGs** and other methods.

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PRIMARY CARE NETWORKS FACT SHEET



What are PCNs?

PCNs are part of a nationwide NHS scheme aimed at bringing health and social care closer to people's homes and also tailoring the surgery's services to meet the needs of local people.

Our plan is to offer a wider range of services at the surgeries that make up our PCN. This means that, in time, our PCN will grow and be able to offer you easy access to a paramedic, clinical pharmacist, Physician's Associate, Social Prescriber and mental health workers.

They may not be based at this surgery, but will be part of our Network and close to your home. They will work alongside our GPs to make it easier and quicker for you to get care from the person who is best suited to meet your needs. This may not always be the doctor. It could be that highly qualified physiotherapist or paramedic is the right person to look after you.

Our PCN is working closely with the Royal Berkshire Hospital, the local voluntary sector, social care teams and community and mental health staff at the Berkshire Healthcare Foundation Trust to make sure the extra services we offer are the right ones to meet our community's particular needs.

We're also starting to use technology a lot more to make our health service smarter, quicker and more convenient.

The NHS Long Term Plan

The development of Primary Care Networks is a key part of the NHS Long Term Plan – an initiative to develop the NHS over the next decade.

Medical advances, the revolution of technology and the changing needs of an ageing and growing population all mean that the NHS has to evolve to be fit for purpose.

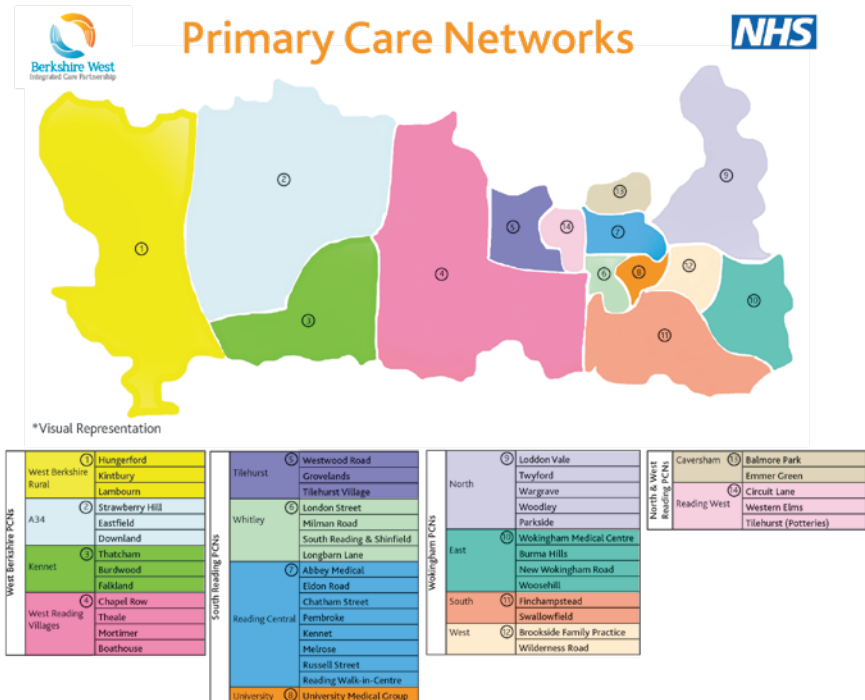
The Plan aims to give everyone the best start in life; deliver first-class care for major health problems, such as cancer and heart disease, and help people age well.

It's been drawn up by those who know the NHS best – frontline health and care staff, patients and their families and other experts.

If you'd like to be more involved in what's happening in the NHS at a local level, and also help feed into the national debate, then you may want to join your surgery's Patient Participation Group (PPG).

Each PPG works alongside surgery staff in the planning and development of services to make sure they are the best and most suitable for patients and the local community.

If you'd like to get involved, please ask at reception for details.



Developing a Berkshire West Shared Joint Health & Wellbeing Strategy

Report being considered by: Health and Wellbeing Board

On: 3 October 2019

Report Author: Tessa Lindfield

Item for: Decision

1. Purpose of the Report

- 1.1 This paper outlines the reasoning for a Joint Health & Wellbeing Strategy across Berkshire West and seeks support from (Health &) Wellbeing Boards for a methodology to develop the strategy.
- 1.2 A draft version of the report was discussed at the Health and Wellbeing Board Informal Meeting on 11 July 2019 and it was agreed to support the recommendations.

2. Recommendations

The Board is asked to:

- (1) Support the concept of a Shared JHWS
- (2) Agree the timeline for the strategy development
- (3) Agree to identify dedicated capacity for strategy development
- (4) Agree to delegate the development of the strategy to a Strategy Development Group

Will the recommendation require the matter to be referred to the Executive for final determination?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
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3. Introduction/Background

- 3.1 In April 2019 (Health &) Wellbeing Board Chairs from West Berkshire, Reading and Wokingham agreed to propose development of a Shared Joint Health & Wellbeing Strategy (JHWS) across the three Local Authorities. This move was supported by the CCG and ICS leadership.
- 3.2 It was acknowledged that while a strategy would be shared, there would be room for local priority setting within it. There was an ambition that the strategy would also set the direction of travel for the Integrated Care Partnership.
- 3.3 The production of a Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS) are a joint statutory duty for Local Authorities and CCGs, discharged through the Health and Wellbeing Board. Once it is published,

the organisations have a duty to have regard to the strategy in their own planning and service delivery.

- 3.4 The purpose of a JHWS is to set priorities for collective action to improve the health and wellbeing of the population; an important part of this is enabling commissioners to plan and commission integrated services that meet the needs of their whole local community.

4. Supporting Information

Why a Shared JHWS?

- 4.1 The duty to produce a JHWS is shared between local government and the CCG. The three local authorities share one CCG and together form the geography for the Berkshire West Integrated Care Partnership, part of the Berkshire West, Oxfordshire and Buckinghamshire Integrated Care System. The authorities also have a range of NHS delivery services in common including the Royal Berkshire Hospital and Berkshire Healthcare Foundation Trust which delivers mental health and community health services.
- 4.2 Although each HWB is responsible for its own residents, there are some populations in common. Children are educated across borough boundaries and people travel to work, shop and socialise in different boroughs from where they live. Having a shared strategy will support a settings-based approach, to take health improvement to where people are - at work, at school and in places where they gather, such as parks and shopping centres.
- 4.3 There has been recent progress in integrating public services around the customer, for example coordinating health and social care interventions to get people home from hospital faster or directing early help to prevent people's health and wellbeing worsening. Integration has the potential to improve the efficacy of the service model and to improve efficiency for the customer and the delivery organisations. There is further benefit to be had from integration and embedding prevention in our integration work locally. Promotion of integration is a core duty of the HWB and because of our shared partners, will be facilitated by a shared strategy.
- 4.4 Building on this the governance of the integration work is being reformed with closer governance supporting the closer integration of local public services. A shared strategy supports this direction of travel and that expressed within the NHS Long Term Plan.
- 4.5 There are also efficiencies to be gained by working together as a Berkshire West group of Health and Wellbeing Boards as well as opportunities provided by the shared JSNA function supported by the Berkshire Shared Public Health Team.
- 4.6 Timelines mean that this is a good time to start developing a joint strategy - West Berkshire and Reading have strategies that run from 2017 to 2020 and Wokingham a strategy that runs from 2018 to 2021.
- 4.7 There is already synergy between the priorities identified in the existing Joint Health & Wellbeing Strategies for each borough and so it is likely that in developing a joint strategy it will be possible to identify shared priorities.

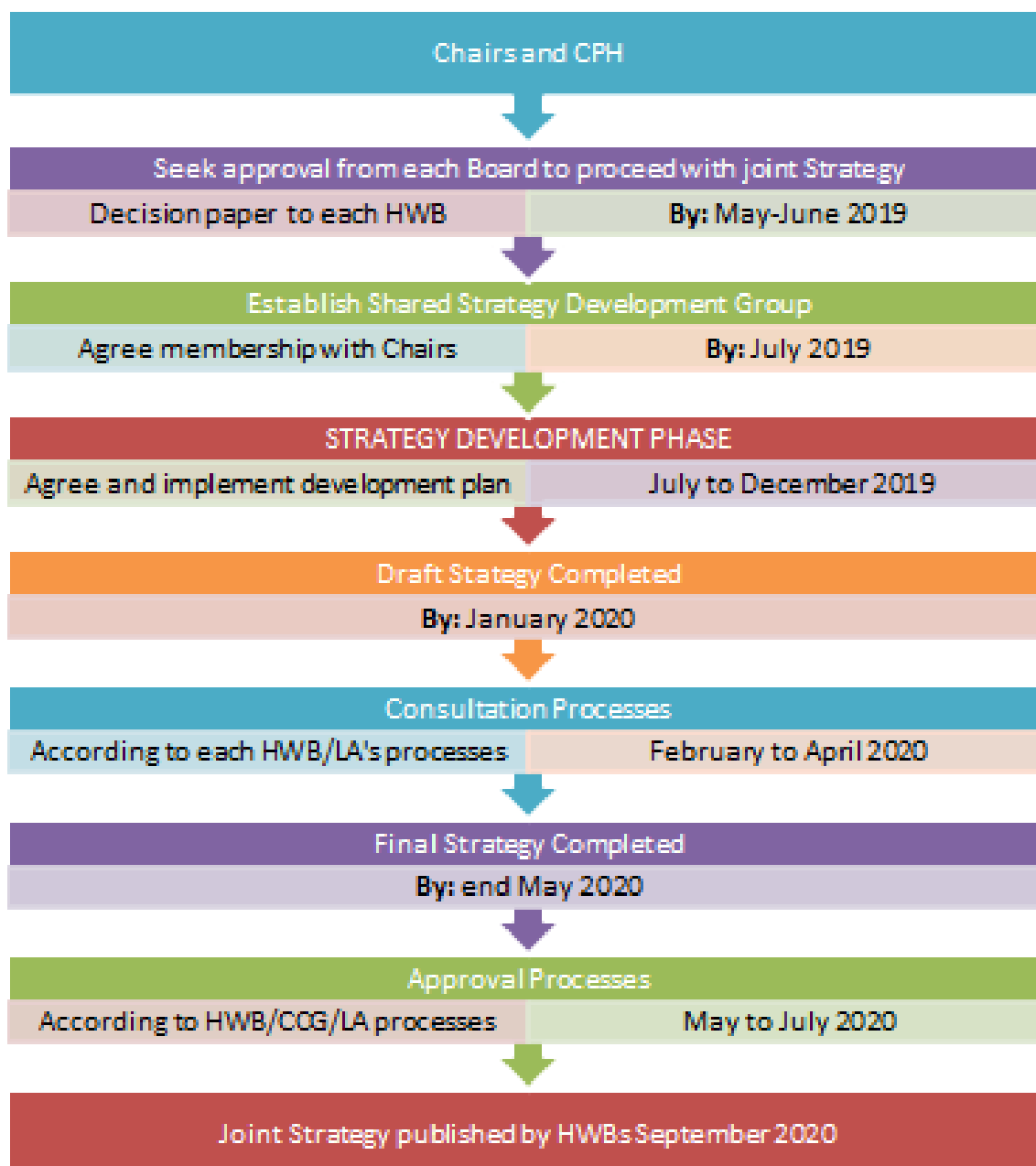
- 4.8 It is important to note, however, that each Health and Wellbeing Board will require an individual action plan consisting of both shared actions against these priorities as well as their local actions to meet local priorities.

Producing a Shared JHWS

- 4.9 The production of a shared JHWS will require a commitment to shared principles and an agreed process supported by some dedicated capacity.
- 4.10 The following principles are proposed:
- (1) The overall aim of the strategy is to improve health and wellbeing for residents which includes reducing health inequalities.
 - (2) The strategy is developed in close collaboration with residents and local partners.
 - (3) The strategy will set the direction for health and wellbeing partners working at the place level.
 - (4) The strategy will focus on areas where partnership action adds value.
 - (5) The strategy will have a shared direction and local priorities, which may vary from locality to locality.
 - (6) The priorities in the strategy will be based on need, supported by actions based on evidence of effectiveness.

Process & Resources

- 4.11 It is proposed that the production of the strategy is delegated to a Task & Finish Strategy Development Group operating under the terms of reference included at Appendix 1. The process and the group will be supported by a staff with dedicated capacity for developing the strategy.
- 4.12 The Figure below lays out a suggested timeline for the strategy. This is ambitious and it may be preferable to extend the strategy development phase to March 2020 and publish by the end of 2020. This would enable better availability of needs information and more public involvement.



5. Consultation and Engagement

Members of the Health and Wellbeing Board have already been consulted on the proposal. A three month public consultation is proposed once the draft is produced.

6. Appendices

Appendix 1 – Berkshire West Shared Joint Health & Wellbeing Strategy Development Group Terms of Reference

Background Papers:

n/a

Health and Wellbeing Priorities 2018/19 Supported:

The proposals contained in this report will help to achieve all Health and Wellbeing Strategy aims.

Officer details:

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Berkshire
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Appendix A

BERKSHIRE WEST SHARED JOINT HEALTH & WELLBEING STRATEGY

STRATEGY DEVELOPMENT GROUP

TERMS OF REFERENCE

Purpose of the Group

This is a time limited group to produce the Shared Joint Health & Wellbeing Strategy across West Berkshire, Reading and Wokingham Local Authorities, the area covered by the Berkshire West Integrated Care Partnership.

Objectives

To produce the Shared JHWS by September 2020 in accordance with the following principles:

- a. The overall aim of the strategy is to improve health and wellbeing for residents which includes reducing health inequalities.
- b. The strategy is developed in close collaboration with residents and local partners.
- c. The strategy will set the direction for health and wellbeing partners working at the place level.
- d. The strategy will focus on areas where partnership action adds value.
- e. The strategy will have a shared direction and local priorities, which may vary from locality to locality.
- f. The priorities in the strategy will be based on need, supported by actions based on evidence of effectiveness.
- g. The structure of the strategy will take inspiration from the Kings Fund's overlapping pillars of population health¹ as illustrated below, with inequalities a theme throughout.

To keep the (Health&) Wellbeing Boards and the ICP Delivery Board fully engaged in the process.

Ways of Working

To meet monthly, chaired by the Strategic Director of Public Health. Meeting agenda and papers to be sent in advance, minutes to be taken.

To provide regular reports to Health & Wellbeing Boards and the ICP Delivery Board.

¹ <https://www.kingsfund.org.uk/sites/default/files/2018-11/A%20vision%20for%20population%20health%20online%20version.pdf>

Membership - TBC

Strategic Director of Public Health
Consultants in Public Health, West Berks, Reading & Wokingham
Project Manager
CCG Director of Strategy
Healthwatch
Adult Social Care leads
Children's services representative

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Berkshire West CCG Improvement and Assessment Rating 2018/19

Report being considered by: Health and Wellbeing Board

On: 3 October 2019

Report Author: Cathy Winfield, Chief Officer of Berkshire West CCG

Item for: Discussion

1. Purpose of the Report

- 1.1 To report the outcome of the 2018/19 CCG Improvement and Assessment Framework evaluation of Berkshire West CCG's performance.

2. Recommendation

- 2.1 The Board should seek assurance from the CCG that an adequate improvement plan is in place.

Will the recommendation require the matter to be referred to the Executive for final determination?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
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3. Introduction/Background

- 3.1 All CCGs are assessed annually against 58 criteria across 4 domains: Better Care, Better Health, Sustainability (which largely relates to finance), and Leadership. CCGs can achieve a rating of Outstanding, Good, Requires Improvement and Inadequate. The rating takes account of the view of external partners through the annual 360 survey and staff feedback. Berkshire West CCG has historically performed well. The former 4 CCGs have achieved a rating of Good in two of the last three years and a rating of Outstanding in the third.
- 3.2 The usual process is that the CCG is advised of its indicative rating ahead of a Regional and then National moderation process. We are then advised of the final rating ahead of publication. This gives an opportunity for us to raise any concerns or queries which can be considered through the moderation process.

4. Assessment Outcome

- 4.1 For 2018/19 the CCG received a rating of Requires Improvement.
- 4.2 We received a letter after both the Regional and National moderation processes had taken place, just two days before national publication. The letter did not contain any explanation for the reduction in our rating from previous years. We asked for a breakdown of our performance on the 58 criteria on 11th July when the ratings were published but this has not been received and has not been published. The value of the assessment process as a mechanism for driving improvement is significantly reduced if the CCG does not have granularity on the areas that require attention.

- 4.3 From our discussion with NHSE/I we understand that the rating was awarded because the CCG failed to achieve its financial control total by £3m on a budget of £653,751m a 0.4% variance.
- 4.4 Partners will know that the CCG has worked as one the first 10 Integrated Care System partnerships in the country. As part of this approach we have sought to make the best use of the NHS pound in Berkshire West. At the end of the last financial year the CCG elected to provide financial support to the Royal Berkshire Foundation Trust to enable it to achieve its own financial control total. This enabled the Trust to secure Provider Sustainability Funds of £9m so the patients in Berkshire West benefited from an additional £9m coming into the local NHS. This arrangement was made with the full knowledge of NHSE/I and the system was commended for its mature approach. The CCG took the view that it was worth missing its own control total for the greater good of the local system and this remains our position.
- 4.5 We are naturally extremely disappointed that the national assurance rating system for CCGs continues to assess organisational performance rather than system working. Based on the technical guidance it appears that the financial position of organisations can override all other areas of performance and that any CCG not achieving its control total is automatically rated Requires Improvement. This can mean that other CCGs who have significant underlying deficits, such as Kernow CCG, can still achieve a rating of Good because they achieve the financial control total set by NHSE. We are disappointed that NHSE was not able to exercise more discretion and consider the underlying reason for the CCG's failure to achieve its control total, which was a deliberate strategy to secure a wider system benefit, rather than a loss of financial control.
- 4.6 However, in awarding the Requires Improvement rating NHSE/I stated "it is recognised that the CCG has made good progress in a number of areas including its contribution to the national ICS agenda".
- 4.7 The CCG's performance in areas, such as cancer targets and A&E waits continues to be very strong and amongst the best in the Region. Some highlights of our 2018/19 performance include:
- (1) Working as a successful Integrated Care System and developing the new Integrated Care Partnership across health and social care
 - (2) Delivering a new scheme to offer more GP appointments in the evenings and at week ends
 - (3) Progressing our Connected Care programme which connects patient records across all parts of the NHS and social care
 - (4) Successfully being selected as just one of four systems in the country to participate in a 20 week Population Health Management programme
 - (5) Improving the management of Atrial Fibrillation by GPs to prevent stroke
 - (6) Improving the screening rates for bowel, breast and cervical cancer

- (7) Expanding care and support planning to people with chronic obstructive airways disease and heart failure
- (8) Investing in community mental health teams
- (9) Working with partners and the local community in preparation for the establishment of Primary Care networks – groups of GP practices working together in a neighbourhood.
- (10) Our education programme for Diabetics won a national award for the largest impact on waist circumference and body weight
- (11) More women with emotional disorders and distress were supported during pregnancy and the first year after birth
- (12) Joint virtual team meetings between GPs, community services and social care teams were established to support complex elderly patients and reduce hospital admissions
- (13) Joint Health and Social Care working in West Berkshire reduced our delayed transfers of care from hospital from 8057 in previous year to 5508 in 2018/19
- (14) New health clinics were commissioned for the homeless to proactively visit day centres, night shelters and substance misuse services

4.8 The CCG Governing Body has also taken account of assessment of the CCG by other external bodies. The recent SEND Review by CQC and Ofsted in West Berkshire was extremely positive. Equally the Children’s Commissioner for England wrote to the CCG following her visit to say that the areas of good practice she had identified would be highlighted in her report to the Health Select Committee. Finally the CQC Local System Review, which focussed on Reading but took account of the wider Berkshire West geography, concluded that this was a Good system with the potential to be great.

5. Appendices

There are no appendices to this report.

Background Papers:

None

Health and Wellbeing Priorities 2019/20 Supported - All

Officer details:

Name: Cathy Winfield
Job Title: Chief Officer, Berkshire West CCGs
Tel No: 0118 982 2732
E-mail Address: cathywinfield@nhs.net

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Better Care Fund Plan 2019/20

Report being considered by: Health and Wellbeing Board
On: 03/10/2019
Report Author: Maria Shepherd, BCF Lead
Item for: Decision

1. Purpose of the Report

1.1 The purpose of this report is to gain formal sign-off for West Berkshire's Better Care Fund Plan 2019-20.

2. Recommendation(s)

2.1 To approve the Better Care Fund Plan for 2019-20

3. How the Health and Wellbeing Board can help

3.1 Approve the Better Care Fund Plan for 2019-20

Will the recommendation require the matter to be referred to the Executive for final determination?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
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4. Introduction/Background

4.1 The Better Care Fund Policy Framework for 2019-20 provides continuity from the previous round of the programme.

4.2 The Policy Framework was published in late July 2019.

4.3 The Policy Framework sets out four national conditions:

1. That a BCF Plan, including at least the minimum mandated funding to the pooled fund specified in the BCF allocations and grant determinations must be signed off by the Health and Wellbeing Board and by the constituent Local Authorities.
2. A demonstration of how the area will maintain a level of spending on social care services from the CCG minimum contribution in line with the uplift to CCG's minimum contribution.
3. That a specific proportion of the area's allocation is invested in NHS-commissioned out-of-hospital services, which may include seven day services and adult social care.
4. A clear plan on managing transfers of care, including implementation of the High Impact Change Model for Managing Transfers of Care (HICM).

4.4 The Policy Framework also sets out four national metrics:

- (1) Non-elective admissions
- (2) Admissions to residential and care homes
- (3) Effectiveness of Reablement; and
- (4) Delayed Transfers of Care (DTC)

4.5 The main change in the BCF planning requirements from 2017-19 is that separate narrative plans will be replaced with a single template that will include short narrative sections covering:

- (1) The local approach to integration (Strategic Narrative tab in the planning template)
- (2) Plans to achieve metrics and (Metrics tab in the planning template)
- (3) Plans for ongoing implementation of the High Impact Change Model for Managing Transfers of Care (HICM tab in the planning template)

4.6 BCF plans will be approved by NHS England following a joint NHS and Local Government assurance process at regional level.

4.7 BCF Plans must be submitted from Health and Wellbeing boards by 27th September 2019.

5. Consultation and Engagement

5.1 Rick Jones, Health and Wellbeing Board Chair, Cathy Winfield, CCG Accountable Lead, Nick Carter, Chief Executive, Andy Sharp, LA Executive Director, Shairoz Claridge, CCG Director, Tandra Forster, Head of Adult Social Care, Graham Bridgman, Portfolio Holder for Adult Social Care, Matt Pearce, Head of Public Health and Members of the Locality Integration Board.

6. Appendices

Appendix A – West Berkshire’s BCF Planning Template

Appendix B – Governance Structure for BOB ICS, Berkshire West Integrated Care Partnership, Locality Integration Boards and Primary Care Networks

Background Papers:

Health and Wellbeing Priorities 2018/19 Supported:

- Promote positive mental health and wellbeing for adults.
- Improve opportunities for vulnerable people to access education, employment, training and volunteering.

Health and Wellbeing Strategic Aims Supported:

The proposals will help achieve the following Health and Wellbeing Strategy aim(s):

- Give every child the best start in life
 - Support mental health and wellbeing throughout life
 - Reduce premature mortality by helping people lead healthier lives
-

-
- Build a thriving and sustainable environment in which communities can flourish
 Help older people maintain a healthy, independent life for as long as possible
-

Officer details:

Name: Maria Shepherd
Job Title: Better Care Fund Lead
Tel No: 01635 519782
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Better Care Fund 2019/20 Template

1. Guidance

Overview

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

For a more optimal view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the

The details of each sheet within the template are outlined below.

Checklist (click to go to Checklist, included in the Cover sheet)

1. This section helps identify the data fields that have not been completed. All fields that appear as incomplete should be complete before sending to the Better Care Support Team.
2. It is sectioned out by sheet name and contains the description of the information required, cell reference for the question and the 'checker' column which updates automatically as questions within each sheet are completed.
3. The checker column will appear 'Red' and contain the word 'No' if the information has not been completed. Clicking on the corresponding 'Cell Reference' column will link to the incomplete cell for completion. Once completed the checker column will change to 'Green' and contain the word 'Yes'
4. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
5. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to
6. Please ensure that all boxes on the checklist are green before submission.

2. Cover (click to go to sheet)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to england.bettercaresupport@nhs.net
3. Please note that in line with fair processing of personal data we collect email addresses to communicate with key individuals from the local areas for various purposes relating to the delivery of the BCF plans including plan development, assurance, approval and provision of support.
We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

4. Strategic Narrative (click to go to sheet)

This section of the template should set out the agreed approach locally to integration of health & social care. The narratives should focus on updating existing plans, and changes since integration plans were set out until 2020 rather than reiterating them and can be short. Word limits have been applied to each section and these are indicated on the

1. Approach to integrating care around the person. This should set out your approach to integrating health and social care around the people, particularly those with long term health and care needs. This should highlight developments
- 2 i. Approach to integrating services at HWB level (including any arrangements at neighbourhood level where relevant). This should set out the agreed approach and services that will be commissioned through the BCF. Where schemes are new or approaches locally have changed, you should set out a short rationale.
- 2 ii. DFG and wider services. This should describe your approach to integration and joint commissioning/delivery with wider services. In all cases this should include housing, and a short narrative on use of the DFG to support people with care needs to remain independent through adaptations or other capital expenditure on their homes. This should include
3. How your BCF plan and other local plans align with the wider system and support integrated approaches. Examples may include the read across to the STP (Sustainability Transformation Partnerships) or ICS (Integrated Care Systems) plan(s) for your area and any other relevant strategies.

You can attach (in the e-mail) visuals and illustrations to aid understanding if this will assist assurers in understanding

5. Income (click to go to sheet)

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's Better Care Fund (BCF) plan and pooled budget for 2019/20. On selected the HWB from the Cover page, this sheet will be pre-populated with the minimum CCG contributions to the BCF, DFG (Disabled Facilities Grant), iBCF (improved Better Care Fund) and Winter Pressures allocations to be pooled within the BCF. These cannot be edited.
2. Please select whether any additional contributions to the BCF pool are being made from Local Authorities or the CCGs and as applicable enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources when planning expenditure. The fields for Additional contributions can be utilised to include any relevant carry-overs from the
3. Please use the comment boxes alongside to add any specific detail around this additional contribution including any relevant carry-overs assigned from previous years. All allocations are rounded to the nearest pound.
4. For any questions regarding the BCF funding allocations, please contact England.bettercaresupport@nhs.net

6. Expenditure (click to go to sheet)

This sheet should be used to set out the schemes that constitute the BCF plan for the HWB including the planned expenditure and the attributes to describe the scheme. This information is then aggregated and utilised to analyse the BCF plans nationally and sets the basis for future reporting and to particularly demonstrate that National Condition 2 The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and CCG minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:

1. Scheme ID:

- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.

2. Scheme Name:

- This is a free field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Brief Description of Scheme

- This is free text field to include a brief headline description of the scheme being planned.

4. Scheme Type and Sub Type:

- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available at the end of the table (follow the link to the description section at the top of the main expenditure table).

- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.

- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.

- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.

5. Planned Outputs

- The BCF Planning requirements document requires areas to set out planned outputs for certain scheme types (those which lend themselves to delivery of discrete units of delivery) to help to better understand and account for the activity funded through the BCF.

- The Planned Outputs fields will only be editable if one of the relevant scheme types is selected. Please select a relevant

6. Metric Impact

- This field is collecting information on the metrics that a chem will impact on (rather than the actual planned impact on the metric)

- For the schemes being planned please select from the drop-down options of 'High-Medium-Low-n/a' to provide an indicative level of impact on the four BCF metrics. Where the scheme impacts multiple metrics, this can be expressed by selecting the appropriate level from the drop down for each of the metrics. For example, a discharge to assess scheme might have a medium impact on Delayed Transfers of Care and permanent admissions to residential care. Where the

7. Area of Spend:

- Please select the area of spend from the drop-down list by considering the area of the health and social system which is most supported by investing in the scheme.

- Please note that where 'Social Care' is selected and the source of funding is "CCG minimum" then the planned spend would count towards National Condition 2.

- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.

- We encourage areas to try to use the standard scheme types where possible.

8. Commissioner:

- Identify the commissioning entity for the scheme based on who commissions the scheme from the provider. If there is a single commissioner, please select the option from the drop-down list.

- Please note this field is utilised in the calculations for meeting National Condition 3.

- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and CCG/NHS and enter the respective percentages on the two columns alongside.

9. Provider:

- Please select the 'Provider' commissioned to provide the scheme from the drop-down list.

- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

10. Source of Funding:

- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop-down list
- If the scheme is funding across multiple sources of funding, please split the scheme across multiple lines, reflecting the

11. Expenditure (£) 2019/20:

- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)

12. New/Existing Scheme

- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

This is the only detailed information on BCF schemes being collected centrally for 2019/20 and will inform the understanding of planned spend for the iBCF and Winter Funding grants.

7. HICM (click to go to sheet)

National condition four of the BCF requires that areas continue to make progress in implementing the High Impact Change model for managing transfers of care and continue to work towards the centrally set expectations for reducing DToC. In the planning template, you should provide:

- An assessment of your current level of implementation against each of the 8 elements of the model – from a drop-
- Your planned level of implementation by the end March 2020 – again from a drop-down list

A narrative that sets out the approach to implementing the model further. The Narrative section in the HICM tab sets out further

8. Metrics (click to go to sheet)

This sheet should be used to set out the Health and Wellbeing Board's performance plans for each of the Better Care Fund metrics in 2019/20. The BCF requires plans to be agreed for the four metrics. This should build on planned and

1. Non-Elective Admissions (NEA) metric planning:

- BCF plans as in previous years mirror the latest CCG Operating Plans for the NEA metric. Therefore, this metric is not collected via this template.

2. Residential Admissions (RES) planning:

- This section requires inputting the information for the numerator of the measure.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care) for the Residential Admissions numerator measure.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from ONS subnational population projections.
- The annual rate is then calculated and populated based on the entered information.
- Please include a brief narrative associated with this metric plan

3. Reablement (REA) planning:

- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital 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).
- Please then enter the planned numerator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.
- Please include a brief narrative associated with this metric plan

4. Delayed Transfers of Care (DToC) planning:

- The expectations for this metric from 2018/19 are retained for 2019/20 and these are prepopulated.
- Please include a brief narrative associated with this metric plan.
- This narrative should include details of the plan, agreed between the local authority and the CCG for using the Winter Pressures grant to manage pressures on the system over Winter.

9. Planning Requirements (click to go to sheet)

This sheet requires the Health & Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2019/20 for further details.

The Key Lines of Enquiry (KLOE) underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

10. CCG-HWB Mapping (click to go to sheet)

The final sheet provides details of the CCG - HWB mapping used to calculate contributions to Health and Wellbeing Board level non-elective activity figures.

Version 1.1

Please Note:

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.
- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".
- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2019/20.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	West Berkshire
Completed by:	Maria Shepherd
E-mail:	maria.shepherd@westberks.gov.uk
Contact number:	01635 519782
Who signed off the report on behalf of the Health and Wellbeing Board:	Tandra Forster
Will the HWB sign-off the plan after the submission date?	Yes
If yes, please indicate the date when the HWB meeting is scheduled:	03/10/19

	Role:	Professional Title (where applicable)	First-name:	Surname:	E-mail:
*Area Assurance Contact Details:	Health and Wellbeing Board Chair		Rick	Jones	rick.jones@westberks.gov.uk
	Clinical Commissioning Group Accountable Officer (Lead)		Cathy	Winfield	cathywinfield@nhs.net
	Additional Clinical Commissioning Group(s) Accountable Officers		Shairoz	Claridge	shairozclaridge@nhs.net
	Local Authority Chief Executive		Nick	Carter	nickcarter@westberks.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)		Tandra	Forster	tandraforster@westberks.gov.uk
	Better Care Fund Lead Official		Maria	Shepherd	maria.shepherd@westberks.gov.uk
	LA Section 151 Officer		Andy	Walker	andy.walker@westberks.gov.uk
	Local Authority Executive Director for People Directorate		Andy	Sharp	Andysharp@westberks.gov.uk
	Deputy Chair of Health and Wellbeing Board		Bal	Bahia	bal.bahia@westberks.gov.uk

Please add further area contacts that you would wish to be included in official correspondence -->

*Only those identified will be addressed in official correspondence (such as approval letters). Please ensure all individuals are satisfied with the information entered above as this is exactly how they will appear in correspondence.

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercaresupport@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

Please see the Checklist below for further details on incomplete fields

	Complete:
2. Cover	Yes
4. Strategic Narrative	No
5. Income	Yes
6. Expenditure	Yes
7. HICM	Yes
8. Metrics	Yes
9. Planning Requirements	Yes

[<< Link to the Guidance sheet](#)

Checklist

2. Cover

[^^ Link back to top](#)

	Cell Reference	Checker
Health & Wellbeing Board	D13	Yes
Completed by:	D15	Yes
E-mail:	D17	Yes
Contact number:	D19	Yes
Who signed off the report on behalf of the Health and Wellbeing Board:	D21	Yes
Will the HWB sign-off the plan after the submission date?	D23	Yes
If yes, please indicate the date when the HWB meeting is scheduled:	D24	Yes
Area Assurance Contact Details - Role:	C27 : C36	Yes
Area Assurance Contact Details - First name:	F27 : F36	Yes
Area Assurance Contact Details - Surname:	G27 : G36	Yes
Area Assurance Contact Details - E-mail:	H27 : H36	Yes
Sheet Complete		Yes

4. Strategic Narrative

[^^ Link back to top](#)

	Cell Reference	Checker
A) Person-centred outcomes:	B20	No
B) (i) Your approach to integrated services at HWB level (and neighbourhood where applicable):	B31	No
B) (ii) Your approach to integration with wider services (e.g. Housing):	B37	Yes
C) System level alignment:	B44	No
Sheet Complete		No

5. Income

[^^ Link back to top](#)

	Cell Reference	Checker
Are any additional LA Contributions being made in 2019/20?	C39	Yes
Additional Local Authority	B42 : B44	Yes
Additional LA Contribution	C42 : C44	Yes
Additional LA Contribution Narrative	D42 : D44	Yes
Are any additional CCG Contributions being made in 2019/20?	C59	Yes
Additional CCGs	B62 : B71	Yes
Additional CCG Contribution	C62 : C71	Yes
Additional CCG Contribution Narrative	D62 : D71	Yes
Sheet Complete		Yes

6. Expenditure

[^^ Link back to top](#)

	Cell Reference	Checker
Scheme ID:	B22 : B271	Yes
Scheme Name:	C22 : C271	Yes
Brief Description of Scheme:	D22 : D271	Yes
Scheme Type:	E22 : E271	Yes
Sub Types:	F22 : F271	Yes
Specify if scheme type is Other:	G22 : G271	Yes
Planned Output:	H22 : H271	Yes
Planned Output Unit Estimate:	I22 : I271	Yes
Impact: Non-Elective Admissions:	J22 : J271	Yes
Impact: Delayed Transfers of Care:	K22 : K271	Yes
Impact: Residential Admissions:	L22 : L271	Yes
Impact: Reablement:	M22 : M271	Yes
Area of Spend:	N22 : N271	Yes
Specify if area of spend is Other:	O22 : O271	Yes
Commissioner:	P22 : P271	Yes
Joint Commissioner %:	Q22 : Q271	Yes
Provider:	S22 : S271	Yes
Source of Funding:	T22 : T271	Yes
Expenditure:	U22 : U271	Yes
New/Existing Scheme:	V22 : V271	Yes
Sheet Complete		Yes

7. HICM

[^^ Link back to top](#)

	Cell Reference	Checker
Priorities for embedding elements of the HCIM for Managing Transfers of Care locally:	B11	Yes
Chg 1) Early discharge planning - Current Level:	D15	Yes
Chg 2) Systems to monitor patient flow - Current Level:	D16	Yes
Chg 3) Multi-disciplinary/Multi-agency discharge teams - Current Level:	D17	Yes
Chg 4) Home first / discharge to assess - Current Level:	D18	Yes
Chg 5) Seven-day service - Current Level:	D19	Yes
Chg 6) Trusted assessors - Current Level:	D20	Yes
Chg 7) Focus on choice - Current Level:	D21	Yes
Chg 8) Enhancing health in care homes - Current Level:	D22	Yes
Chg 1) Early discharge planning - Planned Level:	E15	Yes
Chg 2) Systems to monitor patient flow - Planned Level:	E16	Yes
Chg 3) Multi-disciplinary/Multi-agency discharge teams - Planned Level:	E17	Yes
Chg 4) Home first / discharge to assess - Planned Level:	E18	Yes
Chg 5) Seven-day service - Planned Level:	E19	Yes
Chg 6) Trusted assessors - Planned Level:	E20	Yes
Chg 7) Focus on choice - Planned Level:	E21	Yes
Chg 8) Enhancing health in care homes - Planned Level:	E22	Yes
Chg 1) Early discharge planning - Reasons:	F15	Yes
Chg 2) Systems to monitor patient flow - Reasons:	F16	Yes
Chg 3) Multi-disciplinary/Multi-agency discharge teams - Reasons:	F17	Yes
Chg 4) Home first / discharge to assess - Reasons:	F18	Yes
Chg 5) Seven-day service - Reasons:	F19	Yes
Chg 6) Trusted assessors - Reasons:	F20	Yes
Chg 7) Focus on choice - Reasons:	F21	Yes
Chg 8) Enhancing health in care homes - Reasons:	F22	Yes
Sheet Complete		Yes

8. Metrics

[^^ Link back to top](#)

	Cell Reference	Checker
Non-Elective Admissions: Overview Narrative:	E10	Yes
Delayed Transfers of Care: Overview Narrative:	E17	Yes
Residential Admissions Numerator:	F27	Yes
Residential Admissions: Overview Narrative:	G26	Yes
Reablement Numerator:	F39	Yes
Reablement Denominator:	F40	Yes
Reablement: Overview Narrative:	G38	Yes
Sheet Complete		Yes

9. Planning Requirements

[^^ Link back to top](#)

	Cell Reference	Checker
PR1: NC1: Jointly agreed plan - Plan to Meet	F8	Yes
PR2: NC1: Jointly agreed plan - Plan to Meet	F9	Yes
PR3: NC1: Jointly agreed plan - Plan to Meet	F10	Yes
PR4: NC2: Social Care Maintenance - Plan to Meet	F11	Yes
PR5: NC3: NHS commissioned Out of Hospital Services - Plan to Meet	F12	Yes
PR6: NC4: Implementation of the HICM for Managing Transfers of Care - Plan to Meet	F13	Yes
PR7: Agreed expenditure plan for all elements of the BCF - Plan to Meet	F14	Yes
PR8: Agreed expenditure plan for all elements of the BCF - Plan to Meet	F15	Yes
PR9: Metrics - Plan to Meet	F16	Yes
PR1: NC1: Jointly agreed plan - Actions in place if not	H8	Yes
PR2: NC1: Jointly agreed plan - Actions in place if not	H9	Yes
PR3: NC1: Jointly agreed plan - Actions in place if not	H10	Yes
PR4: NC2: Social Care Maintenance - Actions in place if not	H11	Yes
PR5: NC3: NHS commissioned Out of Hospital Services - Actions in place if not	H12	Yes
PR6: NC4: Implementation of the HICM for Managing Transfers of Care - Actions in place if not	H13	Yes
PR7: Agreed expenditure plan for all elements of the BCF - Actions in place if not	H14	Yes
PR8: Agreed expenditure plan for all elements of the BCF - Actions in place if not	H15	Yes
PR9: Metrics - Actions in place if not	H16	Yes
PR1: NC1: Jointly agreed plan - Timeframe if not met	I8	Yes
PR2: NC1: Jointly agreed plan - Timeframe if not met	I9	Yes
PR3: NC1: Jointly agreed plan - Timeframe if not met	I10	Yes
PR4: NC2: Social Care Maintenance - Timeframe if not met	I11	Yes
PR5: NC3: NHS commissioned Out of Hospital Services - Timeframe if not met	I12	Yes
PR6: NC4: Implementation of the HICM for Managing Transfers of Care - Timeframe if not met	I13	Yes
PR7: Agreed expenditure plan for all elements of the BCF - Timeframe if not met	I14	Yes
PR8: Agreed expenditure plan for all elements of the BCF - Timeframe if not met	I15	Yes
PR9: Metrics - Timeframe if not met	I16	Yes
Sheet Complete		Yes

[^^ Link back to top](#)

Better Care Fund 2019/20 Template

3. Summary

Selected Health and Wellbeing Board:

West Berkshire

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£1,820,120	£1,820,120	£0
Minimum CCG Contribution	£9,556,160	£9,556,160	£0
iBCF	£281,912	£281,912	£0
Winter Pressures Grant	£500,898	£500,898	£0
Additional LA Contribution	£296,000	£296,000	£0
Additional CCG Contribution	£0	£0	£0
Total	£12,455,090	£12,455,090	£0

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£2,585,644
Planned spend	£3,792,271

Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£4,738,248
Planned spend	£5,528,889

Scheme Types

Assistive Technologies and Equipment	£0
Care Act Implementation Related Duties	£327,400
Carers Services	£357,700
Community Based Schemes	£0
DFG Related Schemes	£1,820,120
Enablers for Integration	£175,071
HICM for Managing Transfer of Care	£1,958,612
Home Care or Domiciliary Care	£0
Housing Related Schemes	£0
Integrated Care Planning and Navigation	£0
Intermediate Care Services	£0
Personalised Budgeting and Commissioning	£0
Personalised Care at Home	£0
Prevention / Early Intervention	£0
Residential Placements	£0
Other	£7,816,187
Total	£12,455,090

[HICM >>](#)

		Planned level of maturity for 2019/2020
Chg 1	Early discharge planning	Mature
Chg 2	Systems to monitor patient flow	Mature
Chg 3	Multi-disciplinary/Multi-agency discharge teams	Established
Chg 4	Home first / discharge to assess	Established
Chg 5	Seven-day service	Established
Chg 6	Trusted assessors	Established
Chg 7	Focus on choice	Mature
Chg 8	Enhancing health in care homes	Mature

[Metrics >>](#)

Non-Elective Admissions	Go to Better Care Exchange >>
Delayed Transfer of Care	

Residential Admissions

		19/20 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	619.3988819

Reablement

		19/20 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	0.847682119

[Planning Requirements >>](#)

Theme	Code	Response
NC1: Jointly agreed plan	PR1	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	Yes
NC4: Implementation of the High Impact Change Model for Managing Transfers of Care	PR6	Yes
Agreed expenditure plan for all elements of the BCF	PR7	Yes
	PR8	Yes
Metrics	PR9	Yes

Better Care Fund 2019/20 Template

4. Strategic Narrative

Selected Health and Wellbeing Board:

West Berkshire

Please outline your approach towards integration of health & social care:

When providing your responses to the below sections, please highlight any learning from the previous planning round (2017-2019) and cover any priorities for reducing health inequalities under the Equality Act 2010.

Please note that there are 4 responses required below, for questions: A), B(i), B(ii) and C)

[Link to B\) \(i\)](#)

[Link to B\) \(ii\)](#)

[Link to C\)](#)

A) Person-centred outcomes

Your approach to integrating care around the person, this may include (but is not limited to):

- Prevention and self-care

- Promoting choice and independence

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In West Berkshire the Health and Wellbeing Strategy outlines the need for:-

- stronger more resilient communities
- people to help themselves and
- reducing health inequalities.

Community and person centred approaches have been identified as key enablers in supporting sustainability and we believe there is growing consensus about the need for health and social care services to embrace and support the role of individuals and their communities in their health and care. Social Prescribing in particular has been found to lead to a range of positive health and wellbeing outcomes for people such as improved quality of life and emotional wellbeing.

The publication of the NHS long term plan has brought a renewed focus on primary care, personalisation and addressing the wider determinants of health. The plan announced a commitment to building the infrastructure in primary care, with social prescribing link workers to become an integral part of the multi-disciplinary teams within Primary Care Networks.

West Berkshire is developing an integrated community wellbeing model which supports 6 principles:

1. individuals are supported based on their knowledge, skills and confidence to self-care
2. a personalised and strength based approach focusing on what matters to the individual
3. Builds on existing assets, networks and trusted relationships through community conversations
4. tackles health inequalities through addressing the wider determinants of health
5. supports professionals and individual to be able to work in equal partnership supported by a workforce development strategy and
6. facilitates and encourages a strong and vibrant community sector.

The ethos for our integrated community wellbeing model is that it will be co-produced, bringing partners together to develop a shared and integrated local plan for social prescribing in West Berkshire. An interactive workshop took place on 25th April 2019, with 24 local stakeholders, including Primary Care, CCG, Voluntary Sector and Public Health. Conversations have already taken place with the CCG both at a locality and Berkshire West level, these have expanded to share current thinking with the Clinical Directors of the Primary Care Networks. The Clinical Directors from the four PCN's in West Berkshire are joining the Locality Integration Board to co-design our neighbourhoods.

West Berkshire's Locality Integration Board is a sub-group of the West Berkshire Health and Wellbeing board. Its main responsibility is overseeing the Better Care Fund Plan and implementing a programme of work to develop integrated Health and Social Care Services for West Berkshire. In February 2019 we held an Integration Workshop with the HWBB reviewing our vision to ensure it is still fit for purpose and sharing our journey of integration so far.

B) HWB level

(i) Your approach to integrated services at HWB level (and neighbourhood where applicable), this may include (but is not limited to):
- Joint commissioning arrangements
- Alignment with primary care services (including PCNs (Primary Care Networks))
- Alignment of services and the approach to partnership with the VCS (Voluntary and Community Sector)

[^^ Link back to top](#)

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One of the Integrated Care Partnership's priorities is to seek opportunities to jointly commission services which are currently approached separately by Health and Social Care.

A joint Commissioning Board was formed in May 2019, consisting of Directors from Adult Social Care, Directors of Joint Commissioning from BW Clinical Commissioning Group and Public Health to:

- Identify what services are already commissioned jointly across Berkshire West and explore how we can work more strategically with the Voluntary Community Sector
- Look at best practice of Joint Commissioning from other areas across the country
- Develop a market position statement (MPS) for each locality (Reading, West Berkshire and Wokingham)
- Develop an over-arching Berkshire West Joint Commissioning statement
- Use the MPS statements to identify opportunities for joint commissioning
- Develop key principles, inter-authority agreements/S75 for Joint commissioning arrangements
- Hold an event for providers to share our principles and opportunities for joint commissioning
- Develop a joint commissioning strategy for the next 12 months.

A sub-group of the Joint Commissioning Board is exploring how the 3 Local Authorities and the CCG can work more strategically with the VCS. It is recognised that the VCS have a vital role in prevention and early intervention services that can help people to live independently for longer and improve their quality of life. The initial focus of this group has been mapping existing voluntary sector contracts across Berkshire and reviewing the existing mechanisms and infrastructure for commissioning the VCS.

In January 2019 the NHS Long Term Plan was published. A key "building block" of the plan is significant investment in primary care and the establishment of Primary Care Networks focused on improving health and wellbeing of local populations of around 30-50,000. The plan commits the NHS to employing "link workers" within the PCN's to work with people to develop tailored care plans and connect them to local groups and support services. It is anticipated that over 1,000 trained NHS social prescribing link workers will be in place by the end of 2020/21 rising further by 2023/24.

The Council has been working with partners to co-produce an integrated community wellbeing model. The aim of the model is to bring together new provision (NHS link workers) and existing provision that supports individuals to self-care and strengthen community assets. Housing are represented on the Health and Wellbeing Board and specific areas of focus has been addressing homelessness. Making Every Adult Matter (MEAM) has been operational in West Berkshire since January 2018 and brings together the Council, Police, Social Services, Two Saints, Probation Service, CCG, Berkshire NHS Trust, Fire and Rescue, DWP, ambulance Service, Sovereign Housing and various voluntary agencies. MEAM is an approach to homelessness which aims to identify those very vulnerable individuals with complex multiple needs who fall through the net. These people might have mental health issues, addictions, a history of life on the streets and for whatever reason they find it impossible to engage with the system. They tend to lurch from crisis to crisis at great cost to themselves and to the agencies which respond to each emergency as it arises.

West Berkshire has three Extra Care Housing schemes offering 151 units for older and disabled people. We also have a range of offers for adults with Learning Disabilities and Mental Health. We are working on another scheme, which will offer up to 12 units of supported accommodation for adults with Learning Disabilities and Mental Health by 2020/21.

(ii) Your approach to integration with wider services (e.g. Housing), this should include:
- Your approach to using the DFG to support the housing needs of people with disabilities or care needs. This should include any arrangements for strategic planning for the use of adaptations and technologies to support independent living in line with the

[^^ Link back to top](#)

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37

The Disabled Facilities Grant is managed through the Local Authority's Housing team and has seen the introduction of Occupational Therapists working within the team, specifically for the purposes of completing Disabled Facilities Grant funded adaptation(s) assessments. This has allowed for, a far more efficient service and ability to process DFG applications and therefore installation of grant funded works quicker. 114 DFGs were approved in 2018/19. This funding facilitated a range of adaptations from stair lifts, level access showers, extensions, hoists, through floor lifts, creating access into properties via ramping or other means, door widening, amongst other adaptations; all enabling the recipients of these adaptations across West Berkshire to remain living safely and independently in their own homes. The adaptations facilitated cut across tenures and ages to deliver adaptations to those in need. In 2018/19, nearly £800k was provided to Adult Social Care to fund OT equipment with the remaining budget being spent on housing adaptations under DFG as outlined above.

Based on the forecasted figures, 120 DFGs will be approved in this current financial year. Considering the DFGs that have already been approved to-date within this financial year and all of the existing cases that are in the 'pipeline' of the DFG process are at pre-approval stage, it is envisaged that the full DFG budget will be committed for this financial year.

In addition to this work, the DFG funding is used to deliver Community Equipment. £620K is committed to the provision of equipment to people in the community to enable them to live more independently. The provision is based on a "recycling" model which means that costs are reduced if equipment is returned once it is no longer needed. The Berkshire Community Equipment Service is delivered as a partnership across 6 Local Authorities in Berkshire and their Health Partners.

In addition to BCF and DFG grants the Local Authority has invested money into a Technology Enabled Care Project, employing an OT to provide expert support and advice to Social Workers in delivering some aspects of care in a different way by increasing the appropriate use of Assistive Technology and avoiding costs to the Health and Social Care economy by promoting individual choice and independence for as long as possible.

C) System level alignment, for example this may include (but is not limited to):

- How the BCF plan and other plans align to the wider integration landscape, such as STP/ICS plans

- A brief description of joint governance arrangements for the BCF plan

[^^ Link back to top](#)

Remaining Word Limit:

32

We have ensured that our BCF and Integration plan aligns not only with our Health and Wellbeing Board, but also with the BWICP and BOB ICS. The BOB ICS 5 year plan is currently being drafted, with an overall vision to create a joined up Health and Social Care System where everyone can live their best life, get great treatment, care and support now and into the future. Its 5 aims are:

- To work together to deliver joined up H&SC services based on the needs of individuals and shaped by the circumstances and priorities of local communities
- To support people to live longer, healthier lives and treat avoidable illness early on
- To make the best use of limited public funds and resources so that, together, we can secure the best outcomes
- To make our focus local unless it is more efficient and effective for us to pool our expertise and resources to work together as an integrated H&SC system across BOB.
- To reach out, where appropriate, beyond our borders and work in partnership with others

Both our ICS and ICP recognise that a local first approach will be where we apply our efforts to make the majority of our improvements at a neighbourhood and locality level. Where it makes sense to combine our efforts the bigger challenges can be faced at an ICS level.

The Berkshire West Integration programme (BW10) was established in 2014 and brought together 10 partners from across Health and Social Care, it became the BW7 when the CCG's merged in 2016. Its initial focus was to improve integration of Elderly Frail services through the Better Care Fund. In 2016 the Berkshire West Health partners were announced as one of 12 Integrated Care Systems (ICS) vanguards, the initial focus being a health integration programme. Once the ICS was formed it became clear that the BW7 and BWICS governance structures needed to be integrated. This was agreed as one of the priorities at the Chief Officers Workshop in November 2018 and the aim was to introduce a single governance structure for both.

The new NHS long term plan, published in January 2019 set out a proposed direction for the NHS over the next 10 years. Also late last year the NHS released a proposed infrastructure which would be used to help shape the future health and social care governance arrangements. This was essentially based on three layers within a local architecture - namely System, Place and Neighbourhood. Locally, the term "Locality" has also been introduced into this infrastructure.

- The "System" refers to Buckinghamshire, Oxfordshire and Berkshire West (previously known as the "STP") and covers a population of 1.8 million.
- The "Place" is the newly formed Berkshire West Integrated Partnership, with a population of 600,000.
- The "Locality" refers to the three localities (Reading, West Berkshire and Wokingham) in line with Local Authority geographies, each with a population of around 150,000. Each locality has its own Health and Wellbeing board and its own Locality Integration Board.
- The "Neighbourhood" covers the new Primary Care Networks of which there are 14 across Berkshire West, each with a population of 30-50,000.

In May 2019 the proposed governance arrangements for a combined BWICS and BW7 were agreed and from the 1st July 2019 the BW Integrated Care Partnership (ICP) was formed and became operational (see attached appendix "governance"). The driving force of the BWICP is to work, at scale, to provide more co-ordinated services which meet the needs of the people we service in the most effective, efficient and financially sound way.

Our aim is to make simple, practical improvements for the people we serve, often by learning from things that have worked well in other places. The ICP work programme is as follows:

Better Care Fund 2019/20 Template

5. Income

Selected Health and Wellbeing Board:

West Berkshire

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
West Berkshire	£1,820,120
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	£1,820,120

iBCF Contribution	Contribution
West Berkshire	£281,912
Total iBCF Contribution	£281,912

Winter Pressures Grant	Contribution
West Berkshire	£500,898
Total Winter Pressures Grant Contribution	£500,898

Are any additional LA Contributions being made in 2019/20? If yes, please detail below	Yes
--	-----

Local Authority Additional Contribution	Contribution	Comments - please use this box clarify any specific uses or sources of funding
West Berkshire	£296,000	ibcf carry forward from 2018/19
Total Additional Local Authority Contribution	£296,000	

CCG Minimum Contribution	Contribution
NHS Berkshire West CCG	£9,556,160
Total Minimum CCG Contribution	£9,556,160

Are any additional CCG Contributions being made in 2019/20? If yes, please detail below	No
---	----

Additional CCG Contribution	Contribution	Comments - please use this box clarify any specific uses or sources of funding
Total Addition CCG Contribution	£0	
Total CCG Contribution	£9,556,160	

	2019/20
Total BCF Pooled Budget	£12,455,090

Funding Contributions Comments
Optional for any useful detail e.g. Carry over

Better Care Fund 2019/20 Template

6. Expenditure

Selected Health and Wellbeing Board:

West Berkshire

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£1,820,120	£1,820,120	£0
Minimum CCG Contribution	£9,556,160	£9,556,160	£0
iBCF	£281,912	£281,912	£0
Winter Pressures Grant	£500,898	£500,898	£0
Additional LA Contribution	£296,000	£296,000	£0
Additional CCG Contribution	£0	£0	£0
Total	£12,455,090	£12,455,090	£0

Required Spend	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£2,585,644	£3,792,271	£0
Adult Social Care services spend from the minimum CCG allocations	£4,738,248	£5,528,889	£0

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Outputs		Metric Impact				Expenditure								
						Planned Output Unit	Planned Output Estimate	NEA	DTOC	RES	REA	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	Protecting ASC - Under 65's LD Residential	Under 65's LD residential	Other		Support to LA		-	Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£2,108,689	Existing
2	Protecting ASC - Carers	Carers	Care Act Implementation Related Duties	Other	Carers			Low	Not applicable	Low	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£327,400	Existing
3	Protecting ASC - Reablement	Reablement	Other		Support to LA			Low	High	Low	High	Social Care		LA			Local Authority	Minimum CCG Contribution	£472,800	Existing
3	Protecting ASC - Reablement	Reablement	Other		Support to LA			Low	High	Low	High	Social Care		LA			Local Authority	Winter Pressures Grant	£220,000	Existing
4	Protecting ASC - M&C over 65	M&C over 65	Other		Support to LA			Not applicable	Not applicable	High	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£412,100	Existing
4	Protecting ASC - M&C over 65	M&C over 65	Other		Support to LA			Not applicable	Not applicable	High	Not applicable	Social Care		LA			Local Authority	Winter Pressures Grant	£112,000	Existing
5	Protecting ASC - PS over 65	PS over 65	Other		Support to LA			Not applicable	Not applicable	High	Not applicable	Social Care		LA			Local Authority	Minimum CCG Contribution	£637,000	Existing
5	Protecting ASC - PS over 65	PS over 65	Other		Support to LA			Not applicable	Not applicable	High	Not applicable	Social Care		LA			Local Authority	Winter Pressures Grant	£168,898	Existing
6	Protecting ASC Carers support	Carers support	Carers Services	Carer Advice and Support				Low	Not applicable	Low	Low	Social Care		LA			Local Authority	Minimum CCG Contribution	£357,700	Existing
7	Protecting ASC - JCP	Joint Health and Social Care Pathway for all Hospital Discharges	HICM for Managing Transfer of Care	Chg 3. Multi-Disciplinary/Multi-Agency Discharge				Low	High	High	High	Social Care		LA			Local Authority	Minimum CCG Contribution	£1,072,700	Existing
7	Protecting ASC - JCP	Joint Health and Social Care Pathway for all Hospital Discharges	HICM for Managing Transfer of Care	Chg 3. Multi-Disciplinary/Multi-Agency Discharge				Low	High	High	High	Social Care		LA			Local Authority	iBCF	£213,412	Existing
7	Protecting ASC - JCP	Joint Health and Social Care Pathway for all Hospital Discharges	HICM for Managing Transfer of Care	Chg 3. Multi-Disciplinary/Multi-Agency Discharge				Low	High	High	High	Social Care		LA			Local Authority	Additional LA Contribution	£224,000	Existing
8	DTOC Projects	Employer a MH link worker to work with all discharges at MH	Other		Mental Health Link Worker			Low	High	Low	Low	Social Care		LA			Local Authority	iBCF	£60,000	Existing
8	DTOC Projects	Provide cover out of hours	Other		Emergency Duty Team			High	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	iBCF	£6,000	Existing
9	CHC Reviews	CHC Reviews	Other		Reviews by CCG of CHC 50:50 Cases			Not applicable	Not applicable	Not applicable	Not applicable	Social Care		LA			Local Authority	Additional LA Contribution	£62,000	Existing

[^^ Link back up](#)

<u>Scheme Type</u>	<u>Description</u>	<u>Sub Type</u>
Assistive Technologies and Equipment	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Digital participation services).	Telecare Wellness Services Digital Participation Services Community Based Equipment Other
Care Act Implementation Related Duties	Funding planned towards the implementation of Care Act related duties.	Deprivation of Liberty Safeguards (DoLS) Other
Carers Services	Supporting people to sustain their role as carers and reduce the likelihood of crisis. Advice, advocacy, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence. This also includes the implementation of the Care Act as a sub-type.	Carer Advice and Support Respite Services Other
Community Based Schemes	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood level (eg: Integrated Neighbourhood Teams)	
DFG Related Schemes	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes.	Adaptations Other

Enablers for Integration	Schemes that build and develop the enabling foundations of health and social care integration encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.	
High Impact Change Model for Managing Transfer of Care	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM as such, is included in this section.	Chg 1. Early Discharge Planning Chg 2. Systems to Monitor Patient Flow Chg 3. Multi-Disciplinary/Multi-Agency Discharge Teams Chg 4. Home First / Discharge to Access Chg 5. Seven-Day Services Chg 6. Trusted Assessors Chg 7. Focus on Choice Chg 8. Enhancing Health in Care Homes Other - 'Red Bag' scheme Other approaches
Home Care or Domiciliary Care	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.	
Housing Related Schemes	This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.	

<p>Integrated Care Planning and Navigation</p>	<p>Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches like Single Point of Access (SPoA) and linking people to community assets.</p> <p>Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams.</p> <p>Note: For Multi-Disciplinary Discharge Teams and the HICM for managing discharges, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.</p>	<p>Care Coordination Single Point of Access Care Planning, Assessment and Review Other</p>
<p>Intermediate Care Services</p>	<p>Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.</p>	<p>Bed Based - Step Up/Down Rapid / Crisis Response Reablement/Rehabilitation Services Other</p>

Personalised Budgeting and Commissioning	Various person centred approaches to commissioning and budgeting.	Personal Health Budgets Integrated Personalised Commissioning Direct Payments Other
Personalised Care at Home	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.	
Prevention / Early Intervention	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.	Social Prescribing Risk Stratification Choice Policy Other
Residential Placements	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.	Supported Living Learning Disability Extra Care Care Home Nursing Home Other
Other	Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.	

[^^ Link back up](#)

Better Care Fund 2019/20 Template

7. High Impact Change Model

Selected Health and Wellbeing Board:

West Berkshire

Explain your priorities for embedding elements of the High Impact Change Model for Managing Transfers of Care locally, including:

- Current performance issues to be addressed
- The changes that you are looking to embed further - including any changes in the context of commitments to reablement and Enhanced Health in Care Homes in the NHS Long-Term Plan
- Anticipated improvements from this work

Following our LGA Berkshire West 7 (BW7) DToC Peer Challenge in Q4 of 2017/18, the 3 Locality Integration Boards and the BW7 Delivery Group agreed that they would ensure improvement in DToC performance across the 3 locality areas. We took a Health and Social Care (Berkshire West), approach to the 8HICM along with the Senior Responsible Officer (SRO) for each change area.

The governance and delivery of the 8 HICM was the responsibility of the BW7 Delivery Group until July 2019. With the changes in governance to the

		Please enter current position of maturity	Please enter the maturity level planned to be reached by March 2020	If the planned maturity level for 2019/20 is below established, please state reasons behind that?
Chg 1	Early discharge planning	Mature	Mature	
Chg 2	Systems to monitor patient flow	Established	Mature	
Chg 3	Multi-disciplinary/Multi-agency discharge teams	Established	Established	
Chg 4	Home first / discharge to assess	Established	Established	
Chg 5	Seven-day service	Plans in place	Established	
Chg 6	Trusted assessors	Plans in place	Established	
Chg 7	Focus on choice	Mature	Mature	
Chg 8	Enhancing health in care homes	Established	Mature	

Better Care Fund 2019/20 Template

8. Metrics

Selected Health and Wellbeing Board:

West Berkshire

8.1 Non-Elective Admissions

	19/20 Plan	Overview Narrative
Total number of specific acute non-elective spells per 100,000 population	Collection of the NEA metric plans via this template is not required as the BCF NEA metric plans are based on the NEA CCG Operating plans submitted via SDCS.	In 2018/19 West Berkshire had a target of 13,422 NEL's, our actual performance was 14,992. Despite this West Berkshire is one of the Top 10 performing areas across the Country. It is our ambition to meet the nationally set target by continuing to invest in the Care Home Project, Mental Health Street Triage and SCAS Falls and Frality targeting non-elective admissions across the whole of Berkshire West as they are making a difference. In addition we have done some further analysis on NEL's within West Berkshire and the plan is to look at this in conjunction with the Primary Care Network datapacks produced from the Population Health Management Programme

Please set out the overall plan in the HWB area for reducing Non-Elective Admissions, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Plans are yet to be finalised and signed-off so are subject to change; **for the latest version of the NEA CCG operating plans at your HWB footprint please contact your local Better Care Manager (BCM)** in the first instance or write in to the support inbox:

ENGLAND.bettercaresupport@nhs.net

8.2 Delayed Transfers of Care

19/20 Plan	Overview Narrative
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<p>Delayed Transfers of Care per day (daily delays) from hospital (aged 18+)</p>	<p>16.4</p>	<p>In 2018/19 we made significant progress in reducing Delayed Transfers of Care by 34%. (In 2018/19 overall days delayed were 5435 compared to 8180 in the same period in 2017/18). However, we have failed to achieve our Department of Health target since May 2019 which has triggered an email from NHS Improvement asking us to provide an update on DTOC for regional and national colleagues. During May 2019 447 of bed days delayed were due to Health reasons, 128 bed days delayed were due to Adult Social Care and 268 bed days delayed were due to Joint Delays. We have reviewed the reason for delays in May : joint delay reasons are solely due to challenges in sourcing care at home, it has become increasingly more difficult to find care at home that is affordable. Market capacity remains one of biggest challenges and we are working actively as part of our market management to increase the range of homecare options including Care Match - Carers focus on more challenged rural areas are matched with individuals and commissioning of a new homecare contract that will create greater capacity helping more people to return home after a period in hospital. Workforce is a particular challenge across the health and social care system, as demand increases we are seeing an increasing affordability challenge which BCF/iBCF or Council resources cannot address in a sustainable way. Social Care delay reasons are due to either waiting for a package of care to be set up which is impacted by capacity in the market or finding appropriate homes. These delays relate to identifying an appropriate home, waiting for homes to assess and then waiting for homes to admit. Health delay reasons are more varied and related to waiting for further non acute care for example</p>
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Please set out the overall plan in the HWB area for reducing Delayed Transfers of Care to meet expectations set for your area. This should include any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric. Include in this, your agreed plan for using the Winter Pressures grant funding to support the local health and care system to manage demand pressures on the NHS, with particular reference to seasonal winter pressures.

Please note that the plan figure for Greater Manchester has been combined, for HWBs in Greater Manchester please comment on individuals HWBs rather than Greater Manchester as a whole. Please note that due to the merger of Bournemouth, Christchurch and Poole to a new Local Authority will mean that planning information from 2018/19 will not reflect the present geographies.

8.3 Residential Admissions

		18/19 Plan	19/20 Plan	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	628	619	This measurement relates to all activity in Adult Social Care not just Hospital Discharge. The outturn for 2018/19 was 191, the reason for this that we saw an increase in Asset Depleters (20). We are committed to getting people home rather than into a residential or nursing home. We have a number of work streams that
	Numerator	188	190	
	Denominator	29,919	30,675	

Please set out the overall plan in the HWB area for reducing rates of admission to residential and nursing homes for people over the age of 65, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2016 based Sub-National Population Projections for Local Authorities in England;

Please note that due to the merger of the Bournemouth, Christchurch and Poole Local Authorities, this will mean that planning information from 2018/19 will not reflect the present geographies.

8.4 Reablement

		18/19 Plan	19/20 Plan	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	87.0%	84.8%	We have reduced the target against this metric. Whilst we are committed to enabling as many people as possible to be discharged home from hospital. This can be challenging as we struggle with capacity in the market and are seeing an increase demand for our in-house reablement team to ensure we discharge patients
	Numerator	100	128	
	Denominator	115	151	

Please set out the overall plan in the HWB area for increasing the proportion of older people who are still at home 91 days after discharge from hospital into reablement/rehabilitation, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

Please note that due to the merger of the Bournemouth, Christchurch and Poole Local Authorities, this will mean that planning information from 2018/19 will not reflect the present geographies.

Better Care Fund 2019/20 Template

9. Confirmation of Planning Requirements

Selected Health and Wellbeing Board:

West Berkshire

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
NC1: Jointly agreed plan	PR1	A jointly developed and agreed plan that all parties sign up to	<p>Has a plan; jointly developed and agreed between CCG(s) and LA; been submitted?</p> <p>Has the HWB approved the plan/delegated approval pending its next meeting?</p> <p>Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan?</p> <p>Do the governance arrangements described support collaboration and integrated care?</p> <p>Where the strategic narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure, metric and HICM sections of the plan been submitted for each HWB concerned?</p>	Yes	Tab 2 - Cover (Both the CCG Accountable Person and the Chair of the Health and Wellbeing board have been sighted on and approved the plan. The HWB is due to meet		
	PR2	A clear narrative for the integration of health and social care	<p>Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that covers:</p> <ul style="list-style-type: none"> - Person centred care, including approaches to delivering joint assessments, promoting choice, independence and personalised care? - A clear approach at HWB level for integrating services that supports the overall approach to integrated care and confirmation that the approach supports delivery at the interface between health and social care? - A description of how the local BCF plan and other integration plans e.g. STP/ICs align? - Is there a description of how the plan will contribute to reducing health inequalities (as per section 4 of the Health and Social Care Act) and to reduce inequalities for people with protected characteristics under the Equality Act 2010? This should include confirmation that equality impacts of the local BCF plan have been considered, a description of local priorities related to health inequality and equality that the BCF plan will contribute to addressing. <p>Has the plan summarised any changes from the previous planning period? And noted (where appropriate) any lessons learnt?</p>	Yes	Tab 4 - Strategic Narrative Section A, Section B i & B ii Tab 4 - Strategic Narrative Section C & Appendix "Governance"		
	PR3	A strategic, joined up plan for DFG spending	<p>Is there confirmation that use of DFG has been agreed with housing authorities?</p> <p>Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home.</p> <p>In two tier areas, has:</p> <ul style="list-style-type: none"> - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory Disabled Facilities Grants? or - The funding been passed in its entirety to district councils? 	Yes	Tab 4 - Strategic Narrative, Section Bii		
NC2: Social Care Maintenance	PR4	A demonstration of how the area will maintain the level of spending on social care services from the CCG minimum contribution to the fund in line with the uplift in the overall contribution	Does the total spend from the CCG minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Yes	Tab 3 Summary & Tab 5 Income		
NC3: NHS commissioned Out of Hospital Services	PR5	Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the CCG minimum BCF contribution?	Does the total spend from the CCG minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Yes	Tab 3 - Summary & Tab 5 Income		
NC4: Implementation of the High Impact Change Model for Managing Transfers of Care	PR6	Is there a plan for implementing the High Impact Change Model for managing transfers of care?	<p>Does the BCF plan demonstrate a continued plan in place for implementing the High Impact Change Model for Managing Transfers of Care?</p> <p>Has the area confirmed the current level of implementation and the planned level at March 2020 for all eight changes?</p> <p>Is there an accompanying overall narrative setting out the priorities and approach for ongoing implementation of the HICM?</p> <p>Does the level of ambition set out for implementing the HICM changes correspond to performance challenges in the system?</p> <p>If the current level of implementation is below established for any of the HICM changes, has the plan included a clear explanation and set of actions towards establishing the change as soon as possible in 2019-20?</p>	Yes	Tab 7 - HICM		

Agreed expenditure plan for all elements of the BCF	PR7	Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?	<p>Have the planned schemes been assigned to the metrics they are aiming to make an impact on? Expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated)</p> <p>Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (tick-box)</p> <p>Is there an agreed plan for use of the Winter Pressures grant that sets out how the money will be used to address expected demand pressures on the Health system over Winter?</p> <p>Has funding for the following from the CCG contribution been identified for the area?</p> <ul style="list-style-type: none"> - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement? 	Yes	Tab 6 - Expenditure		
	PR8	Indication of outputs for specified scheme types	Has the area set out the outputs corresponding to the planned scheme types (Note that this is only for where any of the specified set of scheme types requiring outputs are planned)? (auto-validated)	Yes	Tab 6 - Expenditure		
Metrics	PR9	Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?	<p>Is there a clear narrative for each metric describing the approach locally to meeting the ambition set for that metric?</p> <p>Is there a proportionate range of scheme types and spend included in the expenditure section of the plan to support delivery of the metric ambitions for each of the metrics?</p> <p>Do the narrative plans for each metric set out clear and ambitious approaches to delivering improvements?</p> <p>Have stretching metrics been agreed locally for:</p> <ul style="list-style-type: none"> - Metric 2: Long term admission to residential and nursing care homes - Metric 3: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement 	Yes	Tab 8 - Metrics		

CCG to Health and Well-Being Board Mapping for 2019/20

HWB Code	LA Name	CCG Code	CCG Name	% CCG in HWB	% HWB in CCG
E09000002	Barking and Dagenham	07L	NHS Barking and Dagenham CCG	90.7%	87.4%
E09000002	Barking and Dagenham	08F	NHS Havering CCG	6.9%	8.3%
E09000002	Barking and Dagenham	08M	NHS Newham CCG	0.4%	0.6%
E09000002	Barking and Dagenham	08N	NHS Redbridge CCG	2.5%	3.5%
E09000002	Barking and Dagenham	08W	NHS Waltham Forest CCG	0.1%	0.1%
E09000003	Barnet	07M	NHS Barnet CCG	91.1%	92.1%
E09000003	Barnet	07P	NHS Brent CCG	2.0%	1.8%
E09000003	Barnet	07R	NHS Camden CCG	1.0%	0.7%
E09000003	Barnet	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E09000003	Barnet	07X	NHS Enfield CCG	3.0%	2.4%
E09000003	Barnet	08C	NHS Hammersmith and Fulham CCG	0.3%	0.2%
E09000003	Barnet	08D	NHS Haringey CCG	2.2%	1.6%
E09000003	Barnet	08E	NHS Harrow CCG	1.2%	0.8%
E09000003	Barnet	06N	NHS Herts Valleys CCG	0.0%	0.1%
E09000003	Barnet	08H	NHS Islington CCG	0.2%	0.1%
E09000003	Barnet	08Y	NHS West London (K&C & QPP) CCG	0.2%	0.1%
E08000016	Barnsley	02P	NHS Barnsley CCG	94.6%	98.1%
E08000016	Barnsley	02X	NHS Doncaster CCG	0.3%	0.4%
E08000016	Barnsley	03A	NHS Greater Huddersfield CCG	0.2%	0.2%
E08000016	Barnsley	03L	NHS Rotherham CCG	0.3%	0.3%
E08000016	Barnsley	03N	NHS Sheffield CCG	0.2%	0.4%
E08000016	Barnsley	03R	NHS Wakefield CCG	0.4%	0.6%
E06000022	Bath and North East Somerset	11E	NHS Bath and North East Somerset CCG	93.5%	98.3%
E06000022	Bath and North East Somerset	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.2%	0.9%
E06000022	Bath and North East Somerset	11X	NHS Somerset CCG	0.2%	0.5%
E06000022	Bath and North East Somerset	99N	NHS Wiltshire CCG	0.1%	0.3%
E06000055	Bedford	06F	NHS Bedfordshire CCG	37.7%	97.4%
E06000055	Bedford	06H	NHS Cambridgeshire and Peterborough CCG	0.4%	1.9%
E06000055	Bedford	04G	NHS Nene CCG	0.2%	0.6%
E09000004	Bexley	07N	NHS Bexley CCG	93.4%	89.8%
E09000004	Bexley	07Q	NHS Bromley CCG	0.1%	0.1%
E09000004	Bexley	09J	NHS Dartford, Gravesham and Swanley CCG	1.4%	1.5%
E09000004	Bexley	08A	NHS Greenwich CCG	7.2%	8.4%
E09000004	Bexley	08L	NHS Lewisham CCG	0.1%	0.1%
E08000025	Birmingham	15E	NHS Birmingham and Solihull CCG	78.4%	81.7%
E08000025	Birmingham	05C	NHS Dudley CCG	0.2%	0.0%
E08000025	Birmingham	05J	NHS Redditch and Bromsgrove CCG	3.1%	0.4%
E08000025	Birmingham	05L	NHS Sandwell and West Birmingham CCG	39.2%	17.8%
E08000025	Birmingham	05Y	NHS Walsall CCG	0.5%	0.1%
E06000008	Blackburn with Darwen	00Q	NHS Blackburn with Darwen CCG	88.9%	95.8%
E06000008	Blackburn with Darwen	00T	NHS Bolton CCG	1.2%	2.3%
E06000008	Blackburn with Darwen	00V	NHS Bury CCG	0.2%	0.2%
E06000008	Blackburn with Darwen	01A	NHS East Lancashire CCG	0.7%	1.7%
E06000009	Blackpool	00R	NHS Blackpool CCG	86.4%	97.6%
E06000009	Blackpool	02M	NHS Fylde & Wyre CCG	2.1%	2.4%
E08000001	Bolton	00T	NHS Bolton CCG	97.3%	97.5%
E08000001	Bolton	00V	NHS Bury CCG	1.5%	1.0%
E08000001	Bolton	00X	NHS Chorley and South Ribble CCG	0.2%	0.1%
E08000001	Bolton	01G	NHS Salford CCG	0.6%	0.5%
E08000001	Bolton	02H	NHS Wigan Borough CCG	0.8%	0.9%
E06000058	Bournemouth, Christchurch and Poole	11J	NHS Dorset CCG	52.4%	99.7%
E06000058	Bournemouth, Christchurch and Poole	11A	NHS West Hampshire CCG	0.2%	0.3%
E06000036	Bracknell Forest	15A	NHS Berkshire West CCG	0.5%	2.0%
E06000036	Bracknell Forest	15D	NHS East Berkshire CCG	26.1%	96.9%
E06000036	Bracknell Forest	99M	NHS North East Hampshire and Farnham CCG	0.6%	1.0%
E06000036	Bracknell Forest	10C	NHS Surrey Heath CCG	0.2%	0.1%
E08000032	Bradford	02N	NHS Airedale, Wharfedale and Craven CCG	67.2%	18.4%
E08000032	Bradford	02W	NHS Bradford City CCG	98.9%	23.9%
E08000032	Bradford	02R	NHS Bradford Districts CCG	98.0%	56.3%
E08000032	Bradford	02T	NHS Calderdale CCG	0.2%	0.0%
E08000032	Bradford	15F	NHS Leeds CCG	0.9%	1.4%
E08000032	Bradford	03J	NHS North Kirklees CCG	0.2%	0.0%
E09000005	Brent	07M	NHS Barnet CCG	2.3%	2.4%
E09000005	Brent	07P	NHS Brent CCG	89.7%	86.4%
E09000005	Brent	07R	NHS Camden CCG	3.9%	2.8%
E09000005	Brent	09A	NHS Central London (Westminster) CCG	1.3%	0.7%
E09000005	Brent	07W	NHS Ealing CCG	0.5%	0.6%
E09000005	Brent	08C	NHS Hammersmith and Fulham CCG	0.6%	0.4%
E09000005	Brent	08E	NHS Harrow CCG	5.9%	4.0%
E09000005	Brent	08Y	NHS West London (K&C & QPP) CCG	4.3%	2.7%
E06000043	Brighton and Hove	09D	NHS Brighton and Hove CCG	97.9%	99.7%
E06000043	Brighton and Hove	09G	NHS Coastal West Sussex CCG	0.1%	0.2%
E06000043	Brighton and Hove	99K	NHS High Weald Lewes Havens CCG	0.3%	0.1%
E06000023	Bristol, City of	11E	NHS Bath and North East Somerset CCG	0.1%	0.0%
E06000023	Bristol, City of	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	49.3%	100.0%
E09000006	Bromley	07N	NHS Bexley CCG	0.2%	0.1%
E09000006	Bromley	07Q	NHS Bromley CCG	94.6%	95.1%
E09000006	Bromley	07V	NHS Croydon CCG	1.2%	1.4%
E09000006	Bromley	08A	NHS Greenwich CCG	1.4%	1.2%
E09000006	Bromley	08C	NHS Hammersmith and Fulham CCG	0.1%	0.0%
E09000006	Bromley	08K	NHS Lambeth CCG	0.1%	0.2%
E09000006	Bromley	08L	NHS Lewisham CCG	1.9%	1.8%
E09000006	Bromley	99J	NHS West Kent CCG	0.1%	0.2%

E1000002	Buckinghamshire	06F	NHS Bedfordshire CCG	0.6%	0.5%
E1000002	Buckinghamshire	14Y	NHS Buckinghamshire CCG	94.4%	94.9%
E1000002	Buckinghamshire	15D	NHS East Berkshire CCG	1.4%	1.2%
E1000002	Buckinghamshire	06N	NHS Herts Valleys CCG	1.2%	1.4%
E1000002	Buckinghamshire	08G	NHS Hillingdon CCG	0.7%	0.4%
E1000002	Buckinghamshire	04F	NHS Milton Keynes CCG	1.3%	0.7%
E1000002	Buckinghamshire	04G	NHS Nene CCG	0.1%	0.2%
E1000002	Buckinghamshire	10Q	NHS Oxfordshire CCG	0.6%	0.7%
E0800002	Bury	00T	NHS Bolton CCG	0.8%	1.2%
E0800002	Bury	00V	NHS Bury CCG	94.0%	94.3%
E0800002	Bury	01A	NHS East Lancashire CCG	0.0%	0.2%
E0800002	Bury	01D	NHS Heywood, Middleton and Rochdale CCG	0.4%	0.5%
E0800002	Bury	14L	NHS Manchester CCG	0.6%	2.0%
E0800002	Bury	01G	NHS Salford CCG	1.4%	1.9%
E0800033	Calderdale	02R	NHS Bradford Districts CCG	0.4%	0.6%
E0800033	Calderdale	02T	NHS Calderdale CCG	98.4%	98.9%
E0800033	Calderdale	03A	NHS Greater Huddersfield CCG	0.3%	0.3%
E0800033	Calderdale	01D	NHS Heywood, Middleton and Rochdale CCG	0.1%	0.1%
E1000003	Cambridgeshire	06F	NHS Bedfordshire CCG	1.1%	0.7%
E1000003	Cambridgeshire	06H	NHS Cambridgeshire and Peterborough CCG	71.8%	96.7%
E1000003	Cambridgeshire	06K	NHS East and North Hertfordshire CCG	0.8%	0.7%
E1000003	Cambridgeshire	99D	NHS South Lincolnshire CCG	0.3%	0.0%
E1000003	Cambridgeshire	07H	NHS West Essex CCG	0.2%	0.1%
E1000003	Cambridgeshire	07J	NHS West Norfolk CCG	1.6%	0.4%
E1000003	Cambridgeshire	07K	NHS West Suffolk CCG	4.0%	1.4%
E0900007	Camden	07M	NHS Barnet CCG	0.2%	0.3%
E0900007	Camden	07P	NHS Brent CCG	1.3%	1.9%
E0900007	Camden	07R	NHS Camden CCG	83.9%	88.9%
E0900007	Camden	09A	NHS Central London (Westminster) CCG	5.6%	4.8%
E0900007	Camden	08C	NHS Hammersmith and Fulham CCG	0.4%	0.3%
E0900007	Camden	08D	NHS Haringey CCG	0.5%	0.6%
E0900007	Camden	08H	NHS Islington CCG	3.2%	3.0%
E0900007	Camden	08Y	NHS West London (K&C & QPP) CCG	0.3%	0.2%
E0600056	Central Bedfordshire	06F	NHS Bedfordshire CCG	56.6%	95.0%
E0600056	Central Bedfordshire	14Y	NHS Buckinghamshire CCG	0.8%	1.5%
E0600056	Central Bedfordshire	06K	NHS East and North Hertfordshire CCG	0.3%	0.6%
E0600056	Central Bedfordshire	06N	NHS Herts Valleys CCG	0.4%	0.9%
E0600056	Central Bedfordshire	06P	NHS Luton CCG	2.3%	1.9%
E0600056	Central Bedfordshire	04F	NHS Milton Keynes CCG	0.1%	0.1%
E0600049	Cheshire East	15M	NHS Derby and Derbyshire CCG	0.1%	0.3%
E0600049	Cheshire East	01C	NHS Eastern Cheshire CCG	96.4%	50.2%
E0600049	Cheshire East	05G	NHS North Staffordshire CCG	1.1%	0.6%
E0600049	Cheshire East	01R	NHS South Cheshire CCG	98.6%	45.8%
E0600049	Cheshire East	01W	NHS Stockport CCG	1.6%	1.2%
E0600049	Cheshire East	02A	NHS Trafford CCG	0.2%	0.1%
E0600049	Cheshire East	02D	NHS Vale Royal CCG	0.6%	0.2%
E0600049	Cheshire East	02E	NHS Warrington CCG	0.7%	0.4%
E0600049	Cheshire East	02F	NHS West Cheshire CCG	1.9%	1.2%
E0600050	Cheshire West and Chester	01C	NHS Eastern Cheshire CCG	1.2%	0.7%
E0600050	Cheshire West and Chester	01F	NHS Halton CCG	0.2%	0.0%
E0600050	Cheshire West and Chester	01R	NHS South Cheshire CCG	0.5%	0.2%
E0600050	Cheshire West and Chester	02D	NHS Vale Royal CCG	99.4%	29.5%
E0600050	Cheshire West and Chester	02E	NHS Warrington CCG	0.4%	0.3%
E0600050	Cheshire West and Chester	02F	NHS West Cheshire CCG	96.9%	69.1%
E0600050	Cheshire West and Chester	12F	NHS Wirral CCG	0.3%	0.3%
E09000001	City of London	07R	NHS Camden CCG	0.2%	7.0%
E09000001	City of London	09A	NHS Central London (Westminster) CCG	0.1%	2.5%
E09000001	City of London	07T	NHS City and Hackney CCG	1.8%	70.4%
E09000001	City of London	08C	NHS Hammersmith and Fulham CCG	0.0%	1.2%
E09000001	City of London	08H	NHS Islington CCG	0.1%	3.6%
E09000001	City of London	08V	NHS Tower Hamlets CCG	0.4%	15.0%
E09000001	City of London	08Y	NHS West London (K&C & QPP) CCG	0.0%	0.2%
E0600052	Cornwall & Scilly	15N	NHS Devon CCG	0.3%	0.6%
E0600052	Cornwall & Scilly	11N	NHS Kernow CCG	99.7%	99.4%
E0600047	County Durham	00D	NHS Durham Dales, Easington and Sedgfield CCG	97.0%	52.4%
E0600047	County Durham	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.0%
E0600047	County Durham	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.1%	0.0%
E0600047	County Durham	13T	NHS Newcastle Gateshead CCG	0.7%	0.7%
E0600047	County Durham	00J	NHS North Durham CCG	96.7%	46.3%
E0600047	County Durham	00P	NHS Sunderland CCG	1.2%	0.6%
E0800026	Coventry	05A	NHS Coventry and Rugby CCG	74.5%	99.8%
E0800026	Coventry	05H	NHS Warwickshire North CCG	0.4%	0.2%
E09000008	Croydon	07Q	NHS Bromley CCG	1.6%	1.3%
E09000008	Croydon	07V	NHS Croydon CCG	95.3%	93.2%
E09000008	Croydon	09L	NHS East Surrey CCG	2.9%	1.3%
E09000008	Croydon	08C	NHS Hammersmith and Fulham CCG	0.2%	0.0%
E09000008	Croydon	08K	NHS Lambeth CCG	3.0%	3.0%
E09000008	Croydon	08R	NHS Merton CCG	0.8%	0.4%
E09000008	Croydon	08T	NHS Sutton CCG	0.8%	0.4%
E09000008	Croydon	08X	NHS Wandsworth CCG	0.5%	0.5%

E1000006	Cumbria	01K	NHS Morecambe Bay CCG	54.0%	36.6%
E1000006	Cumbria	01H	NHS North Cumbria CCG	99.9%	63.4%
E0600005	Darlington	00C	NHS Darlington CCG	98.2%	96.1%
E0600005	Darlington	00D	NHS Durham Dales, Easington and Sedgfield CCG	1.2%	3.2%
E0600005	Darlington	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.2%
E0600005	Darlington	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.6%
E0600015	Derby	15M	NHS Derby and Derbyshire CCG	26.5%	100.0%
E1000007	Derbyshire	02Q	NHS Bassetlaw CCG	0.2%	0.0%
E1000007	Derbyshire	15M	NHS Derby and Derbyshire CCG	70.9%	92.6%
E1000007	Derbyshire	05D	NHS East Staffordshire CCG	7.9%	1.4%
E1000007	Derbyshire	01C	NHS Eastern Cheshire CCG	0.3%	0.0%
E1000007	Derbyshire	04E	NHS Mansfield and Ashfield CCG	2.1%	0.5%
E1000007	Derbyshire	04L	NHS Nottingham North and East CCG	0.3%	0.0%
E1000007	Derbyshire	04M	NHS Nottingham West CCG	5.1%	0.6%
E1000007	Derbyshire	03N	NHS Sheffield CCG	0.5%	0.4%
E1000007	Derbyshire	01W	NHS Stockport CCG	0.1%	0.0%
E1000007	Derbyshire	01Y	NHS Tameside and Glossop CCG	13.9%	4.3%
E1000007	Derbyshire	04V	NHS West Leicestershire CCG	0.5%	0.2%
E1000008	Devon	15N	NHS Devon CCG	65.7%	99.2%
E1000008	Devon	11J	NHS Dorset CCG	0.3%	0.3%
E1000008	Devon	11N	NHS Kernow CCG	0.3%	0.2%
E1000008	Devon	11X	NHS Somerset CCG	0.4%	0.3%
E0800017	Doncaster	02P	NHS Barnsley CCG	0.3%	0.3%
E0800017	Doncaster	02Q	NHS Bassetlaw CCG	1.5%	0.6%
E0800017	Doncaster	02X	NHS Doncaster CCG	96.8%	97.8%
E0800017	Doncaster	03L	NHS Rotherham CCG	1.5%	1.2%
E0800017	Doncaster	03R	NHS Wakefield CCG	0.1%	0.2%
E0600059	Dorset	11J	NHS Dorset CCG	46.0%	95.6%
E0600059	Dorset	11X	NHS Somerset CCG	0.6%	0.9%
E0600059	Dorset	11A	NHS West Hampshire CCG	1.7%	2.5%
E0600059	Dorset	99N	NHS Wiltshire CCG	0.7%	1.0%
E0800027	Dudley	15E	NHS Birmingham and Solihull CCG	0.1%	0.6%
E0800027	Dudley	05C	NHS Dudley CCG	93.3%	90.7%
E0800027	Dudley	05L	NHS Sandwell and West Birmingham CCG	3.9%	6.9%
E0800027	Dudley	06A	NHS Wolverhampton CCG	1.8%	1.5%
E0800027	Dudley	06D	NHS Wyre Forest CCG	0.8%	0.3%
E0900009	Ealing	07P	NHS Brent CCG	1.8%	1.6%
E0900009	Ealing	09A	NHS Central London (Westminster) CCG	0.2%	0.1%
E0900009	Ealing	07W	NHS Ealing CCG	86.9%	90.4%
E0900009	Ealing	08C	NHS Hammersmith and Fulham CCG	5.5%	3.1%
E0900009	Ealing	08E	NHS Harrow CCG	0.4%	0.3%
E0900009	Ealing	08G	NHS Hillingdon CCG	0.7%	0.5%
E0900009	Ealing	07Y	NHS Hounslow CCG	4.7%	3.5%
E0900009	Ealing	08Y	NHS West London (K&C & QPP) CCG	0.7%	0.4%
E0600011	East Riding of Yorkshire	02Y	NHS East Riding of Yorkshire CCG	97.3%	85.1%
E0600011	East Riding of Yorkshire	03F	NHS Hull CCG	9.2%	7.9%
E0600011	East Riding of Yorkshire	03M	NHS Scarborough and Ryedale CCG	0.7%	0.2%
E0600011	East Riding of Yorkshire	03Q	NHS Vale of York CCG	6.6%	6.8%
E1000011	East Sussex	09D	NHS Brighton and Hove CCG	1.0%	0.6%
E1000011	East Sussex	09F	NHS Eastbourne, Hailsham and Seaford CCG	100.0%	34.7%
E1000011	East Sussex	09P	NHS Hastings and Rother CCG	99.7%	33.3%
E1000011	East Sussex	99K	NHS High Weald Lewes Havens CCG	98.1%	29.6%
E1000011	East Sussex	09X	NHS Horsham and Mid Sussex CCG	2.8%	1.2%
E1000011	East Sussex	99J	NHS West Kent CCG	0.8%	0.7%
E0900010	Enfield	07M	NHS Barnet CCG	1.0%	1.2%
E0900010	Enfield	07T	NHS City and Hackney CCG	0.1%	0.1%
E0900010	Enfield	06K	NHS East and North Hertfordshire CCG	0.3%	0.6%
E0900010	Enfield	07X	NHS Enfield CCG	95.2%	90.9%
E0900010	Enfield	08C	NHS Hammersmith and Fulham CCG	0.1%	0.0%
E0900010	Enfield	08D	NHS Haringey CCG	7.7%	6.9%
E0900010	Enfield	06N	NHS Herts Valleys CCG	0.1%	0.2%
E0900010	Enfield	08H	NHS Islington CCG	0.2%	0.1%
E1000012	Essex	07L	NHS Barking and Dagenham CCG	0.1%	0.0%
E1000012	Essex	99E	NHS Basildon and Brentwood CCG	99.8%	18.2%
E1000012	Essex	06H	NHS Cambridgeshire and Peterborough CCG	0.1%	0.0%
E1000012	Essex	99F	NHS Castle Point and Rochford CCG	95.2%	11.5%
E1000012	Essex	06K	NHS East and North Hertfordshire CCG	1.6%	0.6%
E1000012	Essex	08F	NHS Havering CCG	0.3%	0.0%
E1000012	Essex	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.0%
E1000012	Essex	06Q	NHS Mid Essex CCG	100.0%	25.5%
E1000012	Essex	06T	NHS North East Essex CCG	98.6%	22.7%
E1000012	Essex	08N	NHS Redbridge CCG	2.9%	0.6%
E1000012	Essex	99G	NHS Southend CCG	3.3%	0.4%
E1000012	Essex	07G	NHS Thurrock CCG	1.4%	0.2%
E1000012	Essex	08W	NHS Waltham Forest CCG	0.5%	0.1%
E1000012	Essex	07H	NHS West Essex CCG	97.1%	19.8%
E1000012	Essex	07K	NHS West Suffolk CCG	2.3%	0.4%

E08000037	Gateshead	13T	NHS Newcastle Gateshead CCG	38.5%	97.7%
E08000037	Gateshead	00J	NHS North Durham CCG	0.9%	1.2%
E08000037	Gateshead	00L	NHS Northumberland CCG	0.5%	0.8%
E08000037	Gateshead	00N	NHS South Tyneside CCG	0.3%	0.2%
E08000037	Gateshead	00P	NHS Sunderland CCG	0.0%	0.1%
E10000013	Gloucestershire	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.1%	0.1%
E10000013	Gloucestershire	11M	NHS Gloucestershire CCG	97.6%	98.6%
E10000013	Gloucestershire	05F	NHS Herefordshire CCG	0.5%	0.1%
E10000013	Gloucestershire	10Q	NHS Oxfordshire CCG	0.2%	0.2%
E10000013	Gloucestershire	05R	NHS South Warwickshire CCG	0.6%	0.2%
E10000013	Gloucestershire	05T	NHS South Worcestershire CCG	1.1%	0.5%
E10000013	Gloucestershire	99N	NHS Wiltshire CCG	0.2%	0.2%
E09000011	Greenwich	07N	NHS Bexley CCG	5.1%	4.2%
E09000011	Greenwich	07Q	NHS Bromley CCG	1.1%	1.3%
E09000011	Greenwich	08A	NHS Greenwich CCG	89.2%	89.3%
E09000011	Greenwich	08C	NHS Hammersmith and Fulham CCG	0.2%	0.2%
E09000011	Greenwich	08L	NHS Lewisham CCG	4.4%	4.9%
E09000011	Greenwich	08Q	NHS Southwark CCG	0.1%	0.1%
E09000012	Hackney	07R	NHS Camden CCG	0.7%	0.7%
E09000012	Hackney	09A	NHS Central London (Westminster) CCG	0.2%	0.2%
E09000012	Hackney	07T	NHS City and Hackney CCG	90.2%	93.8%
E09000012	Hackney	08C	NHS Hammersmith and Fulham CCG	0.5%	0.4%
E09000012	Hackney	08D	NHS Haringey CCG	0.6%	0.7%
E09000012	Hackney	08H	NHS Islington CCG	4.6%	3.7%
E09000012	Hackney	08V	NHS Tower Hamlets CCG	0.5%	0.6%
E06000006	Halton	01F	NHS Halton CCG	98.2%	96.5%
E06000006	Halton	01J	NHS Knowsley CCG	0.2%	0.3%
E06000006	Halton	99A	NHS Liverpool CCG	0.3%	1.1%
E06000006	Halton	02E	NHS Warrington CCG	0.7%	1.1%
E06000006	Halton	02F	NHS West Cheshire CCG	0.6%	1.1%
E09000013	Hammersmith and Fulham	07P	NHS Brent CCG	0.3%	0.5%
E09000013	Hammersmith and Fulham	07R	NHS Camden CCG	0.1%	0.1%
E09000013	Hammersmith and Fulham	09A	NHS Central London (Westminster) CCG	2.5%	2.5%
E09000013	Hammersmith and Fulham	07W	NHS Ealing CCG	0.6%	1.1%
E09000013	Hammersmith and Fulham	08C	NHS Hammersmith and Fulham CCG	82.8%	87.6%
E09000013	Hammersmith and Fulham	07Y	NHS Hounslow CCG	0.5%	0.7%
E09000013	Hammersmith and Fulham	08X	NHS Wandsworth CCG	0.2%	0.3%
E09000013	Hammersmith and Fulham	08Y	NHS West London (K&C & QPP) CCG	6.5%	7.2%
E10000014	Hampshire	15A	NHS Berkshire West CCG	1.7%	0.6%
E10000014	Hampshire	09G	NHS Coastal West Sussex CCG	0.2%	0.1%
E10000014	Hampshire	11J	NHS Dorset CCG	0.5%	0.3%
E10000014	Hampshire	15D	NHS East Berkshire CCG	0.2%	0.0%
E10000014	Hampshire	10K	NHS Fareham and Gosport CCG	98.5%	14.3%
E10000014	Hampshire	09N	NHS Guildford and Waverley CCG	2.9%	0.5%
E10000014	Hampshire	99M	NHS North East Hampshire and Farnham CCG	76.5%	12.4%
E10000014	Hampshire	10J	NHS North Hampshire CCG	99.2%	15.9%
E10000014	Hampshire	10R	NHS Portsmouth CCG	4.4%	0.7%
E10000014	Hampshire	10V	NHS South Eastern Hampshire CCG	95.6%	14.6%
E10000014	Hampshire	10X	NHS Southampton CCG	5.1%	1.0%
E10000014	Hampshire	10C	NHS Surrey Heath CCG	0.8%	0.0%
E10000014	Hampshire	11A	NHS West Hampshire CCG	97.7%	39.1%
E10000014	Hampshire	99N	NHS Wiltshire CCG	1.3%	0.4%
E09000014	Haringey	07M	NHS Barnet CCG	1.0%	1.4%
E09000014	Haringey	07R	NHS Camden CCG	0.6%	0.6%
E09000014	Haringey	09A	NHS Central London (Westminster) CCG	0.1%	0.1%
E09000014	Haringey	07T	NHS City and Hackney CCG	3.1%	3.2%
E09000014	Haringey	07X	NHS Enfield CCG	1.3%	1.4%
E09000014	Haringey	08C	NHS Hammersmith and Fulham CCG	0.4%	0.3%
E09000014	Haringey	08D	NHS Haringey CCG	87.7%	91.0%
E09000014	Haringey	08H	NHS Islington CCG	2.5%	2.1%
E09000015	Harrow	07M	NHS Barnet CCG	4.3%	6.4%
E09000015	Harrow	07P	NHS Brent CCG	3.6%	4.8%
E09000015	Harrow	07W	NHS Ealing CCG	1.3%	2.1%
E09000015	Harrow	08C	NHS Hammersmith and Fulham CCG	0.1%	0.0%
E09000015	Harrow	08E	NHS Harrow CCG	89.7%	84.1%
E09000015	Harrow	06N	NHS Herts Valleys CCG	0.2%	0.5%
E09000015	Harrow	08G	NHS Hillingdon CCG	1.8%	2.0%
E09000015	Harrow	08Y	NHS West London (K&C & QPP) CCG	0.1%	0.1%

E06000001	Hartlepool	00D	NHS Durham Dales, Easington and Sedgefield CCG	0.2%	0.6%
E06000001	Hartlepool	00K	NHS Hartlepool and Stockton-On-Tees CCG	32.4%	99.4%
E09000016	Havering	07L	NHS Barking and Dagenham CCG	3.5%	2.9%
E09000016	Havering	08F	NHS Havering CCG	91.7%	96.2%
E09000016	Havering	08M	NHS Newham CCG	0.1%	0.2%
E09000016	Havering	08N	NHS Redbridge CCG	0.6%	0.7%
E09000016	Havering	07G	NHS Thurrock CCG	0.1%	0.0%
E06000019	Herefordshire, County of	11M	NHS Gloucestershire CCG	0.3%	0.9%
E06000019	Herefordshire, County of	05F	NHS Herefordshire CCG	98.2%	97.3%
E06000019	Herefordshire, County of	05N	NHS Shropshire CCG	0.3%	0.5%
E06000019	Herefordshire, County of	05T	NHS South Worcestershire CCG	0.8%	1.3%
E10000015	Hertfordshire	07M	NHS Barnet CCG	0.2%	0.0%
E10000015	Hertfordshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000015	Hertfordshire	14Y	NHS Buckinghamshire CCG	0.2%	0.1%
E10000015	Hertfordshire	06H	NHS Cambridgeshire and Peterborough CCG	2.1%	1.6%
E10000015	Hertfordshire	06K	NHS East and North Hertfordshire CCG	97.0%	46.5%
E10000015	Hertfordshire	07X	NHS Enfield CCG	0.5%	0.1%
E10000015	Hertfordshire	08E	NHS Harrow CCG	0.6%	0.1%
E10000015	Hertfordshire	06N	NHS Herts Valleys CCG	98.0%	50.7%
E10000015	Hertfordshire	08G	NHS Hillingdon CCG	2.2%	0.6%
E10000015	Hertfordshire	06P	NHS Luton CCG	0.4%	0.0%
E10000015	Hertfordshire	07H	NHS West Essex CCG	0.8%	0.2%
E09000017	Hillingdon	14Y	NHS Buckinghamshire CCG	0.0%	0.1%
E09000017	Hillingdon	07W	NHS Ealing CCG	5.2%	6.9%
E09000017	Hillingdon	08C	NHS Hammersmith and Fulham CCG	0.5%	0.3%
E09000017	Hillingdon	08E	NHS Harrow CCG	2.2%	1.8%
E09000017	Hillingdon	08G	NHS Hillingdon CCG	94.3%	89.8%
E09000017	Hillingdon	07Y	NHS Hounslow CCG	1.1%	1.0%
E09000018	Hounslow	07W	NHS Ealing CCG	5.4%	7.4%
E09000018	Hounslow	08C	NHS Hammersmith and Fulham CCG	1.2%	0.9%
E09000018	Hounslow	08G	NHS Hillingdon CCG	0.2%	0.2%
E09000018	Hounslow	07Y	NHS Hounslow CCG	88.2%	87.1%
E09000018	Hounslow	09Y	NHS North West Surrey CCG	0.3%	0.4%
E09000018	Hounslow	08P	NHS Richmond CCG	5.7%	3.8%
E09000018	Hounslow	08Y	NHS West London (K&C & QPP) CCG	0.2%	0.1%
E06000046	Isle of Wight	10L	NHS Isle of Wight CCG	100.0%	100.0%
E09000019	Islington	07R	NHS Camden CCG	4.9%	5.4%
E09000019	Islington	09A	NHS Central London (Westminster) CCG	0.5%	0.5%
E09000019	Islington	07T	NHS City and Hackney CCG	3.4%	4.2%
E09000019	Islington	08C	NHS Hammersmith and Fulham CCG	0.5%	0.5%
E09000019	Islington	08D	NHS Haringey CCG	1.2%	1.5%
E09000019	Islington	08H	NHS Islington CCG	89.1%	87.9%
E09000020	Kensington and Chelsea	07P	NHS Brent CCG	0.0%	0.1%
E09000020	Kensington and Chelsea	07R	NHS Camden CCG	0.2%	0.3%
E09000020	Kensington and Chelsea	09A	NHS Central London (Westminster) CCG	4.0%	5.4%
E09000020	Kensington and Chelsea	08C	NHS Hammersmith and Fulham CCG	1.2%	1.7%
E09000020	Kensington and Chelsea	08Y	NHS West London (K&C & QPP) CCG	63.9%	92.5%
E10000016	Kent	09C	NHS Ashford CCG	100.0%	8.3%
E10000016	Kent	07N	NHS Bexley CCG	1.3%	0.2%
E10000016	Kent	07Q	NHS Bromley CCG	0.9%	0.2%
E10000016	Kent	09E	NHS Canterbury and Coastal CCG	100.0%	14.1%
E10000016	Kent	09J	NHS Dartford, Gravesham and Swanley CCG	98.3%	16.5%
E10000016	Kent	09L	NHS East Surrey CCG	0.1%	0.0%
E10000016	Kent	08A	NHS Greenwich CCG	0.2%	0.0%
E10000016	Kent	09P	NHS Hastings and Rother CCG	0.3%	0.0%
E10000016	Kent	99K	NHS High Weald Lewes Havens CCG	0.6%	0.0%
E10000016	Kent	09W	NHS Medway CCG	6.1%	1.1%
E10000016	Kent	10A	NHS South Kent Coast CCG	100.0%	12.9%
E10000016	Kent	10D	NHS Swale CCG	99.8%	7.1%
E10000016	Kent	10E	NHS Thanet CCG	100.0%	9.1%
E10000016	Kent	99J	NHS West Kent CCG	98.7%	30.4%
E06000010	Kingston upon Hull, City of	02Y	NHS East Riding of Yorkshire CCG	1.3%	1.4%
E06000010	Kingston upon Hull, City of	03F	NHS Hull CCG	90.8%	98.6%
E09000021	Kingston upon Thames	08J	NHS Kingston CCG	86.9%	95.9%
E09000021	Kingston upon Thames	08R	NHS Merton CCG	1.1%	1.3%
E09000021	Kingston upon Thames	08P	NHS Richmond CCG	0.7%	0.8%
E09000021	Kingston upon Thames	99H	NHS Surrey Downs CCG	0.7%	1.2%
E09000021	Kingston upon Thames	08T	NHS Sutton CCG	0.1%	0.1%
E09000021	Kingston upon Thames	08X	NHS Wandsworth CCG	0.3%	0.7%
E08000034	Kirklees	02P	NHS Barnsley CCG	0.1%	0.0%
E08000034	Kirklees	02R	NHS Bradford Districts CCG	1.0%	0.7%
E08000034	Kirklees	02T	NHS Calderdale CCG	1.4%	0.7%
E08000034	Kirklees	03A	NHS Greater Huddersfield CCG	99.6%	54.7%
E08000034	Kirklees	15F	NHS Leeds CCG	0.1%	0.3%
E08000034	Kirklees	03J	NHS North Kirklees CCG	98.9%	42.4%
E08000034	Kirklees	03R	NHS Wakefield CCG	1.5%	1.3%

E08000011	Knowsley	01F	NHS Halton CCG	1.0%	0.8%
E08000011	Knowsley	01J	NHS Knowsley CCG	86.8%	88.2%
E08000011	Knowsley	99A	NHS Liverpool CCG	2.4%	8.0%
E08000011	Knowsley	01T	NHS South Sefton CCG	0.1%	0.1%
E08000011	Knowsley	01X	NHS St Helens CCG	2.3%	2.8%
E09000022	Lambeth	07R	NHS Camden CCG	0.2%	0.1%
E09000022	Lambeth	09A	NHS Central London (Westminster) CCG	0.9%	0.6%
E09000022	Lambeth	07V	NHS Croydon CCG	0.7%	0.8%
E09000022	Lambeth	08C	NHS Hammersmith and Fulham CCG	0.6%	0.4%
E09000022	Lambeth	08K	NHS Lambeth CCG	85.5%	92.2%
E09000022	Lambeth	08R	NHS Merton CCG	1.0%	0.6%
E09000022	Lambeth	08Q	NHS Southwark CCG	1.9%	1.6%
E09000022	Lambeth	08X	NHS Wandsworth CCG	3.5%	3.7%
E09000022	Lambeth	08Y	NHS West London (K&C & QPP) CCG	0.1%	0.0%
E10000017	Lancashire	02N	NHS Airedale, Wharfedale and Craven CCG	0.2%	0.0%
E10000017	Lancashire	00Q	NHS Blackburn with Darwen CCG	11.1%	1.5%
E10000017	Lancashire	00R	NHS Blackpool CCG	13.6%	1.9%
E10000017	Lancashire	00T	NHS Bolton CCG	0.3%	0.0%
E10000017	Lancashire	00V	NHS Bury CCG	1.4%	0.2%
E10000017	Lancashire	00X	NHS Chorley and South Ribble CCG	99.8%	14.5%
E10000017	Lancashire	01A	NHS East Lancashire CCG	99.0%	30.0%
E10000017	Lancashire	02M	NHS Fylde & Wyre CCG	97.9%	13.8%
E10000017	Lancashire	01E	NHS Greater Preston CCG	100.0%	16.6%
E10000017	Lancashire	01D	NHS Heywood, Middleton and Rochdale CCG	0.9%	0.2%
E10000017	Lancashire	01J	NHS Knowsley CCG	0.1%	0.0%
E10000017	Lancashire	01K	NHS Morecambe Bay CCG	44.1%	12.1%
E10000017	Lancashire	01T	NHS South Sefton CCG	0.5%	0.0%
E10000017	Lancashire	01V	NHS Southport and Formby CCG	3.2%	0.3%
E10000017	Lancashire	01X	NHS St Helens CCG	0.5%	0.0%
E10000017	Lancashire	02G	NHS West Lancashire CCG	96.9%	8.7%
E10000017	Lancashire	02H	NHS Wigan Borough CCG	0.7%	0.2%
E08000035	Leeds	02N	NHS Airedale, Wharfedale and Craven CCG	0.1%	0.0%
E08000035	Leeds	02W	NHS Bradford City CCG	1.1%	0.2%
E08000035	Leeds	02R	NHS Bradford Districts CCG	0.5%	0.2%
E08000035	Leeds	15F	NHS Leeds CCG	97.7%	98.8%
E08000035	Leeds	03J	NHS North Kirklees CCG	0.3%	0.0%
E08000035	Leeds	03Q	NHS Vale of York CCG	0.6%	0.2%
E08000035	Leeds	03R	NHS Wakefield CCG	1.4%	0.6%
E06000016	Leicester	03W	NHS East Leicestershire and Rutland CCG	2.1%	1.8%
E06000016	Leicester	04C	NHS Leicester City CCG	92.8%	95.5%
E06000016	Leicester	04V	NHS West Leicestershire CCG	2.8%	2.7%
E10000018	Leicestershire	03V	NHS Corby CCG	0.5%	0.0%
E10000018	Leicestershire	15M	NHS Derby and Derbyshire CCG	0.4%	0.6%
E10000018	Leicestershire	03W	NHS East Leicestershire and Rutland CCG	85.5%	39.8%
E10000018	Leicestershire	04C	NHS Leicester City CCG	7.2%	4.1%
E10000018	Leicestershire	04N	NHS Rushcliffe CCG	5.4%	1.0%
E10000018	Leicestershire	04Q	NHS South West Lincolnshire CCG	5.6%	1.1%
E10000018	Leicestershire	05H	NHS Warwickshire North CCG	1.6%	0.4%
E10000018	Leicestershire	04V	NHS West Leicestershire CCG	96.2%	53.1%
E09000023	Lewisham	07Q	NHS Bromley CCG	1.4%	1.5%
E09000023	Lewisham	09A	NHS Central London (Westminster) CCG	0.2%	0.2%
E09000023	Lewisham	08A	NHS Greenwich CCG	2.1%	1.9%
E09000023	Lewisham	08C	NHS Hammersmith and Fulham CCG	0.3%	0.2%
E09000023	Lewisham	08K	NHS Lambeth CCG	0.3%	0.4%
E09000023	Lewisham	08L	NHS Lewisham CCG	91.5%	92.0%
E09000023	Lewisham	08Q	NHS Southwark CCG	3.9%	3.9%
E10000019	Lincolnshire	06H	NHS Cambridgeshire and Peterborough CCG	0.2%	0.3%
E10000019	Lincolnshire	03W	NHS East Leicestershire and Rutland CCG	0.2%	0.1%
E10000019	Lincolnshire	03T	NHS Lincolnshire East CCG	99.2%	32.0%
E10000019	Lincolnshire	04D	NHS Lincolnshire West CCG	98.6%	29.9%
E10000019	Lincolnshire	04H	NHS Newark & Sherwood CCG	2.4%	0.4%
E10000019	Lincolnshire	03H	NHS North East Lincolnshire CCG	2.7%	0.6%
E10000019	Lincolnshire	03K	NHS North Lincolnshire CCG	4.9%	1.1%
E10000019	Lincolnshire	99D	NHS South Lincolnshire CCG	90.8%	19.6%
E10000019	Lincolnshire	04Q	NHS South West Lincolnshire CCG	93.3%	16.1%
E08000012	Liverpool	01J	NHS Knowsley CCG	8.5%	2.7%
E08000012	Liverpool	99A	NHS Liverpool CCG	94.4%	96.3%
E08000012	Liverpool	01T	NHS South Sefton CCG	3.3%	1.0%
E06000032	Luton	06F	NHS Bedfordshire CCG	2.3%	4.5%
E06000032	Luton	06P	NHS Luton CCG	97.3%	95.5%
E08000003	Manchester	00V	NHS Bury CCG	0.4%	0.1%
E08000003	Manchester	01D	NHS Heywood, Middleton and Rochdale CCG	0.5%	0.2%
E08000003	Manchester	14L	NHS Manchester CCG	90.9%	95.6%
E08000003	Manchester	00Y	NHS Oldham CCG	0.9%	0.4%
E08000003	Manchester	01G	NHS Salford CCG	2.5%	1.1%
E08000003	Manchester	01W	NHS Stockport CCG	1.7%	0.8%
E08000003	Manchester	01Y	NHS Tameside and Glossop CCG	0.4%	0.2%
E08000003	Manchester	02A	NHS Trafford CCG	4.0%	1.6%

E06000035	Medway	09J	NHS Dartford, Gravesham and Swanley CCG	0.2%	0.2%
E06000035	Medway	09W	NHS Medway CCG	93.9%	99.5%
E06000035	Medway	10D	NHS Swale CCG	0.2%	0.0%
E06000035	Medway	99J	NHS West Kent CCG	0.2%	0.3%
E09000024	Merton	07V	NHS Croydon CCG	0.5%	0.9%
E09000024	Merton	08C	NHS Hammersmith and Fulham CCG	0.2%	0.2%
E09000024	Merton	08J	NHS Kingston CCG	3.4%	2.9%
E09000024	Merton	08K	NHS Lambeth CCG	1.0%	1.7%
E09000024	Merton	08R	NHS Merton CCG	87.7%	80.9%
E09000024	Merton	08T	NHS Sutton CCG	3.3%	2.6%
E09000024	Merton	08X	NHS Wandsworth CCG	6.6%	10.8%
E06000002	Middlesbrough	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.2%	0.2%
E06000002	Middlesbrough	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.3%
E06000002	Middlesbrough	00M	NHS South Tees CCG	52.3%	99.5%
E06000042	Milton Keynes	06F	NHS Bedfordshire CCG	1.5%	2.5%
E06000042	Milton Keynes	04F	NHS Milton Keynes CCG	95.5%	96.2%
E06000042	Milton Keynes	04G	NHS Nene CCG	0.6%	1.3%
E08000021	Newcastle upon Tyne	13T	NHS Newcastle Gateshead CCG	58.9%	95.2%
E08000021	Newcastle upon Tyne	99C	NHS North Tyneside CCG	5.9%	4.0%
E08000021	Newcastle upon Tyne	00L	NHS Northumberland CCG	0.8%	0.8%
E09000025	Newham	07L	NHS Barking and Dagenham CCG	0.5%	0.3%
E09000025	Newham	09A	NHS Central London (Westminster) CCG	0.7%	0.4%
E09000025	Newham	07T	NHS City and Hackney CCG	0.1%	0.0%
E09000025	Newham	08C	NHS Hammersmith and Fulham CCG	0.5%	0.3%
E09000025	Newham	08M	NHS Newham CCG	96.6%	97.3%
E09000025	Newham	08N	NHS Redbridge CCG	0.3%	0.2%
E09000025	Newham	08V	NHS Tower Hamlets CCG	0.2%	0.2%
E09000025	Newham	08W	NHS Waltham Forest CCG	1.7%	1.4%
E10000020	Norfolk	06H	NHS Cambridgeshire and Peterborough CCG	0.7%	0.7%
E10000020	Norfolk	06M	NHS Great Yarmouth and Waveney CCG	47.7%	12.2%
E10000020	Norfolk	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.0%
E10000020	Norfolk	06V	NHS North Norfolk CCG	100.0%	18.6%
E10000020	Norfolk	06W	NHS Norwich CCG	100.0%	25.2%
E10000020	Norfolk	99D	NHS South Lincolnshire CCG	0.2%	0.0%
E10000020	Norfolk	06Y	NHS South Norfolk CCG	98.9%	24.1%
E10000020	Norfolk	07J	NHS West Norfolk CCG	98.4%	18.5%
E10000020	Norfolk	07K	NHS West Suffolk CCG	2.6%	0.7%
E06000012	North East Lincolnshire	03T	NHS Lincolnshire East CCG	0.8%	1.2%
E06000012	North East Lincolnshire	03H	NHS North East Lincolnshire CCG	95.9%	98.6%
E06000012	North East Lincolnshire	03K	NHS North Lincolnshire CCG	0.2%	0.2%
E06000013	North Lincolnshire	02Q	NHS Bassetlaw CCG	0.2%	0.2%
E06000013	North Lincolnshire	02X	NHS Doncaster CCG	0.0%	0.1%
E06000013	North Lincolnshire	02Y	NHS East Riding of Yorkshire CCG	0.0%	0.1%
E06000013	North Lincolnshire	04D	NHS Lincolnshire West CCG	1.0%	1.3%
E06000013	North Lincolnshire	03H	NHS North East Lincolnshire CCG	1.4%	1.4%
E06000013	North Lincolnshire	03K	NHS North Lincolnshire CCG	94.9%	96.9%
E06000024	North Somerset	11E	NHS Bath and North East Somerset CCG	1.6%	1.5%
E06000024	North Somerset	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	21.8%	98.3%
E06000024	North Somerset	11X	NHS Somerset CCG	0.0%	0.2%
E08000022	North Tyneside	13T	NHS Newcastle Gateshead CCG	1.0%	2.6%
E08000022	North Tyneside	99C	NHS North Tyneside CCG	93.2%	96.3%
E08000022	North Tyneside	00L	NHS Northumberland CCG	0.7%	1.1%
E10000023	North Yorkshire	02N	NHS Airedale, Wharfedale and Craven CCG	32.5%	8.3%
E10000023	North Yorkshire	00C	NHS Darlington CCG	1.3%	0.2%
E10000023	North Yorkshire	02X	NHS Doncaster CCG	0.2%	0.1%
E10000023	North Yorkshire	00D	NHS Durham Dales, Easington and Sedgfield CCG	0.2%	0.1%
E10000023	North Yorkshire	01A	NHS East Lancashire CCG	0.1%	0.0%
E10000023	North Yorkshire	02Y	NHS East Riding of Yorkshire CCG	1.4%	0.7%
E10000023	North Yorkshire	03D	NHS Hambleton, Richmondshire and Whitby CCG	98.3%	22.8%
E10000023	North Yorkshire	03E	NHS Harrogate and Rural District CCG	99.8%	26.2%
E10000023	North Yorkshire	00K	NHS Hartlepool and Stockton-On-Tees CCG	0.2%	0.1%
E10000023	North Yorkshire	15F	NHS Leeds CCG	0.9%	1.3%
E10000023	North Yorkshire	01K	NHS Morecambe Bay CCG	1.9%	1.0%
E10000023	North Yorkshire	03M	NHS Scarborough and Ryedale CCG	99.3%	19.2%
E10000023	North Yorkshire	03Q	NHS Vale of York CCG	32.6%	18.8%
E10000023	North Yorkshire	03R	NHS Wakefield CCG	2.0%	1.2%
E10000021	Northamptonshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E10000021	Northamptonshire	06H	NHS Cambridgeshire and Peterborough CCG	1.6%	1.9%
E10000021	Northamptonshire	03V	NHS Corby CCG	99.2%	9.8%
E10000021	Northamptonshire	05A	NHS Coventry and Rugby CCG	0.3%	0.2%
E10000021	Northamptonshire	03W	NHS East Leicestershire and Rutland CCG	2.0%	0.8%
E10000021	Northamptonshire	04F	NHS Milton Keynes CCG	3.1%	1.2%
E10000021	Northamptonshire	04G	NHS Nene CCG	98.8%	84.9%
E10000021	Northamptonshire	10Q	NHS Oxfordshire CCG	1.1%	1.0%
E10000021	Northamptonshire	99D	NHS South Lincolnshire CCG	0.9%	0.2%
E06000057	Northumberland	13T	NHS Newcastle Gateshead CCG	0.3%	0.5%
E06000057	Northumberland	01H	NHS North Cumbria CCG	0.1%	0.1%
E06000057	Northumberland	00J	NHS North Durham CCG	0.2%	0.2%
E06000057	Northumberland	99C	NHS North Tyneside CCG	0.9%	0.6%
E06000057	Northumberland	00L	NHS Northumberland CCG	97.9%	98.7%

E06000018	Nottingham	04K	NHS Nottingham City CCG	89.9%	95.4%
E06000018	Nottingham	04L	NHS Nottingham North and East CCG	4.6%	2.0%
E06000018	Nottingham	04M	NHS Nottingham West CCG	4.1%	1.1%
E06000018	Nottingham	04N	NHS Rushcliffe CCG	4.3%	1.5%
E10000024	Nottinghamshire	02Q	NHS Bassetlaw CCG	97.1%	13.5%
E10000024	Nottinghamshire	15M	NHS Derby and Derbyshire CCG	1.5%	1.8%
E10000024	Nottinghamshire	02X	NHS Doncaster CCG	1.6%	0.6%
E10000024	Nottinghamshire	03W	NHS East Leicestershire and Rutland CCG	0.3%	0.1%
E10000024	Nottinghamshire	04D	NHS Lincolnshire West CCG	0.4%	0.1%
E10000024	Nottinghamshire	04E	NHS Mansfield and Ashfield CCG	97.9%	22.5%
E10000024	Nottinghamshire	04H	NHS Newark & Sherwood CCG	97.6%	15.6%
E10000024	Nottinghamshire	04K	NHS Nottingham City CCG	10.1%	4.6%
E10000024	Nottinghamshire	04L	NHS Nottingham North and East CCG	95.1%	17.2%
E10000024	Nottinghamshire	04M	NHS Nottingham West CCG	90.8%	10.2%
E10000024	Nottinghamshire	04N	NHS Rushcliffe CCG	90.3%	13.6%
E10000024	Nottinghamshire	04Q	NHS South West Lincolnshire CCG	0.7%	0.1%
E10000024	Nottinghamshire	04V	NHS West Leicestershire CCG	0.1%	0.0%
E08000004	Oldham	01D	NHS Heywood, Middleton and Rochdale CCG	1.5%	1.4%
E08000004	Oldham	14L	NHS Manchester CCG	0.8%	2.1%
E08000004	Oldham	00Y	NHS Oldham CCG	94.5%	96.3%
E08000004	Oldham	01Y	NHS Tameside and Glossop CCG	0.2%	0.2%
E10000025	Oxfordshire	15A	NHS Berkshire West CCG	0.5%	0.3%
E10000025	Oxfordshire	14Y	NHS Buckinghamshire CCG	2.4%	1.8%
E10000025	Oxfordshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E10000025	Oxfordshire	04G	NHS Nene CCG	0.1%	0.1%
E10000025	Oxfordshire	10Q	NHS Oxfordshire CCG	97.4%	96.5%
E10000025	Oxfordshire	05R	NHS South Warwickshire CCG	0.6%	0.2%
E10000025	Oxfordshire	12D	NHS Swindon CCG	2.7%	0.9%
E06000031	Peterborough	06H	NHS Cambridgeshire and Peterborough CCG	23.0%	96.3%
E06000031	Peterborough	99D	NHS South Lincolnshire CCG	5.1%	3.7%
E06000026	Plymouth	15N	NHS Devon CCG	22.1%	100.0%
E06000044	Portsmouth	10K	NHS Fareham and Gosport CCG	1.5%	1.4%
E06000044	Portsmouth	10R	NHS Portsmouth CCG	95.6%	98.4%
E06000044	Portsmouth	10V	NHS South Eastern Hampshire CCG	0.2%	0.2%
E06000038	Reading	15A	NHS Berkshire West CCG	35.3%	99.4%
E06000038	Reading	10Q	NHS Oxfordshire CCG	0.2%	0.6%
E09000026	Redbridge	07L	NHS Barking and Dagenham CCG	4.9%	3.3%
E09000026	Redbridge	08C	NHS Hammersmith and Fulham CCG	0.1%	0.1%
E09000026	Redbridge	08F	NHS Havering CCG	0.8%	0.7%
E09000026	Redbridge	08M	NHS Newham CCG	1.4%	1.7%
E09000026	Redbridge	08N	NHS Redbridge CCG	92.3%	89.4%
E09000026	Redbridge	08W	NHS Waltham Forest CCG	3.3%	3.1%
E09000026	Redbridge	07H	NHS West Essex CCG	1.8%	1.7%
E06000003	Redcar and Cleveland	03D	NHS Hambleton, Richmondshire and Whitby CCG	1.1%	1.1%
E06000003	Redcar and Cleveland	00M	NHS South Tees CCG	47.3%	98.9%
E09000027	Richmond upon Thames	08C	NHS Hammersmith and Fulham CCG	0.5%	0.5%
E09000027	Richmond upon Thames	07Y	NHS Hounslow CCG	4.9%	7.0%
E09000027	Richmond upon Thames	08J	NHS Kingston CCG	1.6%	1.5%
E09000027	Richmond upon Thames	08P	NHS Richmond CCG	91.7%	90.3%
E09000027	Richmond upon Thames	99H	NHS Surrey Downs CCG	0.0%	0.1%
E09000027	Richmond upon Thames	08X	NHS Wandsworth CCG	0.4%	0.7%
E08000005	Rochdale	00V	NHS Bury CCG	0.7%	0.6%
E08000005	Rochdale	01A	NHS East Lancashire CCG	0.2%	0.3%
E08000005	Rochdale	01D	NHS Heywood, Middleton and Rochdale CCG	96.5%	96.6%
E08000005	Rochdale	14L	NHS Manchester CCG	0.6%	1.6%
E08000005	Rochdale	00Y	NHS Oldham CCG	0.9%	1.0%
E08000018	Rotherham	02P	NHS Barnsley CCG	3.3%	3.1%
E08000018	Rotherham	02Q	NHS Bassetlaw CCG	1.0%	0.4%
E08000018	Rotherham	02X	NHS Doncaster CCG	1.1%	1.2%
E08000018	Rotherham	03L	NHS Rotherham CCG	97.9%	93.5%
E08000018	Rotherham	03N	NHS Sheffield CCG	0.8%	1.7%
E06000017	Rutland	06H	NHS Cambridgeshire and Peterborough CCG	0.0%	0.3%
E06000017	Rutland	03V	NHS Corby CCG	0.2%	0.5%
E06000017	Rutland	03W	NHS East Leicestershire and Rutland CCG	9.9%	86.3%
E06000017	Rutland	99D	NHS South Lincolnshire CCG	2.6%	11.5%
E06000017	Rutland	04Q	NHS South West Lincolnshire CCG	0.4%	1.4%
E08000006	Salford	00T	NHS Bolton CCG	0.2%	0.3%
E08000006	Salford	00V	NHS Bury CCG	1.8%	1.4%
E08000006	Salford	14L	NHS Manchester CCG	1.1%	2.5%
E08000006	Salford	01G	NHS Salford CCG	94.1%	94.6%
E08000006	Salford	02A	NHS Trafford CCG	0.2%	0.2%
E08000006	Salford	02H	NHS Wigan Borough CCG	0.9%	1.1%
E08000028	Sandwell	15E	NHS Birmingham and Solihull CCG	1.9%	7.0%
E08000028	Sandwell	05C	NHS Dudley CCG	3.0%	2.7%
E08000028	Sandwell	05L	NHS Sandwell and West Birmingham CCG	55.1%	88.6%
E08000028	Sandwell	05Y	NHS Walsall CCG	1.7%	1.3%
E08000028	Sandwell	06A	NHS Wolverhampton CCG	0.3%	0.3%
E08000014	Sefton	01J	NHS Knowsley CCG	1.8%	1.0%
E08000014	Sefton	99A	NHS Liverpool CCG	2.9%	5.3%
E08000014	Sefton	01T	NHS South Sefton CCG	96.0%	51.6%
E08000014	Sefton	01V	NHS Southport and Formby CCG	96.8%	41.9%
E08000014	Sefton	02G	NHS West Lancashire CCG	0.3%	0.1%

E08000019	Sheffield	02P	NHS Barnsley CCG	0.8%	0.4%
E08000019	Sheffield	15M	NHS Derby and Derbyshire CCG	0.2%	0.4%
E08000019	Sheffield	03L	NHS Rotherham CCG	0.4%	0.2%
E08000019	Sheffield	03N	NHS Sheffield CCG	98.5%	99.1%
E06000051	Shropshire	05F	NHS Herefordshire CCG	0.4%	0.3%
E06000051	Shropshire	05G	NHS North Staffordshire CCG	0.5%	0.3%
E06000051	Shropshire	05N	NHS Shropshire CCG	96.7%	95.4%
E06000051	Shropshire	01R	NHS South Cheshire CCG	0.4%	0.3%
E06000051	Shropshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	1.2%	0.9%
E06000051	Shropshire	05T	NHS South Worcestershire CCG	1.0%	1.0%
E06000051	Shropshire	05X	NHS Telford and Wrekin CCG	2.3%	1.4%
E06000051	Shropshire	02F	NHS West Cheshire CCG	0.1%	0.1%
E06000051	Shropshire	06D	NHS Wyre Forest CCG	0.8%	0.3%
E06000039	Slough	14Y	NHS Buckinghamshire CCG	1.8%	6.2%
E06000039	Slough	07W	NHS Ealing CCG	0.0%	0.1%
E06000039	Slough	15D	NHS East Berkshire CCG	33.8%	93.4%
E06000039	Slough	08G	NHS Hillingdon CCG	0.0%	0.1%
E06000039	Slough	07Y	NHS Hounslow CCG	0.0%	0.1%
E06000039	Slough	09Y	NHS North West Surrey CCG	0.0%	0.1%
E08000029	Solihull	15E	NHS Birmingham and Solihull CCG	17.0%	98.9%
E08000029	Solihull	05A	NHS Coventry and Rugby CCG	0.0%	0.1%
E08000029	Solihull	05J	NHS Redditch and Bromsgrove CCG	0.4%	0.3%
E08000029	Solihull	05L	NHS Sandwell and West Birmingham CCG	0.0%	0.1%
E08000029	Solihull	05R	NHS South Warwickshire CCG	0.4%	0.4%
E08000029	Solihull	05H	NHS Warwickshire North CCG	0.2%	0.2%
E10000027	Somerset	11E	NHS Bath and North East Somerset CCG	3.1%	1.1%
E10000027	Somerset	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.2%	0.3%
E10000027	Somerset	15N	NHS Devon CCG	0.2%	0.5%
E10000027	Somerset	11J	NHS Dorset CCG	0.5%	0.7%
E10000027	Somerset	11X	NHS Somerset CCG	98.5%	97.3%
E10000027	Somerset	99N	NHS Wiltshire CCG	0.1%	0.1%
E06000025	South Gloucestershire	11E	NHS Bath and North East Somerset CCG	0.8%	0.6%
E06000025	South Gloucestershire	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	28.2%	97.5%
E06000025	South Gloucestershire	11M	NHS Gloucestershire CCG	0.8%	1.8%
E06000025	South Gloucestershire	99N	NHS Wiltshire CCG	0.0%	0.1%
E08000023	South Tyneside	13T	NHS Newcastle Gateshead CCG	0.0%	0.2%
E08000023	South Tyneside	00N	NHS South Tyneside CCG	99.2%	99.2%
E08000023	South Tyneside	00P	NHS Sunderland CCG	0.3%	0.6%
E06000045	Southampton	10X	NHS Southampton CCG	94.9%	99.5%
E06000045	Southampton	11A	NHS West Hampshire CCG	0.2%	0.5%
E06000033	Southend-on-Sea	99F	NHS Castle Point and Rochford CCG	4.8%	4.7%
E06000033	Southend-on-Sea	99G	NHS Southend CCG	96.7%	95.3%
E09000028	Southwark	07R	NHS Camden CCG	0.3%	0.3%
E09000028	Southwark	09A	NHS Central London (Westminster) CCG	2.5%	1.6%
E09000028	Southwark	08C	NHS Hammersmith and Fulham CCG	0.7%	0.5%
E09000028	Southwark	08K	NHS Lambeth CCG	6.6%	7.7%
E09000028	Southwark	08L	NHS Lewisham CCG	2.1%	2.0%
E09000028	Southwark	08Q	NHS Southwark CCG	94.1%	87.9%
E09000028	Southwark	08X	NHS Wandsworth CCG	0.1%	0.1%
E08000013	St. Helens	01F	NHS Halton CCG	0.2%	0.1%
E08000013	St. Helens	01J	NHS Knowsley CCG	2.6%	2.3%
E08000013	St. Helens	01X	NHS St Helens CCG	91.2%	96.3%
E08000013	St. Helens	02E	NHS Warrington CCG	0.1%	0.1%
E08000013	St. Helens	02H	NHS Wigan Borough CCG	0.7%	1.2%
E10000028	Staffordshire	15E	NHS Birmingham and Solihull CCG	0.3%	0.4%
E10000028	Staffordshire	04Y	NHS Cannock Chase CCG	99.3%	14.9%
E10000028	Staffordshire	15M	NHS Derby and Derbyshire CCG	0.5%	0.5%
E10000028	Staffordshire	05C	NHS Dudley CCG	1.4%	0.5%
E10000028	Staffordshire	05D	NHS East Staffordshire CCG	92.1%	14.7%
E10000028	Staffordshire	01C	NHS Eastern Cheshire CCG	0.6%	0.1%
E10000028	Staffordshire	05G	NHS North Staffordshire CCG	95.1%	23.4%
E10000028	Staffordshire	05N	NHS Shropshire CCG	1.0%	0.3%
E10000028	Staffordshire	01R	NHS South Cheshire CCG	0.5%	0.1%
E10000028	Staffordshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	96.2%	23.6%
E10000028	Staffordshire	05V	NHS Stafford and Surrounds CCG	99.5%	16.7%
E10000028	Staffordshire	05W	NHS Stoke on Trent CCG	8.8%	2.9%
E10000028	Staffordshire	05X	NHS Telford and Wrekin CCG	1.0%	0.2%
E10000028	Staffordshire	05Y	NHS Walsall CCG	1.6%	0.5%
E10000028	Staffordshire	05H	NHS Warwickshire North CCG	1.1%	0.2%
E10000028	Staffordshire	06A	NHS Wolverhampton CCG	2.6%	0.8%
E10000028	Staffordshire	06D	NHS Wyre Forest CCG	0.2%	0.0%
E08000007	Stockport	01C	NHS Eastern Cheshire CCG	1.6%	1.1%
E08000007	Stockport	14L	NHS Manchester CCG	1.1%	2.2%
E08000007	Stockport	01W	NHS Stockport CCG	94.9%	96.5%
E08000007	Stockport	01Y	NHS Tameside and Glossop CCG	0.2%	0.2%
E06000004	Stockton-on-Tees	00C	NHS Darlington CCG	0.4%	0.2%
E06000004	Stockton-on-Tees	00D	NHS Durham Dales, Easington and Sedgfield CCG	0.4%	0.6%
E06000004	Stockton-on-Tees	03D	NHS Hambleton, Richmondshire and Whitby CCG	0.1%	0.1%
E06000004	Stockton-on-Tees	00K	NHS Hartlepool and Stockton-On-Tees CCG	66.9%	98.4%
E06000004	Stockton-on-Tees	00M	NHS South Tees CCG	0.4%	0.7%

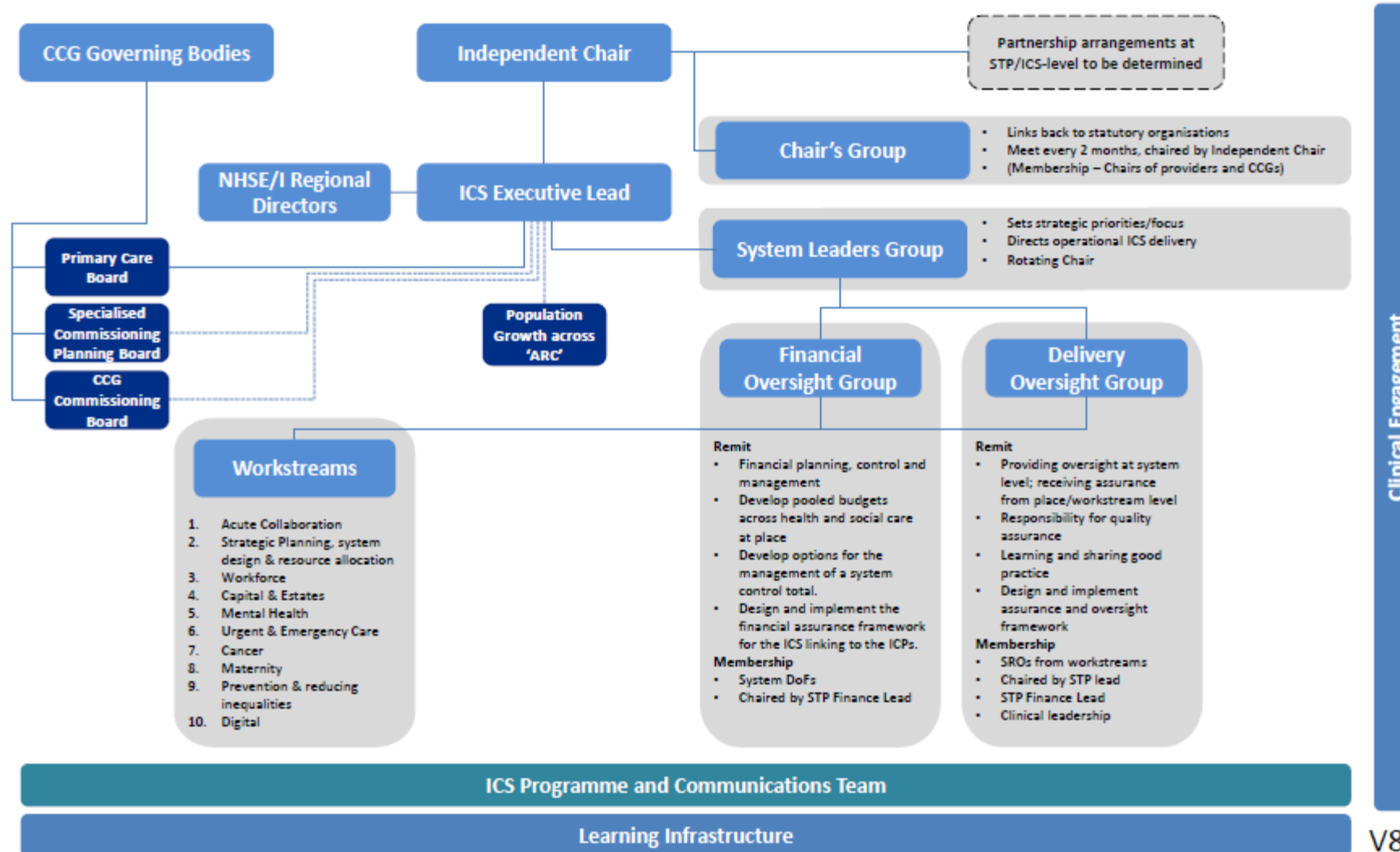
E06000021	Stoke-on-Trent	05G	NHS North Staffordshire CCG	3.3%	2.7%
E06000021	Stoke-on-Trent	05V	NHS Stafford and Surrounds CCG	0.5%	0.3%
E06000021	Stoke-on-Trent	05W	NHS Stoke on Trent CCG	91.2%	97.1%
E10000029	Suffolk	06H	NHS Cambridgeshire and Peterborough CCG	0.2%	0.2%
E10000029	Suffolk	06M	NHS Great Yarmouth and Waveney CCG	52.3%	16.3%
E10000029	Suffolk	06L	NHS Ipswich and East Suffolk CCG	99.6%	52.9%
E10000029	Suffolk	06T	NHS North East Essex CCG	1.4%	0.6%
E10000029	Suffolk	06Y	NHS South Norfolk CCG	1.1%	0.3%
E10000029	Suffolk	07H	NHS West Essex CCG	0.1%	0.0%
E10000029	Suffolk	07K	NHS West Suffolk CCG	91.1%	29.7%
E08000024	Sunderland	00D	NHS Durham Dales, Easington and Sedgfield CCG	0.9%	0.9%
E08000024	Sunderland	13T	NHS Newcastle Gateshead CCG	0.5%	0.9%
E08000024	Sunderland	00J	NHS North Durham CCG	2.2%	1.9%
E08000024	Sunderland	00N	NHS South Tyneside CCG	0.5%	0.3%
E08000024	Sunderland	00P	NHS Sunderland CCG	98.5%	96.0%
E10000030	Surrey	07Q	NHS Bromley CCG	0.4%	0.1%
E10000030	Surrey	09G	NHS Coastal West Sussex CCG	0.2%	0.0%
E10000030	Surrey	09H	NHS Crawley CCG	6.6%	0.7%
E10000030	Surrey	07V	NHS Croydon CCG	1.3%	0.4%
E10000030	Surrey	15D	NHS East Berkshire CCG	3.4%	1.2%
E10000030	Surrey	09L	NHS East Surrey CCG	96.6%	14.1%
E10000030	Surrey	09N	NHS Guildford and Waverley CCG	94.0%	16.9%
E10000030	Surrey	09X	NHS Horsham and Mid Sussex CCG	1.5%	0.3%
E10000030	Surrey	07Y	NHS Hounslow CCG	0.7%	0.2%
E10000030	Surrey	08J	NHS Kingston CCG	4.5%	0.7%
E10000030	Surrey	08R	NHS Merton CCG	0.3%	0.0%
E10000030	Surrey	99M	NHS North East Hampshire and Farnham CCG	23.0%	4.2%
E10000030	Surrey	10J	NHS North Hampshire CCG	0.1%	0.0%
E10000030	Surrey	09Y	NHS North West Surrey CCG	99.4%	29.5%
E10000030	Surrey	08P	NHS Richmond CCG	0.7%	0.1%
E10000030	Surrey	10V	NHS South Eastern Hampshire CCG	0.1%	0.0%
E10000030	Surrey	99H	NHS Surrey Downs CCG	97.4%	23.8%
E10000030	Surrey	10C	NHS Surrey Heath CCG	98.9%	7.6%
E10000030	Surrey	08T	NHS Sutton CCG	1.2%	0.2%
E10000030	Surrey	99J	NHS West Kent CCG	0.2%	0.0%
E09000029	Sutton	07V	NHS Croydon CCG	1.0%	1.9%
E09000029	Sutton	08J	NHS Kingston CCG	3.5%	3.4%
E09000029	Sutton	08K	NHS Lambeth CCG	0.1%	0.2%
E09000029	Sutton	08R	NHS Merton CCG	6.3%	6.7%
E09000029	Sutton	99H	NHS Surrey Downs CCG	1.3%	1.9%
E09000029	Sutton	08T	NHS Sutton CCG	94.7%	85.6%
E09000029	Sutton	08X	NHS Wandsworth CCG	0.2%	0.3%
E06000030	Swindon	11M	NHS Gloucestershire CCG	0.0%	0.2%
E06000030	Swindon	12D	NHS Swindon CCG	96.0%	98.2%
E06000030	Swindon	99N	NHS Wiltshire CCG	0.7%	1.5%
E08000008	Tameside	14L	NHS Manchester CCG	2.2%	5.8%
E08000008	Tameside	00Y	NHS Oldham CCG	3.6%	3.9%
E08000008	Tameside	01W	NHS Stockport CCG	1.8%	2.3%
E08000008	Tameside	01Y	NHS Tameside and Glossop CCG	85.2%	88.0%
E06000020	Telford and Wrekin	05N	NHS Shropshire CCG	1.8%	2.9%
E06000020	Telford and Wrekin	05X	NHS Telford and Wrekin CCG	96.7%	97.1%
E06000034	Thurrock	07L	NHS Barking and Dagenham CCG	0.3%	0.3%
E06000034	Thurrock	99E	NHS Basildon and Brentwood CCG	0.2%	0.3%
E06000034	Thurrock	08F	NHS Havering CCG	0.2%	0.4%
E06000034	Thurrock	07G	NHS Thurrock CCG	98.5%	99.0%
E06000027	Torbay	15N	NHS Devon CCG	11.7%	100.0%
E09000030	Tower Hamlets	07R	NHS Camden CCG	1.1%	0.9%
E09000030	Tower Hamlets	09A	NHS Central London (Westminster) CCG	0.5%	0.3%
E09000030	Tower Hamlets	07T	NHS City and Hackney CCG	0.9%	0.9%
E09000030	Tower Hamlets	08C	NHS Hammersmith and Fulham CCG	0.8%	0.5%
E09000030	Tower Hamlets	08H	NHS Islington CCG	0.2%	0.1%
E09000030	Tower Hamlets	08M	NHS Newham CCG	0.2%	0.2%
E09000030	Tower Hamlets	08V	NHS Tower Hamlets CCG	98.9%	96.9%
E08000009	Trafford	14L	NHS Manchester CCG	2.7%	7.0%
E08000009	Trafford	01G	NHS Salford CCG	0.1%	0.1%
E08000009	Trafford	02A	NHS Trafford CCG	95.7%	92.7%
E08000009	Trafford	02E	NHS Warrington CCG	0.1%	0.1%
E08000036	Wakefield	02P	NHS Barnsley CCG	0.9%	0.6%
E08000036	Wakefield	15F	NHS Leeds CCG	0.4%	1.0%
E08000036	Wakefield	03J	NHS North Kirklees CCG	0.6%	0.3%
E08000036	Wakefield	03R	NHS Wakefield CCG	94.5%	98.0%
E08000030	Walsall	15E	NHS Birmingham and Solihull CCG	1.1%	4.8%
E08000030	Walsall	04Y	NHS Cannock Chase CCG	0.7%	0.3%
E08000030	Walsall	05L	NHS Sandwell and West Birmingham CCG	1.6%	3.1%
E08000030	Walsall	05Y	NHS Walsall CCG	92.8%	90.4%
E08000030	Walsall	06A	NHS Wolverhampton CCG	1.4%	1.4%
E09000031	Waltham Forest	07T	NHS City and Hackney CCG	0.4%	0.4%
E09000031	Waltham Forest	08C	NHS Hammersmith and Fulham CCG	0.3%	0.2%
E09000031	Waltham Forest	08D	NHS Haringey CCG	0.1%	0.1%
E09000031	Waltham Forest	08M	NHS Newham CCG	1.3%	1.7%
E09000031	Waltham Forest	08N	NHS Redbridge CCG	1.4%	1.4%
E09000031	Waltham Forest	08W	NHS Waltham Forest CCG	94.3%	96.1%

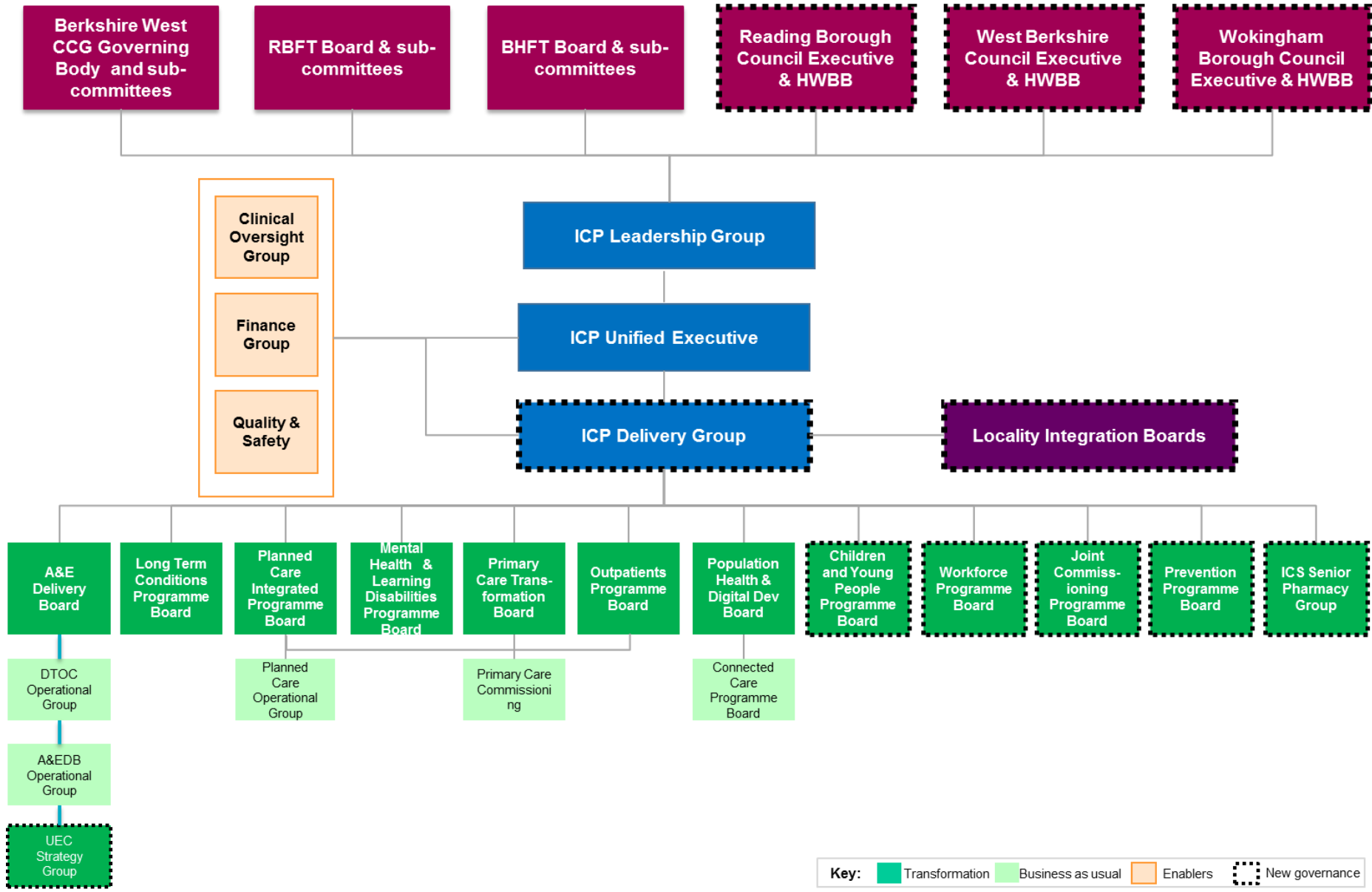
E09000032	Wandsworth	09A	NHS Central London (Westminster) CCG	0.9%	0.6%
E09000032	Wandsworth	08C	NHS Hammersmith and Fulham CCG	1.0%	0.6%
E09000032	Wandsworth	08J	NHS Kingston CCG	0.1%	0.0%
E09000032	Wandsworth	08K	NHS Lambeth CCG	3.2%	3.5%
E09000032	Wandsworth	08R	NHS Merton CCG	2.8%	1.6%
E09000032	Wandsworth	08P	NHS Richmond CCG	1.3%	0.7%
E09000032	Wandsworth	08X	NHS Wandsworth CCG	88.3%	92.6%
E09000032	Wandsworth	08Y	NHS West London (K&C & QPP) CCG	0.7%	0.4%
E06000007	Warrington	01F	NHS Halton CCG	0.3%	0.2%
E06000007	Warrington	01G	NHS Salford CCG	0.5%	0.6%
E06000007	Warrington	01X	NHS St Helens CCG	2.2%	2.0%
E06000007	Warrington	02E	NHS Warrington CCG	97.6%	97.0%
E06000007	Warrington	02H	NHS Wigan Borough CCG	0.2%	0.2%
E10000031	Warwickshire	15E	NHS Birmingham and Solihull CCG	0.2%	0.5%
E10000031	Warwickshire	05A	NHS Coventry and Rugby CCG	25.2%	21.5%
E10000031	Warwickshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E10000031	Warwickshire	04G	NHS Nene CCG	0.2%	0.2%
E10000031	Warwickshire	10Q	NHS Oxfordshire CCG	0.3%	0.3%
E10000031	Warwickshire	05J	NHS Redditch and Bromsgrove CCG	0.7%	0.2%
E10000031	Warwickshire	05Q	NHS South East Staffs and Seisdon Peninsular CCG	0.8%	0.3%
E10000031	Warwickshire	05R	NHS South Warwickshire CCG	96.1%	45.8%
E10000031	Warwickshire	05H	NHS Warwickshire North CCG	96.7%	30.7%
E10000031	Warwickshire	04V	NHS West Leicestershire CCG	0.5%	0.3%
E06000037	West Berkshire	15A	NHS Berkshire West CCG	30.0%	97.6%
E06000037	West Berkshire	10J	NHS North Hampshire CCG	0.7%	0.9%
E06000037	West Berkshire	10Q	NHS Oxfordshire CCG	0.2%	1.1%
E06000037	West Berkshire	99N	NHS Wiltshire CCG	0.1%	0.4%
E10000032	West Sussex	09D	NHS Brighton and Hove CCG	1.1%	0.4%
E10000032	West Sussex	09G	NHS Coastal West Sussex CCG	99.5%	57.5%
E10000032	West Sussex	09H	NHS Crawley CCG	93.4%	14.0%
E10000032	West Sussex	09L	NHS East Surrey CCG	0.3%	0.0%
E10000032	West Sussex	09N	NHS Guildford and Waverley CCG	3.1%	0.8%
E10000032	West Sussex	99K	NHS High Weald Lewes Havens CCG	1.1%	0.2%
E10000032	West Sussex	09X	NHS Horsham and Mid Sussex CCG	95.7%	25.9%
E10000032	West Sussex	10V	NHS South Eastern Hampshire CCG	4.1%	1.0%
E10000032	West Sussex	99H	NHS Surrey Downs CCG	0.6%	0.2%
E09000033	Westminster	07P	NHS Brent CCG	1.3%	2.0%
E09000033	Westminster	07R	NHS Camden CCG	3.0%	3.4%
E09000033	Westminster	09A	NHS Central London (Westminster) CCG	79.3%	71.3%
E09000033	Westminster	08C	NHS Hammersmith and Fulham CCG	0.6%	0.6%
E09000033	Westminster	08K	NHS Lambeth CCG	0.1%	0.2%
E09000033	Westminster	08Y	NHS West London (K&C & QPP) CCG	23.1%	22.6%
E08000010	Wigan	00T	NHS Bolton CCG	0.2%	0.1%
E08000010	Wigan	01G	NHS Salford CCG	0.8%	0.6%
E08000010	Wigan	01X	NHS St Helens CCG	3.8%	2.2%
E08000010	Wigan	02E	NHS Warrington CCG	0.4%	0.2%
E08000010	Wigan	02G	NHS West Lancashire CCG	2.8%	1.0%
E08000010	Wigan	02H	NHS Wigan Borough CCG	96.7%	95.7%
E06000054	Wiltshire	11E	NHS Bath and North East Somerset CCG	0.9%	0.4%
E06000054	Wiltshire	15A	NHS Berkshire West CCG	0.2%	0.2%
E06000054	Wiltshire	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.2%	0.5%
E06000054	Wiltshire	11J	NHS Dorset CCG	0.3%	0.4%
E06000054	Wiltshire	11M	NHS Gloucestershire CCG	0.4%	0.5%
E06000054	Wiltshire	11X	NHS Somerset CCG	0.3%	0.4%
E06000054	Wiltshire	12D	NHS Swindon CCG	1.3%	0.6%
E06000054	Wiltshire	11A	NHS West Hampshire CCG	0.1%	0.2%
E06000054	Wiltshire	99N	NHS Wiltshire CCG	96.7%	96.8%
E06000040	Windsor and Maidenhead	15A	NHS Berkshire West CCG	0.4%	1.3%
E06000040	Windsor and Maidenhead	14Y	NHS Buckinghamshire CCG	0.3%	1.1%
E06000040	Windsor and Maidenhead	15D	NHS East Berkshire CCG	34.1%	96.9%
E06000040	Windsor and Maidenhead	09Y	NHS North West Surrey CCG	0.2%	0.5%
E06000040	Windsor and Maidenhead	10Q	NHS Oxfordshire CCG	0.0%	0.2%
E06000040	Windsor and Maidenhead	10C	NHS Surrey Heath CCG	0.1%	0.0%
E08000015	Wirral	02F	NHS West Cheshire CCG	0.4%	0.3%
E08000015	Wirral	12F	NHS Wirral CCG	99.7%	99.7%
E06000041	Wokingham	15A	NHS Berkshire West CCG	31.5%	97.0%
E06000041	Wokingham	15D	NHS East Berkshire CCG	1.0%	2.6%
E06000041	Wokingham	10Q	NHS Oxfordshire CCG	0.1%	0.4%
E08000031	Wolverhampton	05C	NHS Dudley CCG	1.3%	1.5%
E08000031	Wolverhampton	05L	NHS Sandwell and West Birmingham CCG	0.1%	0.3%
E08000031	Wolverhampton	05Q	NHS South East Staffs and Seisdon Peninsular CCG	1.8%	1.4%
E08000031	Wolverhampton	05Y	NHS Walsall CCG	3.4%	3.5%
E08000031	Wolverhampton	06A	NHS Wolverhampton CCG	93.8%	93.4%
E10000034	Worcestershire	15E	NHS Birmingham and Solihull CCG	0.9%	2.0%
E10000034	Worcestershire	05C	NHS Dudley CCG	0.7%	0.4%
E10000034	Worcestershire	11M	NHS Gloucestershire CCG	0.5%	0.6%
E10000034	Worcestershire	05F	NHS Herefordshire CCG	0.9%	0.3%
E10000034	Worcestershire	05J	NHS Redditch and Bromsgrove CCG	95.8%	27.7%
E10000034	Worcestershire	05N	NHS Shropshire CCG	0.3%	0.1%
E10000034	Worcestershire	05R	NHS South Warwickshire CCG	2.3%	1.1%
E10000034	Worcestershire	05T	NHS South Worcestershire CCG	97.2%	49.3%
E10000034	Worcestershire	06D	NHS Wyre Forest CCG	98.3%	18.6%
E06000014	York	03E	NHS Harrogate and Rural District CCG	0.2%	0.1%
E06000014	York	03Q	NHS Vale of York CCG	60.2%	99.9%

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BOB ICS Governance





Key: Transformation (Solid Green), Business as usual (Solid Light Green), Enablers (Solid Orange), New governance (Dashed Border)

West Berkshire Vision 2036 Strategy Alignment

Report being considered by: Health and Wellbeing Board

On: 3 October 2019

Report Author: Jo Reeves

Item for: Please select:

1. Purpose of the Report

1.1 To report on the alignment of current and emerging strategies with the aspirations outlined in West Berkshire Vision 2036.

2. Recommendation

2.1 The Board should identify specific strategies and plans for discussion in order to ensure alignment with the Vision and partnership engagement and add these to the Forward Plan. The Steering Group have recommended the following:

- (1) Building Communities Together Strategic Action Plan
- (2) Housing Strategy
- (3) Reducing Rough Sleeping Plan
- (4) Buckinghamshire, Oxfordshire and Berkshire West Workforce Strategy
- (5) Culture Strategy
- (6) Environment Strategy

3. How the Health and Wellbeing Board can help

3.1 Contribute to the Forward Plan to ensure appropriate oversight of strategy development across the partnership.

<b style="color: #008080;">Will the recommendation require the matter to be referred to the Executive for final determination?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
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4. Introduction/Background

4.1 In January 2019 the Health and Wellbeing Board adopted the West Berkshire Vision 2036 (the Vision), a document which sets out the aspirations of the partnership for the area and residents of West Berkshire to 2036.

4.2 The Annual Health and Wellbeing Conference on 4th April 2019 was centred on the Vision and asked attendees to consider what it means for them and what the steps are to achieving it. A query was raised regarding whether the Board had assurance that the appropriate governance and strategies were in place to achieve the Vision.

A conference report was presented to the Health and Wellbeing Board on 30 May 2019 and a recommendation was agreed to consider a report later in the year which describes the alignment of all partners' current and emerging strategies with the ambitions in the West Berkshire Vision 2036.

5. Supporting Information

- 5.1 The appended table maps the aspirations in the Vision against the current and emerging strategies and plans which will work towards those goals. The Board has direct influence as a partnership over some plans and indirect influence through member organisations over others.

6. Options for Consideration

- 6.1 The Board could use this information to inform different approaches:
- (1) Note the information and keep a watching brief.
 - (2) Establish formal governance structures to gain control of delivery of the Vision.
 - (3) Identify specific strategies and plans for discussion at the Board in order to ensure alignment with the Vision and partnership engagement.

7. Proposal

- 7.1 The Board should identify specific strategies and plans for discussion in order to ensure alignment with the Vision and partnership engagement. This is consistent with the Board's role to be assured of work ongoing in the system, while devolving responsibility for doing that work to member organisations.

8. Conclusion

- 8.1 The West Berkshire Vision 2036 is a wide reaching document which outlines the aspirations of the Health and Wellbeing Board for West Berkshire. It is a long term plan which requires the engagement of all partners and other stakeholders including the public.
- 8.2 It is important that the Vision remains a live document and that it is used to shape strategies and plans across the partnership. The Board, as sponsors of the Vision, have a role to ensure this happens.

9. Consultation and Engagement

- 9.1 Bryan Lyttle (Planning and Transport Policy Manager), Jenny Graham (Transport Policy Team Leader), Gabrielle Mancini (Economic Development Officer), Matt Pearce (Head of Public Health and Wellbeing), Paul Anstey (Head of Public Protection and Culture), Paul James (Cultural Services Manager), Susan Powell (Building Communities Together Manager), Sally Kelsall (Housing Strategy and Operations Manager)

10. Appendices

Appendix A – Vision 2036 Strategy Alignment

Background Papers:

West Berkshire Vision 2036

Health and Wellbeing Priorities 2018/19 Supported:

- Promote positive mental health and wellbeing for adults.
- Improve opportunities for vulnerable people to access education, employment, training and volunteering.

Health and Wellbeing Strategic Aims Supported:

The proposals will help achieve the following Health and Wellbeing Strategy aim(s):

- Give every child the best start in life
- Support mental health and wellbeing throughout life
- Reduce premature mortality by helping people lead healthier lives
- Build a thriving and sustainable environment in which communities can flourish
- Help older people maintain a healthy, independent life for as long as possible

Officer details:

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Vision Theme/ Ambition	Strategy/ Delivery Plan	Responsible Organisation	Status
A West Berkshire where everybody has what they need to fulfil their potential			
West Berkshire's communities will decide together what services they see as a priority and will, where they wish to, participate in how they are delivered.	Economic Development Strategy	WBC	In draft
We will monitor technological change and give the district's young people the skills and equipment they need to compete in our changing world.	Economic Development Strategy	WBC	In draft
We will seek to improve attainment in STEAM (science, technology, engineering, arts and maths) subjects and will explore the use of different educational models, including T Levels and apprenticeships, to meet demand.	Economic Development Strategy	WBC	In draft
We will seek to become a national exemplar with the best opportunities for social mobility of any local authority area.	Economic Development Strategy	WBC	In draft
We will renew the focus on equality of opportunity and ensure that those who want to are given the chance to enter, or re-enter, the workplace.	Economic Development Strategy	WBC	In draft
We will help to facilitate an environment in which the older generation are encouraged to stay in the work place longer, allowing them contribute to the local economy and their local communities supported and enabled through the use of the best technology.	Economic Development Strategy	WBC	In draft
We will educate residents as to how they can spot, prevent and discourage these crimes as well as taking all necessary action when they do occur.	Police and Crime Plan	TVP	Approved
We will put further measures into place to protect communities, should a threat arise, and ensure that residents are aware of potential threats and how to act accordingly.	Police and Crime Plan	TVP	Approved
We will work together to confront the root cause of these specific local concerns to promote better outcomes for those affected.	BCT Strategic Action Plan	BCT	Approved
We will ensure that all residents are given the opportunity to participate in their communities and can access the services they need.	BCT Strategic Action Plan	BCT	Approved
We commit to creating a skilled West Berkshire where communities work and grow together.	Economic Development Strategy	WBC	In draft

Vision Theme/ Ambition	Strategy/ Delivery Plan	Responsible Organisation	Status
A West Berkshire with a housing mix with something for everyone			
We will explore, and subsequently deliver, the types of homes and tenures required to address skills shortages as well as to encourage younger residents to remain in West Berkshire.	Housing Strategy	WBC	In draft
We will work together to establish delivery vehicles for appropriate housing for residents on lower incomes.	Housing Strategy/ Local Plan	WBC	In draft
We will consider where existing buildings can be refurbished to create modern homes and business units.	Local Plan	WBC	In draft
We will monitor and review these changes and ensure planning and delivery of housing responds to shifts in demand and need.	Local Plan	WBC	In draft
We will widen choice and opportunity to access housing that supports continued independence, such as cohousing or home sharing.	Housing Strategy	WBC	In draft
We will look to achieve a safe rebalancing of resources from in-hospital to community-based care, carrying out adaptations where necessary, and will encourage innovative approaches to meeting the housing and support needs of older people.	Housing Strategy	WBC	In draft
We will look continue to work together to alleviate rough sleeping as soon as possible and to eliminate it within timeframes laid out nationally.	Reducing Rough Sleeping Plan/ Homelessness Strategy	WBC	In draft
We will understand what facilities new neighbourhoods require to be truly 'age friendly' whilst supporting our naturally occurring retirement communities. We will also prioritise access to services essential to the health, wellbeing, education and employment for all residents.	Local Plan	WBC	In draft

Vision Theme/ Ambition	Strategy/ Delivery Plan	Responsible Organisation	Status
A West Berkshire that welcomes business, enterprise and industry into a productive, growing and dynamic local economy			
We will attract funding for transport links and harness technological advances to ensure that West Berkshire is one of the top destinations of choice for these companies.	Economic Development Strategy/ Local Transport Plan/ Local Plan	WBC	In draft
We will focus on high quality, sustainable builds in which companies are proud to do business.	Economic Development Strategy/ Local Plan	WBC	In draft
We will make the best possible use of technology while monitoring the potential impact on the workforce.	Economic Development Strategy	WBC	In draft
We will actively engage with and support these industries in locating premises, employees and partnerships.	Economic Development Strategy	WBC	In draft
We will consider our role in facilitating this creativity so that those with ideas can work within an environment that enables them to succeed.	Economic Development Strategy	WBC	In draft
We will invest in infrastructure that will make it the best-connected, as well as one of the most desirable, business locations in the South East.	Economic Development Strategy/ Local Transport Plan	WBC	In draft
We will invest in training and will consider developing low cost housing available for social rent to enable employees to locate themselves within West Berkshire.	Economic Development Strategy	WBC	In draft
We will support these businesses at every stage, from start-up advice, to location sourcing to ongoing engagement.	Economic Development Strategy	WBC	In draft
We will do all we can to boost the size of the workforce, encouraging people from all demographics to remain economically active and attracting those with the skillsets we need to fill vacancies. We will also concentrate on retaining our talent, so that people who were born in West Berkshire and study elsewhere will aspire to return to live and work here.	Economic Development Strategy Health and Wellbeing Strategy	WBC HWBB	In draft
We will be pro-active and explore every single opportunity to expand the district's business offering.	Economic Development Strategy	WBC	In draft
We will start a meaningful conversation about how we can develop, the district, in a sensitive, landscape-led way to meet demand.	Local Transport Plan: Network Management Plan	WBC	In draft
We will work together to enable residents to take advantage of technological innovation in car use, prioritising the installation of the requisite charging points.	Local Transport Plan: Smarter Choices Strategy	WBC	Approved
We will monitor this shift (away from car use) and, where necessary, will influence changes that promote environmental sustainability.	Local Transport Plan: Smarter Choices Strategy	WBC	Approved

Vision Theme/ Ambition	Strategy/ Delivery Plan	Responsible Organisation	Status
We will work together to ensure that supporting infrastructure around our train stations allows all of our residents and businesses to access these markets so that they compete internationally.	Local Transport Plan: Network Management Plan	WBC	Approved
We will forge closer links with neighbouring areas where this stimulates growth in the district. (Strategic crossroads)	Economic Development Strategy	WBC	In draft
We will work together to both pro-actively and reactively address these (strategic roads) issues.	Local Development Plan/ Local Transport Plan	WBC	In draft
We will put the pedestrian and the cyclist at the heart of spatial planning, creating modern walkable and cycleable communities.	Local Transport Plan: Active Travel Strategy Health and Wellbeing Strategy	WBC	Approved
A West Berkshire where the health and wellbeing of all residents of all ages and backgrounds is good			
We will empower individuals and communities to take greater responsibility for their health and provide support for those who need it at all stages of life.	Health and Wellbeing Strategy	HWBB	Approved
We will work with children, families, schools and nurseries to support every child to have the best start in life so they become healthy, resilient adults.	Health and Wellbeing Strategy	HWBB	Approved
We will create a stigma-free West Berkshire where people have the tools they need to manage their mental wellbeing, while ensuring high quality services are there to help those who need more support.	Health and Wellbeing Strategy	HWBB	Approved
We will invest in the wellbeing of our elderly residents ensuring that individuals, carers and families take an active role in their health and wellbeing with greater choice and control over their care.	Health and Wellbeing Strategy	HWBB	Approved
We will reduce health inequalities where we can by delivering interventions for everybody, but focussing on those who need more help.	Health and Wellbeing Strategy	HWBB	Approved
We will work with our communities as equal partners to make the most of existing strengths and facilities to grow social networks and inclusion.	BCT Strategic Action Plan Health and Wellbeing Strategy	BCT	Approved
We will put health at the heart of all we do and promote healthy schools, towns and workplaces to enable people to make healthy choices.	Health and Wellbeing Strategy	HWBB	Approved
We will educate young people and support them and their families where they feel vulnerable, both on and offline.	Police and Crime Plan	TVP	Approved
We will work with all partners to raise awareness of the importance of antibiotic resistance.	CCG Operational Plan	BWCCG	Approved

Vision Theme/ Ambition	Strategy/ Delivery Plan	Responsible Organisation	Status
A West Berkshire with beautiful, historic and diverse landscapes and a strong cultural offering			
We will protect these precious assets and work in partnership to enhance our landscape and wildlife and the opportunity for people to enjoy them.	Local Plan	WBC	In draft
We will look to create a forum through which we can develop a comprehensive, crowd-sourced strategy about our cultural and arts offering to ensure its sustainability and to increase participation from everyone in our community.	Culture Strategy	WBC	In draft
We will commit to using renewable energy where possible, thereby reducing their carbon footprint.	Energy Strategy	PPP	In draft
We will play our role in reducing CO2 emissions and will introduce specific mitigation measures in problem areas.	Energy Strategy/ Local Plan/ Local Transport Plan	PPP	In draft
We will monitor this issue (air pollution) and take precautionary measures where necessary.	PPP Business Plan	PPP	Approved
We will consider as partners how the use of materials harmful to the environment, including plastics, can be kept as low as possible.	Waste Strategy	WBC	In draft
We will, through education and incentivisation, encourage residents to make the most environmentally sound choices available and to eliminate unnecessary waste and will also look to use new technology to facilitate recycling where we can.	Waste Strategy	WBC	In draft
We will look beyond our borders and, in doing so, will play our part in supporting national and international change (on reducing carbon emissions) through its policies and actions.	Energy Strategy	WBC/ PPP	In draft
We will do all we can to manage demand while maintaining integrity of our supply of fresh water.	Local Plan/ Water Resources Strategy	WBC/ Canal and River Trust	In draft/ approved
We will work together to provide meaningful protection to our waterways, preserving them for generations to come.	Local Plan/ Water Resources Strategy	WBC/ Canal and River Trust	In draft/ approved
We will consider how we can further develop these (cultural) assets to maximise the number of people who are able to enjoy them.	Culture Strategy	WBC	In draft
We will ensure that all of our parishes continue to be empowered to run their libraries in a way that works for them so that become multi-functional hubs, at the heart of the community.	Culture Strategy	WBC	In draft
We will consider how to boost the appeal of our centres, focusing on place-making, and ensure they are desirable to residents and visitors alike.	Economic Development Strategy	WBC	In draft

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Health and Wellbeing Board Self Assessment

Report being considered by: Health and Wellbeing Board

On: 3 October 2019

Report Author: Jo Reeves

Item for: Discussion

1. Purpose of the Report

- 1.1 The report summarises the key headlines of a self-assessment exercise and puts forward some recommendations to inform the future approach to developing a joint Health and Wellbeing Strategy with Reading and Wokingham.

2. Recommendation

- 2.1 The Board should acknowledge and celebrate the significant progress it has made since 2016 to develop better ways of working together. It should turn its focus onto whether this joint working is genuinely leading to better health and wellbeing outcomes and reduced health inequalities for the people of West Berkshire.
- 2.2 The Board should establish its role in the new integration landscape and define what it can and wants to do at the West Berkshire level.
- 2.3 The Board should determine whether it is willing to press for more resource to be diverted to further develop communication and engagement.
- 2.4 The Board should ensure that each sub-group are given enough dedicated time for development either through workshop sessions or agenda items.

Will the recommendation require the matter to be referred to the Executive for final determination?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
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3. Introduction/Background

- 3.1 At its informal meeting on 11 July 2019, the Health and Wellbeing Board (the Board) decided to complete a self-assessment in order to track progress made since the Local Government Association (LGA) ran a Peer Challenge in March 2016. It was considered timely because the Board is about to produce a new Health and Wellbeing Strategy jointly with Reading and Wokingham. The previous Strategy, adopted in 2017, was written to address some of the recommendations made by the LGA.
- 3.2 The LGA Peer Challenge took place over a few days and involved in-depth interviews with various stakeholders. The questions the Peer Team asked were agreed in advance with the Board and were as follows:
- (1) To what extent is the purpose and role of the health and wellbeing board (HWB) established?

- (2) How strong is work with key partners to develop system leadership?
- (3) To what extent is the HWB ensuring the delivery of the health and wellbeing strategy?
- (4) To what extent is there a clear approach to engagement and communication?
- (5) To what extent is the HWB enabling closer integration and the change to a cohesive and effective health system?

3.3 The Peer Team made the following recommendations from their findings:

- (1) Be clear about what you want from your HWB - is it the systems leader?
- (2) Continue to hold difficult discussion about critical and important issues
- (3) Generate pace and momentum to accelerate local improvement
- (4) Strengthen performance management
- (5) Develop and implement your communications and engagement strategy

3.4 The Peer Challenge also explored whether the three Berkshire West Health and Wellbeing Boards were inclined to work closer together to further integration. It found there was some willingness to work together but it was not clear on what or how. The Berkshire West 10 Integration Board provided those opportunities.

3.5 A number of changes to the way the Board works were brought about in response to the recommendations. This included refreshing the Health and Wellbeing Strategy, broadening the membership to include a wider range of local partners and taking a more focused approach to programme management. Particular emphasis has been given to the wider determinants of health and prevention. The LGA helped the Board to undertake a number of development workshops in order to pursue the role of a 'system leader' which emphasised that the partnership needed to act as problem solvers and 'place anchors' with a strong message about the vision and priorities for the place of West Berkshire.

3.6 The Chair and Vice-Chair of the Board agreed that the methodology for this self-assessment should be to conduct an online survey based on these questions. In addition respondents would be asked their views on the progress made against the Peer Team's recommendations. The self-assessment used an agree/ disagree scale in order to gather some comparable information. Respondents could also enter a comment into a free text box for each question.

3.7 All members of the Health and Wellbeing Board, their substitutes and members of the Board's Steering Group were invited to complete the survey which was circulated on 24 July 2019. 19 out of 39 people completed the survey, meaning a response rate of 50%.

- 3.8 The Chairman of the Health and Wellbeing Board would like to thank everyone who completed the survey and Sarah Winter, the Council's Performance, Research and Consultation Officer, for her assistance.

4. Supporting Information

- 4.1 The headline results are provided below. Tables with all the responses and comments are appended to this report.

To what extent is the purpose and role of the Health and Wellbeing Board established?

- 4.2 79% of respondents thought that the role and purpose of the Board was 'considerably' established. One comment of a respondent who thought the role was 'slightly' established questioned whether the public would know what the Health and Wellbeing Board is.

How effective is work with key partners to develop system leadership?

- 4.3 59% of respondents thought that work with key partners was 'very effective'. 35% said that the Board was 'somewhat effective'. Comments recognised that factors such as budgets and accountability to regulators might be limiting involvement of all partners.

To what extent is the HWB ensuring the delivery of the health and wellbeing strategy?

- 4.4 71% of respondents thought that the Board was ensuring the delivery of their strategy to a 'considerable' extent. The remainder said 'moderately' but there were no comments from which to infer further information.

To what extent is the approach to engagement and communication clear?

- 4.5 47% of respondents thought that the approach was 'moderately clear' with a further 47% who thought the approach was 'completely' or 'considerably' clear. Comments referred to the limited resources limiting the impact.

To what extent is the HWB enabling closer integration and the change to achieve a cohesive and effective health system?

- 4.6 47% of respondents thought that the extent was 'moderately' with a further 47% who thought it was 'completely' or 'considerably'.

How would you rate the progress the HWB has made against the Peer Challenge recommendation 'Be clear about what you want from your HWB - is it the systems leader?'

- 4.7 93% of respondents said 'good', 'very good', or 'excellent'. The respondent who stated 'satisfactory' commented that they would like to see the Board afforded more status by health partners.

How would you rate the progress the HWB has made against the Peer Challenge recommendation 'Continue to hold difficult discussion about critical and important issues'?

- 4.8 100% of respondents said 'satisfactory', 'good', or 'very good'. Comments acknowledge the role of the Board's Steering Group and Sub-Groups in facilitating these discussions.

How would you rate the progress the HWB has made against the Peer Challenge recommendation 'Generate pace and momentum to accelerate local improvement'?

- 4.9 68% of respondents said 'satisfactory', 'good', or 'very good'. Comments included acknowledgement that maintaining momentum is always difficult and that the system keeps changing.

How would you rate the progress the HWB has made against the Peer Challenge recommendation 'Strengthen performance management'?

- 4.10 70% of respondents said 'good' or 'very good'. Comments suggested that challenge needed to be improved and that Sub-Group chairs should more accountable to the Board and not just the Steering Group.

How would you rate the progress the HWB has made against the Peer Challenge recommendation 'Develop and implement your communications and engagement strategy'?

- 4.11 70% of respondents said 'good' or 'very good'. Comments suggested that this should be more connected and with more resource.

5. Areas of Success

- 5.1 Overall, responses to the questions gave positive answers. The majority of respondents thought that the role and purpose of the Board are well established and that it was focussed on delivering its Strategy. There is a clear approach to communications and engagement and the Board is enabling integration. The performance management approach has been strengthened. The emergence of the new Integrated Care Partnership will ensure there is political engagement in Berkshire West integration efforts.
- 5.2 Recommendation: The Board should acknowledge and celebrate the significant progress it has made since 2016 to develop better ways of working together. It should turn its focus onto whether this joint working is genuinely leading to better health and wellbeing outcomes and reduced health inequalities for the people of West Berkshire.

6. Areas for Improvement

- 6.1 The main themes arising from the comments on areas for improvement appear to be the following:

System leadership and systems change

- 6.2 The Board has overall done well to embrace its role as system leaders and to include other partners in that leadership. There are still some factors which limit the extent to which the partnership can work in a truly transformational way, i.e. budgets, regulators and external policy direction. There was some suggestion that NHS partners have not afforded the Board sufficient status, which is unsurprising considering the large scale change projects occurring in the NHS over recent years. (Sustainability and Transformation Plans and Integrated Care Systems). The importance of place is still being promoted in this new landscape, however 'place now refers to Berkshire West (consisting of Reading, Wokingham and West Berkshire).
- 6.3 Recommendation: The Board should establish its role in the new integration landscape and define what it can and wants to do at the West Berkshire level.

Public engagement

- 6.4 Progress has clearly been made with the Patient and Public Engagement (PPE) Group moving from a purely CCG group to working on the Board's behalf. However there are views that the public are still not informed well enough about the Health and Wellbeing Board and there is not enough resource or capacity to develop this further. The PPE is a passionate partnership but it is notable that it does not have input from all partner organisations' communications teams.
- 6.5 Recommendation: The Board should determine whether it is willing to press for more resource to be diverted to further develop communication and engagement.

Performance Management

- 6.6 The quarterly reports the Board now receives are based on the activities it is driving through its sub-groups and as such represents an improvement from the previous 'System Resilience' dashboard. The Board has taken a devolved approach to allow its sub-groups to develop their own action plans, drawing on the expertise of the officers in those rooms and escalating any problems back up to the Board. There was a suggestion from the survey that Chairs of the Board's sub-groups should be given clearer direction by the Board so they can be held more directly accountable.
- 6.7 Recommendation: The Board should ensure that each sub-group are given enough dedicated time for development either through workshop sessions or agenda items.

7. Conclusion

- 7.1 Significant progress has been achieved by the Health and Wellbeing Board to define its role and focus on delivering its strategy. While it needs to remain informed on system changes, it needs to ensure that it does not become distracted by changes processes and instead maintains focus on improving outcomes and reducing inequalities for the residents of West Berkshire.

8. Consultation and Engagement

- 8.1 This report has been compiled on the basis of the outcomes of a survey sent to all Health and Wellbeing Board members, their substitutes and members of the Health

and Wellbeing Steering Group. The report itself was sent to the Chairman and Vice-Chairman of the Board and the Head of Public Health, WBC.

9. Appendices

Appendix A – Tables and Comments

Appendix B – LGA Peer Challenge Letter 2016

Background Papers:

Health and Wellbeing Priorities 2017 Supported:

- Reduce alcohol related harm for all age groups
- Increase the number of Community Conversations through which local issues have been identified and addressed

Health and Wellbeing Strategic Aims Supported:

The proposals will help achieve the following Health and Wellbeing Strategy aim(s):

- Give every child the best start in life
- Support mental health and wellbeing throughout life
- Reduce premature mortality by helping people lead healthier lives
- Build a thriving and sustainable environment in which communities can flourish
- Help older people maintain a healthy, independent life for as long as possible

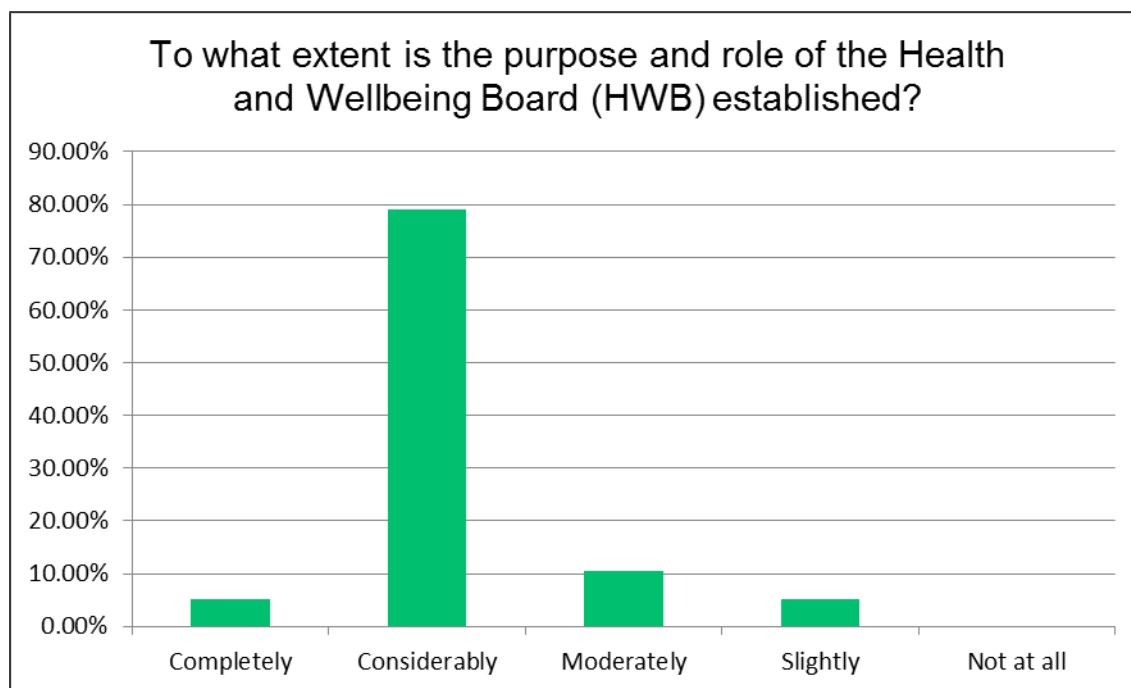
The proposals contained in this report will help to achieve the above Health and Wellbeing Strategy aim by **(add text)*

Officer details:

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Appendix A – Tables and Comments

1) To what extent is the purpose and role of the Health and Wellbeing Board established?



To what extent is the purpose and role of the Health and Wellbeing Board (HWB) established?	
Response	Comments
Considerably	HWBB Strategy makes clear the role and objectives, and there is very considerable partner buy-in to that role, and to fulfilling it. The job is very difficult, made more so by shifting environment for the partners, which slow progress. Relationships and intent and commitment very good, results slow in appearing.
Considerably	The Board has a wide representation and has focused on a range of issues including Mental Health provision, Homelessness and alcohol misuse. I welcome the Chairs proposal to focus on Health Inequalities.
Slightly	...established with whom? Council is very aware of HWB. I would estimate that no ordinary member of the public has even heard of it.
Considerably	No comment provided.
Considerably	No comment provided.
Considerably	No comment provided.
Considerably	No comment provided.
Considerably	Always believe there is more that can be done....
Considerably	Some newly elected members of council are not fully aware of the importance and the impact of the Board's work.
Considerably	I think the aims and objectives are fantastic and something everyone can relate to. Just need everyone to know this.

Health and Wellbeing Board Self Assessment

Considerably	
Moderately	
Considerably	
Considerably	
Considerably	
Considerably	I think it has a well defined role and understands its strengths and weaknesses and limits of operation
Completely	strategy and focus of meetings confirms purpose
Considerably	
Moderately	The strategy is excellent the lower tier operational needs greater engagement

2) How effective is work with key partners to develop system leadership?

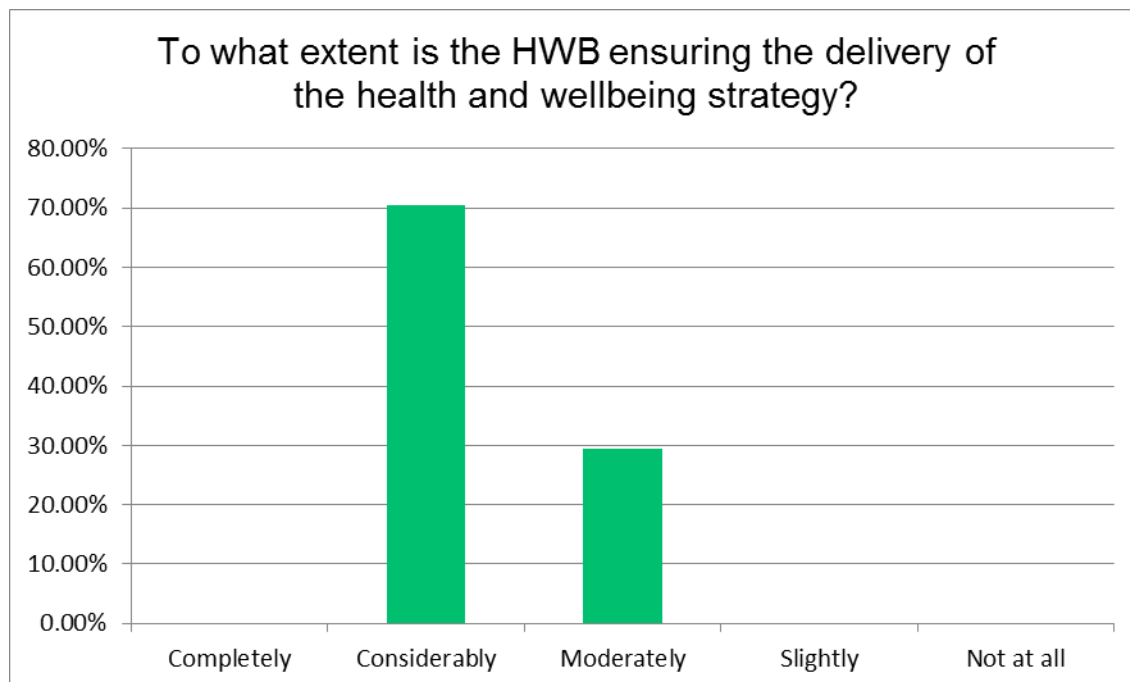


How effective is the work with key partners in developing system leadership?	
Response	Comments
Very effective	Very effective seem too effusive, somewhat effective seems to mean! See earlier comment...
Somewhat effective	I have not seen it in action sufficiently to be able to give a particularly useful response.
Very effective	
Very effective	
Somewhat effective	Not all key partners are fully involved
Very effective	
Very effective	Partnerships work well and ownership is clear.
Somewhat effective	
Very effective	I think one of the biggest advantages is the shared purpose and relationship buidling which we ordinarily would not have.
Somewhat effective	I think it needs an increased focus on driving integration, development of the Primary Care Networks should enable this.
Very effective	
Very effective	
Very effective	
Somewhat effective	It could be better, but budgets and silo reporting always trumps joint working. Also partners often have to answer to their regulators firstly, limiting integration and true joint working
Extremely effective	Board has membership across stakeholder groups

Health and Wellbeing Board Self Assessment

Very effective	
Somewhat effective	

3) To what extent is the HWB ensuring the delivery of the health and wellbeing strategy?

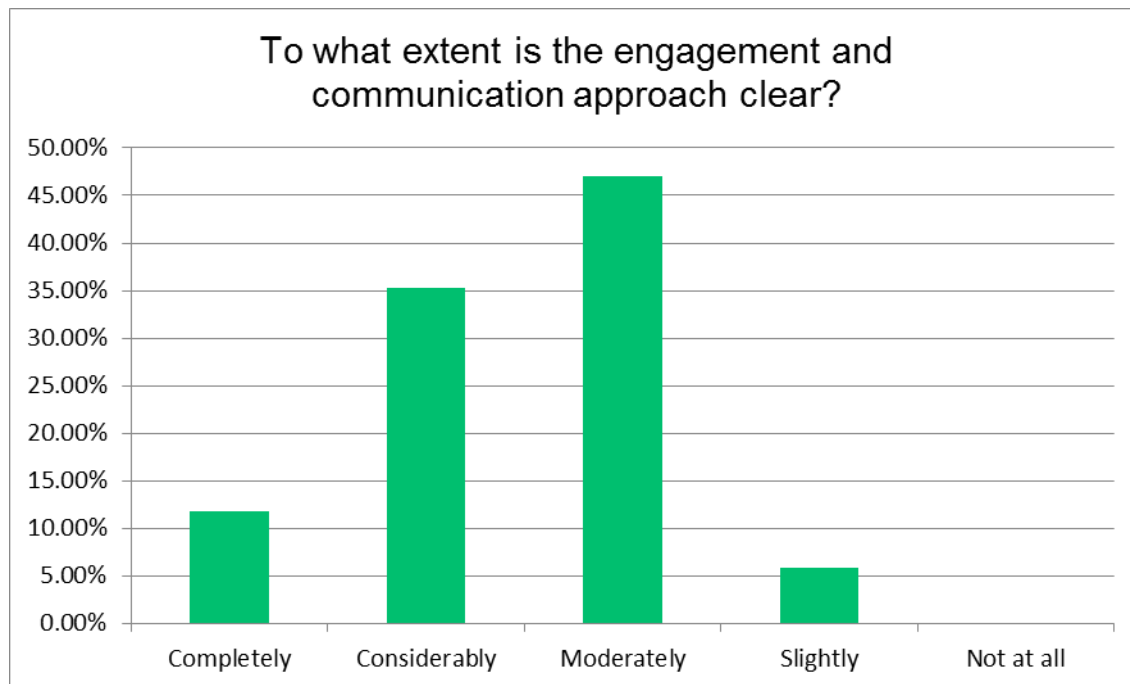


To what extent is the HWB ensuring the delivery of the health and wellbeing strategy?	
Response	Comments
Considerably	HWBB sub-groups are generally very active in following agreed actions, and those do make a difference.
Moderately	Again I have not yet acquired sufficient experience of its activity v success to give a very useful response.
Considerably	
Considerably	
Considerably	It has helped to focus on two priorities with sub groups providing the HWB with assurance other priorities are being delivered
Moderately	
Considerably	Strategy is clear and HWB is able to influence but not always directly responsible for some areas. For example Employment of vulnerable work force.
Considerably	
Considerably	It is very hard to set effective parameters to measure output and even harder when this is not a day job for most Chairs of sub-groups.
Considerably	
Considerably	
Considerably	
Moderately	
Considerably	

Health and Wellbeing Board Self Assessment

Considerably	some aspects better defined and developed and other areas have 'work in progress'
Moderately	
Moderately	

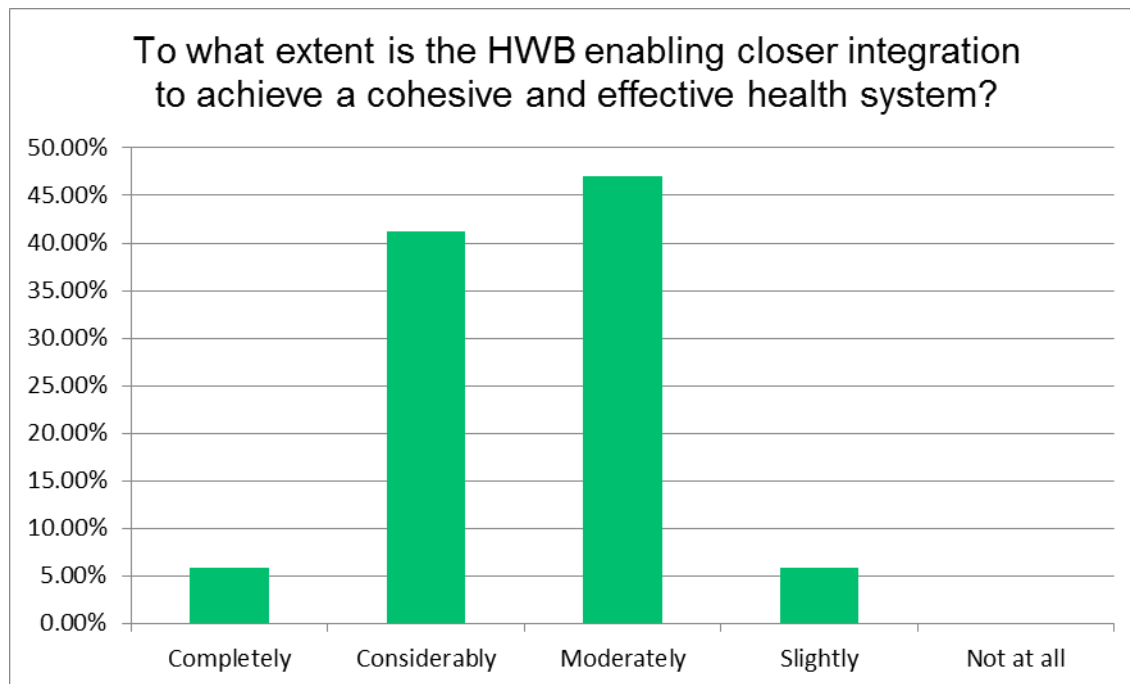
4) To what extent is there a clear approach to engagement and communication?



To what extent is the engagement and communication approach clear?	
Response	Comments
Completely	It is very clear, and very competently handled, but with severely limited resources. Therefore, our reach to members of the public is also limited in its effect.
Moderately	Again, my comments do not yet have enough experience to be especially useful.
Moderately	
Considerably	
Considerably	
Moderately	
Considerably	
Moderately	
Moderately	I think we need a clear strand for comms and marketing the HWWB. At the moment we are doing it in the background. Unfortunately that needs resource or time which is hard to dedicate. I myself am responsible for PPE but only have 1 session a month to achieve these aims.
Considerably	
Moderately	
Moderately	
Considerably	
Slightly	On of our weaker links as its done in addition to day job
Completely	sub groups work well
Considerably	

Moderately	
------------	--

5) To what extent is the HWB enabling closer integration and the change to a cohesive and effective health system?

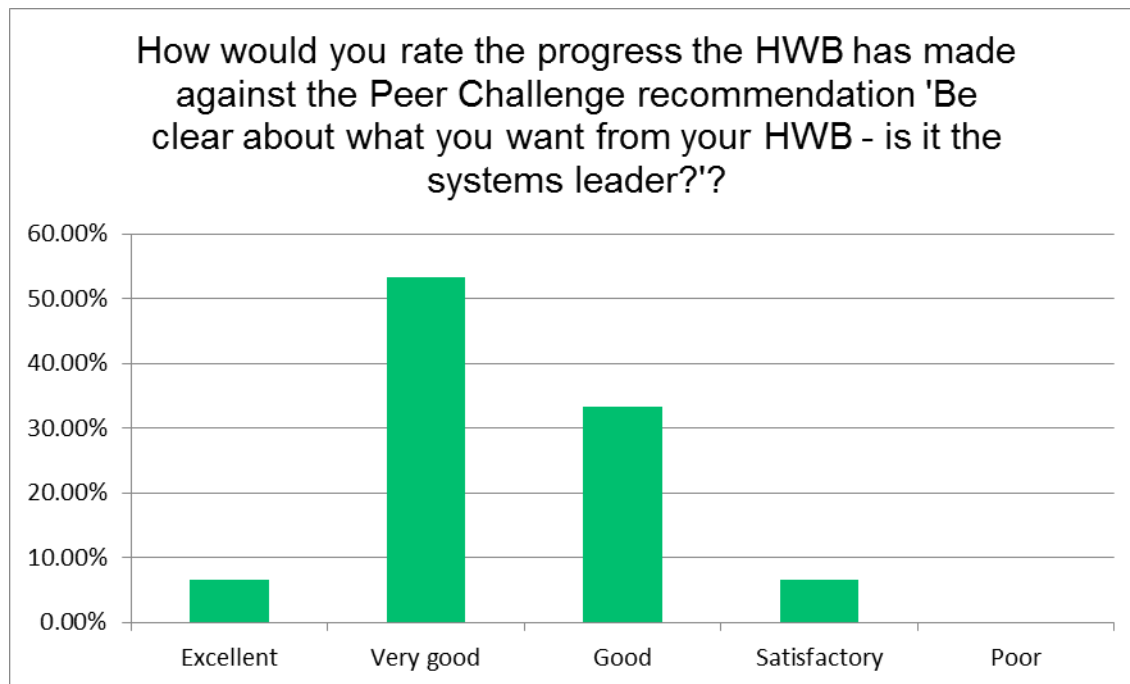


To what extent is the HWB enabling closer integration to achieve a cohesive and effective health system?	
Response	Comments
Considerably	Several key areas of joint and cooperative working are evident, the direction is clear to everyone, and the momentum seems to be increasing gradually.
Moderately	It is clear that many aspects of NHS take it seriously. However my assessment remains based on little experience thus far.
Moderately	
Moderately	
Moderately	
Moderately	
Considerably	Differing budgets impact but willingness is there.
Considerably	The board contributes strongly to wider health initiatives
Moderately	Although it is great, I believe we can still do more.
Moderately	See previous comment
Moderately	
Considerably	
Slightly	
Considerably	It has created pockets of excellence in integration and achieved some good things
Completely	noted by membership and whole system approach
Considerably	

Health and Wellbeing Board Self Assessment

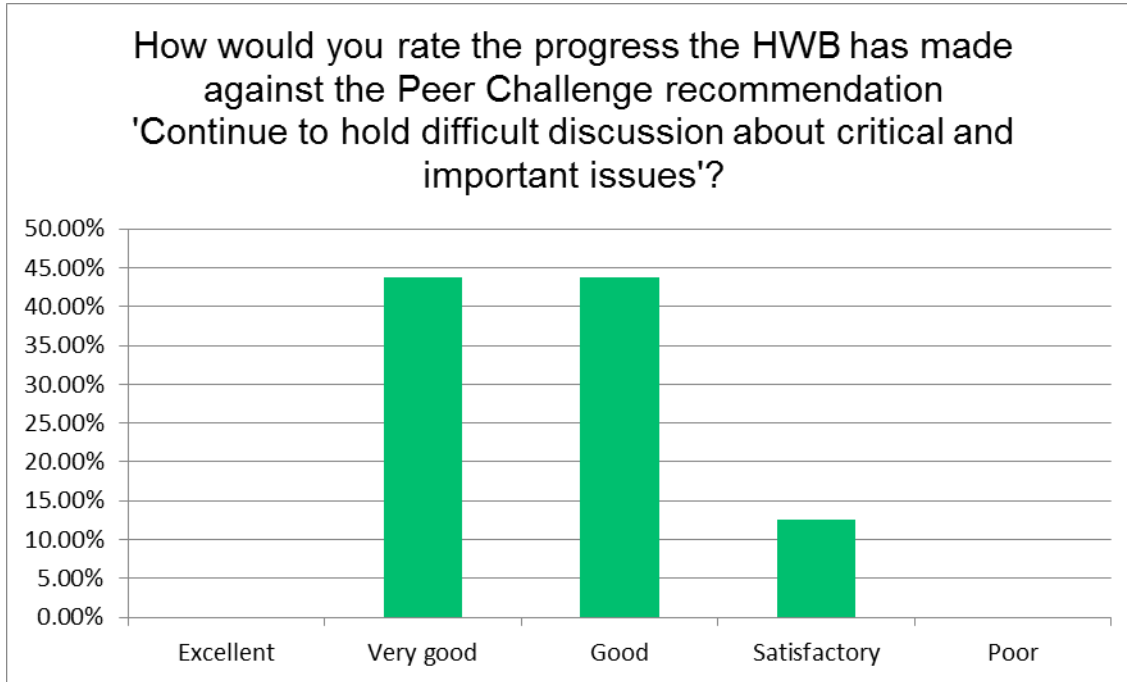
Considerably	I think this is where the greatest progress is being made. There is a clear operational and executive direction
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6) Be clear about what you want from your HWB - is it the systems leader?



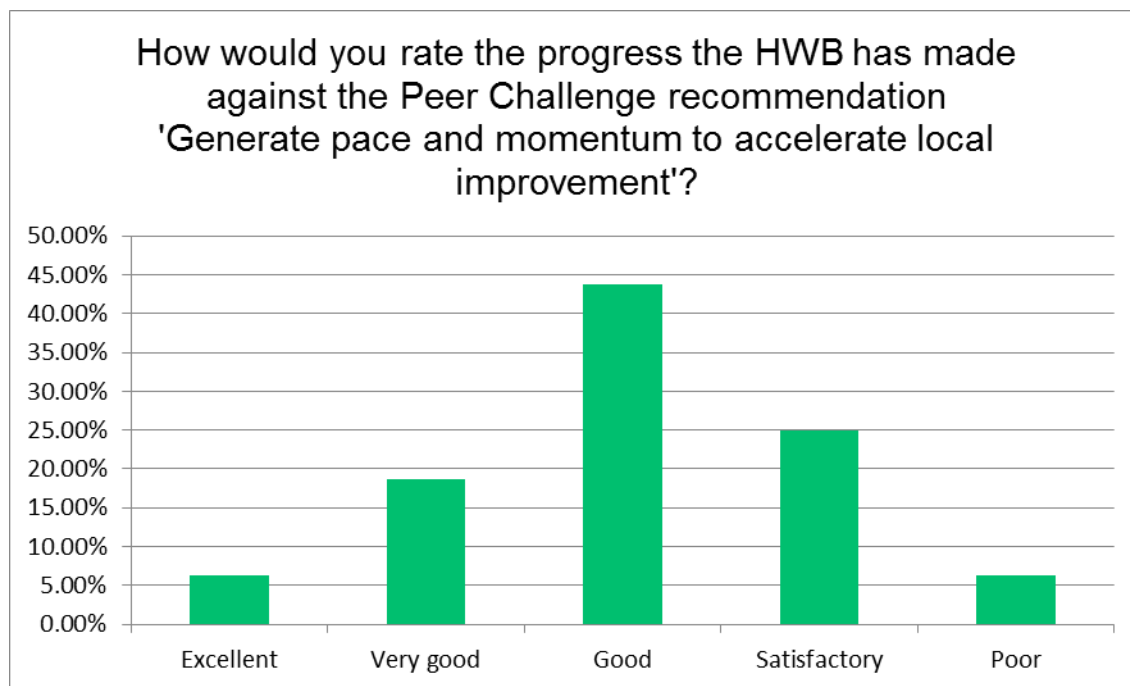
How would you rate the progress the HWB has made against the Peer Challenge recommendation 'Be clear about what you want from your HWB - is it the systems leader?'?	
Response	Comments
Good	HWBB is recognised widely as the place where system leaders come together. It is not the only decision-making forum, perhaps never can be, but all partners now want HWBB endorsement for key initiatives.
	Regret unable to give a useful response at this time.
Very good	
Good	
Excellent	
Good	
Very good	Systems lead within priority areas has worked well.
Good	
Very good	I think there is more cohesiveness and an even clearer strategy about this.
Good	I think it has a clearer focus, there is genuine debate and the changes to membership has broadened its reach.
Very good	
Very good	
Very good	
Very good	I think it questions the whatis it for and why are we doing something
Very good	expanded membership
Satisfactory	Progress has been made but I would like to see the H&WBB afforded more status by health partners
	i'm not really clear on this question

7) Continue to hold difficult discussion about critical and important issues



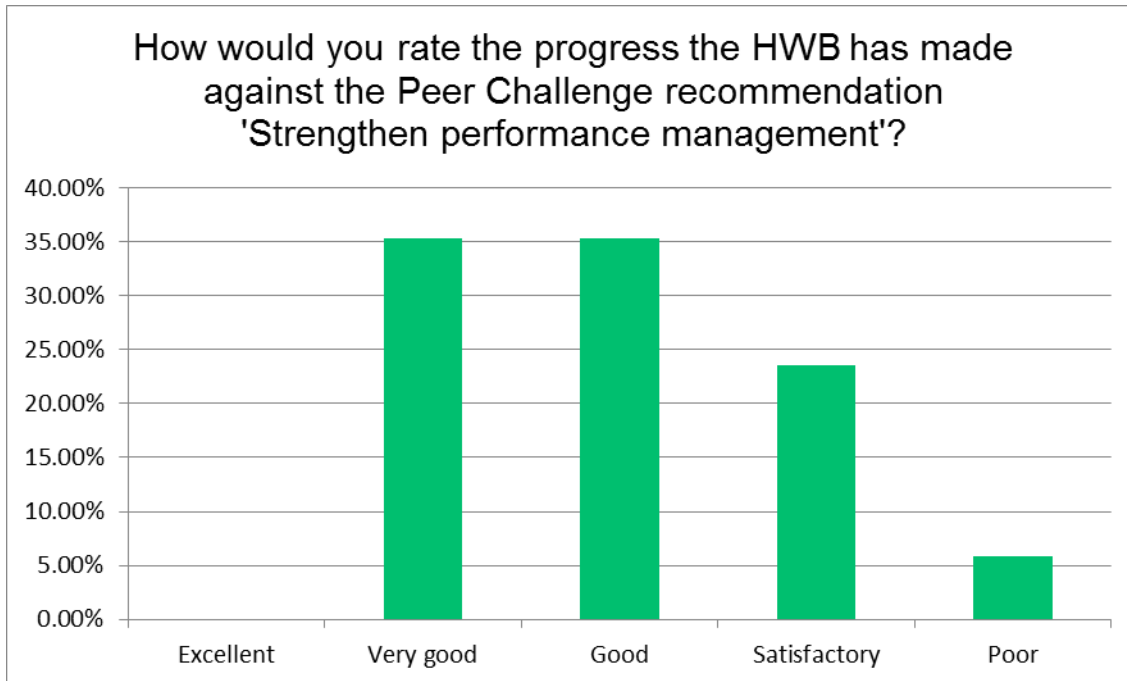
How would you rate the progress the HWB has made against the Peer Challenge recommendation 'Continue to hold difficult discussion about critical and important issues'?	
Response	Comments
Very good	
	Unable to comment usefully at this time.
Very good	
Satisfactory	
Good	
Good	
Very good	Challenge is accepted part of the process and handled well.
Very good	
Very good	I think from my opinion having an effective steering group is key and we have had some very frank discussions in that arena.
Good	
Satisfactory	
Good	
Good	
Good	Could be better
Very good	sub groups and board have these conversations
Very good	
Good	There have bee some challenges which I feel have been healthy and helpful

8) Generate pace and momentum to accelerate local improvement



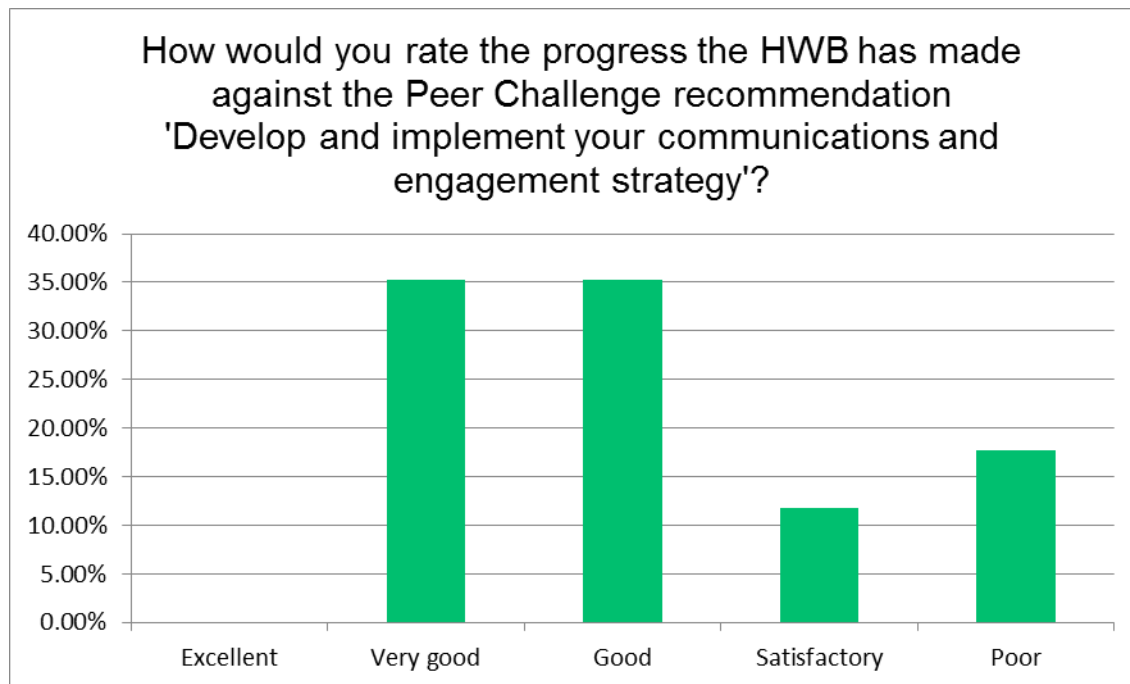
How would you rate the progress the HWB has made against the Peer Challenge recommendation 'Generate pace and momentum to accelerate local improvement'?	
Response	Comments
Good	Progress is being made undoubtedly. Pace could be faster, but producing measurable results across the board is not easy when the system keeps changing. Those changes pull attention and resources away.
Poor	Unable to give useful response at this time.
Very good	
Satisfactory	
Very good	
Satisfactory	
Good	Still feel we can get a little bogged down in quantity and complexity of work.
Good	
Good	We probably need to think bigger now and more system wide to get some bigger benefits. We have made great progress against the priorities set out for the last couple of years.
Satisfactory	
Satisfactory	
Excellent	
Good	
Very good	Has had some excellent results in Rough sleeping, DTOCS, Suicide Action
Good	always difficult to maintain momentum
Good	

9) Strengthen performance management



How would you rate the progress the HWB has made against the Peer Challenge recommendation 'Strengthen performance management'?	
Response	Comments
Very good	Good tracking now of actions by sub-groups, and progress against priorities.
Poor	Unable to give useful response at this time.
Very good	
Satisfactory	
Good	
Good	
Very good	Clear Data Dashboard
Very good	
Satisfactory	I think we have done well on this but once again can do more and one of the ideas we had was to have criteria for Chairs to meet, and what the Board expect from them, then if we do that it is clear they are accountable to the Board and not just the steering group.
Good	
Satisfactory	
Good	
Very good	But challenge and follow through is weak
Good	
Very good	better data driving agendas forward
Satisfactory	
Good	I seem to be being asked for information more frequently !

10) Develop and implement your communications and engagement strategy



How would you rate the progress the HWB has made against the Peer Challenge recommendation 'Develop and implement your communications and engagement strategy'?	
Response	Comments
Very good	
Poor	Unable to give useful response at this time.
Very good	
Satisfactory	
Very good	
Good	
Very good	
Good	
Good	There is so much more I want to do, although we have had a monthly article in the local media and also set up a facebook page, I would like a more connected comms strategy embedded in everything we do.
Good	
Poor	
Good	
Very good	
Satisfactory	Should allocate more resource or time and be more public facing and welcoming
Very good	Healthwatch thinking together approaches have worked
Good	
Poor	things may be happening that I dont see, perhaps they are happening within the authorities

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Improving health and care in Buckinghamshire, Oxfordshire and Berkshire West



Who we are, how we work together
and our developing priorities and
plans for the next five years

Introduction
Page 1

Our vision
Page 5

About us
Page 6

Positives
Page 8

Challenges
Page 9

How we work together
Page 11

How services are planned for and delivered
Page 13

Healthy places to live, great places to work - our people strategy
Page 14

Our priorities
Page 15

Developing our five year plan
Page 16

How are decisions made? Our timeline and next steps
Page 18

We are making progress and change is happening
Page 19

Welcome to the first of a number of public updates about the development of a five year strategy for the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS).

Our aim in this update is to provide you with information on:

How we work together as a Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS)

Our vision and aims

Our thoughts about priorities

Our work to develop a five year plan by the end of November 2019

The BOB ICS five year, one system plan will set out how all ICS partners will work together locally and together at scale to meet the current and future health and care needs of the communities we serve. It will describe how the BOB ICS will deliver the requirements of NHS Long Term Plan (www.longtermplan.nhs.uk) and address BOB ICS's specific priorities.

We are fully committed to being open and transparent about how the plan is developing over the coming months - this document is the first step in that process. It will be followed by the publication of our draft "technical" submission to NHS England / NHS Improvement in early October and a final version of this technical document, once reviewed and signed off later in the year. Both documents will be made available on our website www.bobstp.org.uk

Our BOB ICS five year plan will be published towards the end of 2019. It will build on the feedback received about our priorities, opportunities and challenges; describe how we will tackle these important issues and how we will deliver the aims of the NHS Long Term Plan.

We are ambitious for the communities we serve. We want to prevent ill health, improve care for patients, reduce pressure on staff and make the best use of the funding available to us.

Our plan will describe how we will accelerate the design of patient care to:

- Improve out of hospital care
- Reduce the pressure on hospital services
- Give people more control over their health and more personalised care when they need it
- Provide digitally enable primary and outpatient care
- Work in partnership with local councils to improve the health of our communities

Delivering improved health and care across the ICS requires a well-developed system and underpinning infrastructure. We will start to set out, in response to the Long Term Plan and the changing nature of clinical commissioning, how we see the commissioning and provider landscape developing, including the role of Clinical Commissioning Groups.

The development of the BOB ICS five year plan is just the start. We can only achieve our ambitions by working together and continuing to listen to and discuss with the communities we serve what changes to health and care will look and feel like in the future.

We would welcome your thoughts and comments, which will be fully considered as the plan develops – please see page 18 for contact details. We look forward to hearing from you.



David Clayton-Smith
Independent Chair
Buckinghamshire Oxfordshire and Berkshire West ICS



Fiona Wise
Executive Lead,
Buckinghamshire Oxfordshire and Berkshire West ICS

Health and care organisations across Buckinghamshire, Oxfordshire and Berkshire West are working together with their local communities to help them to stay healthy, make sure services meet individuals' needs and are easier to access.

Our vision is to create a joined up health and care system where everyone can live their best life, get great treatment, care, and support now and into the future.

As well as working within our individual organisations and our communities, we are working together to bring the best of our skills, expertise and resources to make sure the people we serve receive high quality, safe and joined up health and social care services.

Together we are called the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS).

Our aims are:

- To work together to deliver joined up health and care services based on the needs of individuals and shaped by the circumstances and priorities of local communities
- To support people to live longer, healthier lives and treat avoidable illness early on
- To make the best use of limited public funds and resources so that, together, we can secure the best outcomes
- To make our focus local unless it is more efficient and effective for us to pool our expertise and resources to work together as an integrated health and care system across Buckinghamshire, Oxfordshire and Berkshire West (BOB).
- To reach out, where appropriate, beyond our borders and work in partnership with others – for example, across the wider Thames Valley region on specialist cancer services.

Together, we serve a total of 1.8 million people, stretching from Banbury in the North to Wokingham/Riseley in the South, from Hungerford in the West to Amersham in the East.

Our population is one the fastest growing in the country, predicted to increase by almost 25% by 2033 – and more, as the ambition of what is known as the Oxfordshire-Cambridge ARC to stimulate economic growth, research and business opportunities for the area is realised.

www.gov.uk/government/publications/the-oxford-cambridge-arc-government-ambition-and-joint-declaration-between-government-and-local-partners

By working together, we will be in the best position to maximise this opportunity, while making sure our health and care services are fit for such a promising future.

We are not a single organisation but a partnership covering Buckinghamshire, Oxfordshire and Berkshire West that includes:

6 NHS Trusts

Providing hospital care, including community care, mental health and ambulance services:

- Oxford University Hospitals NHS Foundation Trust
- Oxford Health NHS Foundation Trust
- Berkshire Healthcare NHS Foundation Trust
- The Royal Berkshire Hospital NHS Foundation Trust
- Buckinghamshire Healthcare NHS Trust
- South Central Ambulance Service NHS Foundation Trust

5 Local Authorities

With social care responsibility, across adults and children's services:

- Oxfordshire County Council
- Buckinghamshire County Council*
- Reading Borough Council
- West Berkshire Council
- Wokingham Borough Council

3 Clinical Commissioning Groups (CCGs)

Responsible for the planning and commissioning of health services for their local area:

- Buckinghamshire CCG
- Oxfordshire CCG
- Berkshire West CCG

9 District Councils

With housing, waste, and planning responsibilities:

- Oxford City Council
- West Oxfordshire District Council
- Cherwell District Council
- Vale of White Horse District Council
- South Oxfordshire District Council
- South Bucks District Council*
- Aylesbury Vale District Council*
- Chiltern District Council*
- Wycombe District Council*

1 Academic Health and Science Network

- Oxford AHSN

We work with our 5 Healthwatch organisations in Buckinghamshire, Oxfordshire, Reading, West Berkshire and Wokingham and engage with voluntary and community sector organisations across our geography to help join up our efforts to provide the best possible services and support to the people we serve.

NHS England, NHS Improvement and Health Education England are important partner organisations.

*There will be one unitary council for Buckinghamshire from April 2020

There are many positives about people, places and services in the BOB ICS area:

People are generally healthier than in other parts of the country:

- People live longer
- Diabetes cases are far lower across the area
- Lower smoking rates than the national average
- Adult obesity rates are below the national average
- There are lower rates of many major diseases compared to the national average including cancer, dementia and stroke

The quality of care provided is recognised by national regulators and by the people we serve

- Many of our services are rated well by the Care Quality Commission (CQC), providing good overall quality of care
- People have told us that, when they do receive services, staff are compassionate and caring
- People have told us that their experience of specialist teams, such as cancer treatment, heart failure services or MacMillan staff has been good

We are at the forefront of advances in digital technology

- We are part of the Thames Valley and Surrey Care Records Partnership – connecting local records across the region so that people can benefit from more joined up care www.thamesvalleysurreycarerecords.net
- We have a number of “Global Digital Exemplars” – Berkshire Healthcare Trust, Oxford Health, South Central Ambulance Service and Oxford University Hospitals Trust. These internationally recognised NHS Trusts are delivering improvements in the quality of care, through the world-class use of digital technologies

We cover an area with strong infrastructure that is predicted see significant economic growth, and which will bring an increase in the numbers of people living in the BOB ICS area

- We have a number of highly regarded medical schools, universities and biomedical research centres
- There is strong investment in research, development and innovation, including over 500 life sciences businesses with major strengths in medical diagnostics and digital innovation
- The government has committed to significant investment in business and infrastructure (including transport links) in our area, over the coming years

We are ambitious for the communities we serve. We want to prevent ill health, improve care for patients and reduce pressure on staff but face a significant challenge to make the best use of the funding available to us to meet current and future health and care needs, particularly given the population growth we expect to see.

Although, on the whole, people have good health, it is not the case for everyone.

Parts of Oxford, Banbury, Aylesbury and Reading are in the 20% most deprived areas of the UK. In these areas there are higher levels of:

Homelessness

Childhood obesity

Diabetes

Falls in elderly people

Smoking rates amongst people with anxiety and depression

50% of people living in the Buckinghamshire, Oxfordshire and Berkshire West area have one or more long term condition.

There is a higher number of premature deaths of people with serious mental illness compared to the national average.

Some services are struggling to meet demand:

- Our hospitals have not met the **95%** national target of A&E attendees being seen within 4 hours
- Demand for our services is in some cases exceeding our individual capacity to provide them for several specialties and this gap is expected to grow
- People have told us that they continue to find it difficult to get a GP appointment
- People have told us that they are waiting too long from referral to treatment
- People have told us that they or their loved ones are waiting too long to receive a number mental health services, particularly for Child Adolescent Mental Health Services (“CAMHS”)
- The estimated **25%** population growth will add new pressures on services

We, along with independent and voluntary sector service providers, have difficulty recruiting and retaining staff across the BOB health and social care system. This is due to the high cost of living and competitive local jobs markets

- The cost of both purchasing and renting accommodation is high across our area
- Nursing staff are likely to have to spend **58%** of their monthly salary on housing
- The average price of housing in the BOB ICS area is **70%** higher than the national average price of housing
- Our care workers tell us they would leave sector/area for jobs that enable them to buy family homes
- There is significant house building in some areas of our system but in other locations, building is restricted - which can limit the availability of rented accommodation and social housing. It also means that, if staff can't find homes closer to where they work, their journey time is increased, adding an additional cost
- Many of our areas have high employment rates, which is a great success but makes attracting people to health and care jobs more challenging

Our buildings and medical equipment are becoming outdated

- We face a challenge to maintain our buildings to keep them fit for purpose
- Our equipment does not always keep up with advances in technology

Local First

Our **Integrated Care System** is a partnership covering a large area, but we all understand that the majority of improvements are made by applying our efforts to helping people to live healthy lives and get joined up care in their neighbourhoods, villages and towns wherever possible.

That's why GP practices are coming together as **Primary Care Networks** to serve communities of around **30,000 to 50,000 people** so that they can offer patients access to a wider range of services. For example, more convenient access to some hospital treatments, mental health, social care services or help and support from local voluntary and community groups.

Broadening the focus to cover a wider local geography (areas covering between **250,000 and 500,000 people**) are three **Integrated Care Partnerships** (one in Buckinghamshire, one in Oxfordshire and one in Berkshire West).

These partnerships include clusters of Primary Care Networks, local hospitals and councils, community, mental health and voluntary sector services. **Integrated Care Partnerships** work together to make a shared assessment of local need, plan how to use collective resources and to join up what they offer – including beyond traditional health and care services – to make best use of overall public and community resources.

Facing the Big Challenges and Opportunities Together

Although our first priority is local through our **Local Authorities, Primary Care Networks** and **Integrated Care Partnerships**, there are times when it makes sense to broaden our focus to the whole of Buckinghamshire, Oxfordshire and Berkshire West as an **Integrated Care System**.

In coming together as an Integrated Care System, we can seize opportunities to make the best use of our resources, skills and expertise; and we can reduce duplication to maximise the value of every pound spent – particularly where we face similar health and care challenges. There are also some services that will be safer and more clinically effective if they cover a larger number of patients across a bigger area – for example, some more specialist cancer services.

Answers to how best meet the needs of our increasing and ageing population can also only be found if we apply our knowledge and resources together. We are facing a number of opportunities and challenges:

- We expect to see an additional 300,000 people living in the area by 2033
- The numbers of people over the age of 85 are expected to more than double
- Significant investment is expected from government and the private sector to support economic growth
- There will be a substantial increase in housebuilding
- Improvements are being made to the rail and road infrastructure
- There will be planned increases in government funding as part of the June 2018 NHS funding settlement. We will be expected to use this money to deal with current pressures, increasing demand and new priorities

We will need to work together to ensure that we have the health and care services to meet the demand from this increased population, while taking advantage of the excellence and innovation that comes from our partnerships with leading universities across the our area and the opportunities that economic growth will bring.

The **BOB Integrated Care System** is also part of a number of wider partnerships, where we work with other systems in the NHS to join up care for patients and improve our services – for example, we are part of the Thames Valley Cancer Alliance; the Thames Valley and Wessex radiotherapy network; and we work with partners in the Thames Valley and Surrey on our Local Health and Care Records programme.

We understand that patients travel outside of our geographical area – for example, going to Milton Keynes from Buckinghamshire or Basingstoke in some parts of west Berkshire. With this in mind we work closely with other health and care systems.



Primary Care Networks (PCNs)

GP practices working together with local councils, other NHS, voluntary and communities services to serve communities of around 30,000 to 50,000 people, offering patients access to a wider range of services.

- More support to help you stay fit and well before things become a problem
- More focus on your physical and mental health and wellbeing, recognising that people have different needs
- Better access to the care you need, when you need it with a physiotherapist, nurse, clinical pharmacist, GP or non-medical service such as help from a voluntary or community group

Integrated Care Partnerships (ICPs)

Covering towns and counties (areas of between 250,000 and 500,000 people) ICPs include clusters of Primary Care Networks, local hospitals and councils, community, mental health and voluntary sector services.

- Better joined up care between health and social services
- More hospital care provided closer to home
- Helping people access urgent and emergency care in the right place for their needs
- Reducing length of stay in hospital to support people to return home more quickly
- More personalised care

Integrated Care System (ICS)

Covering Buckinghamshire, Oxfordshire and Berkshire West and serving 1.8 million people the BOB ICS includes, NHS organisations, local councils and the Oxford Academic Health Science Network (AHSN) wider services to join up and improve care e.g. the Thames Valley Cancer Alliance, the Thames Valley and Surrey Care Records Partnership

- Working across a larger geography it means we can make the best use of our resources, skills and expertise
- Reducing long waiting times for our services by working together to best meet the needs of patients
- Planning to meet future needs created by population and housing growth
- Working together to address the workforce challenges of operating in a high cost area with a competitive job market; and supporting the best development opportunities for our staff
- Ensuring our buildings and estate are fit for the future

We have described how we are organising ourselves to work together for our local communities, whether that's in neighbourhoods, villages, towns, counties or across the Buckinghamshire, Oxfordshire and Berkshire West area.

But the key to providing safe, high quality services are our staff and those who volunteer their time to care or provide support. They are all equally important. We are proud of the thousands of the dedicated individuals, teams and groups working hard for the people and communities we serve, often in challenging circumstances. Living in this part of the country is expensive and we are facing a shortage of health and care staff across the board.

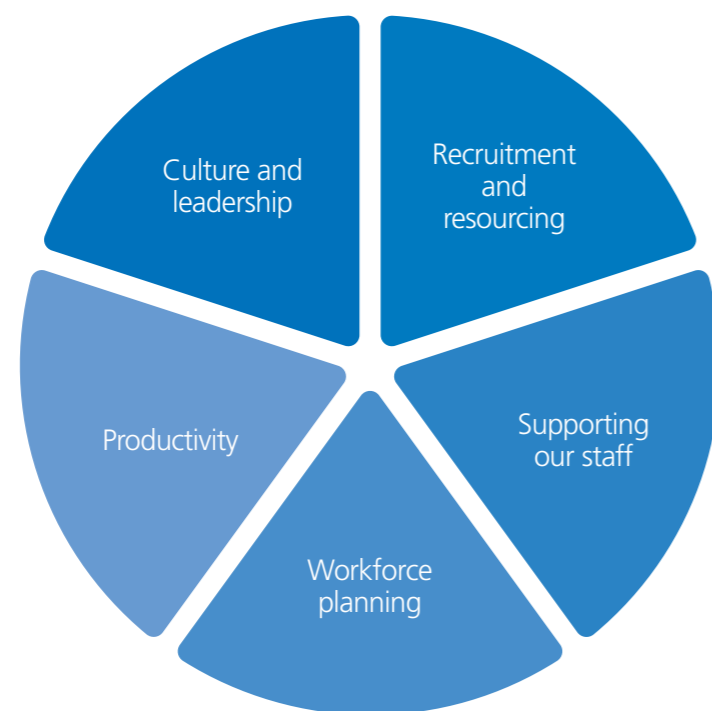
Those providing care and support are passionate about what they do. We know from what they have told us that they often struggle with the way things are done, the duplication of effort and very practical problems to providing joined up care such as computer systems which do not talk to each other.

It is important to us that the people who work to provide health and care services are supported, feel valued and can provide these services in ways that are manageable and rewarding.

Together we want to create opportunities to help staff to develop new skills and shape new roles to meet the multiple needs of patients and finding ways to make it worthwhile for people to come to work and live our area.

We are doing this through our Primary Care Networks, Integrated Care Partnerships and through the development of a BOB-wide people strategy that will support us to make our Integrated Care System the best place to work, a place where workforce shortages are addressed, where we have a thriving leadership culture and together are able to deliver care fit for the 21st century.

Together as an ICS we have five joint areas of work:



In the same way that we group together and organise ourselves as Primary Care Networks, Integrated Care Partnerships or as an Integrated Care System, we are tackling our opportunities and challenges in different ways. We have described below our thinking and would welcome your views.

ICS role	Description	Clarification and rationale			ICS oversight running through all strategic priorities Partnerships & Engagement, including patient and public involvement
System design & delivery	Design approach to a problem at ICS level Deliver solution at ICS level	Population and economic growth	Acute collaboration	Strategic planning, system design & resource allocation	
System design & place/org delivery	Design approach to a problem at ICS level but leave places/orgs to deliver	Digital	Workforce	Capital & estates	
Set or confirm ambition and hold to account	Agree ICS ambition (or confirm ICS signs up to nationally set ambition) and hold places to account for/support delivery	Primary care, inc. Primary Care Networks (PCNs)	Financial balance & efficiency	Mental health	
		Urgent & Emergency Care	Cancer	Maternity	
Coordinate, share good practice, encourage collaboration	Bring places/ organisations together as a community of practice to share approaches and solutions	Research & Innovation	Children & young people	Personalised care	
			Prevention & reducing inequalities	Population health	

Key	ICS workstream	ICS Financial Oversight Group	Place delivery supported by ICS-wide group
	ICS Exec Lead	Place infrastructure	

We are working together as the **BOB Integrated Care System** to develop a five year plan. It will describe how all partners within the ICS will work together locally and, when appropriate, together across the Buckinghamshire, Oxfordshire and Berkshire West area, to ensure current and future health and care needs are met.

In establishing our plan, we have started with current Health and Wellbeing Board strategies and the strategic plans of each organisation in our partnership – identifying common ambitions, challenges and opportunities that we can tackle together.

The BOB ICS Five Year Plan will be published at the end of 2019. It will build on feedback received, describe how we are tackling our health and care priorities and how we will deliver the ambitions set out in the [NHS Long Term Plan](#) so that together we can:

- Deliver care that is fit for the 21st century – offering more services closer to where people live, tailoring care so that it better suits individuals’ needs and making the most of technology
- Recruit people into health and care jobs, offer new and exciting roles at all levels to help deliver our ambitions and keep our staff through more flexible and supportive employment opportunities
- Support people to live longer, healthier lives and treat avoidable illness early on
- Help people earlier rather than later, keeping them well and helping them to cope with any health and care needs at home or in the community, wherever possible
- Reduce health inequalities, including for our more deprived communities which see poorer outcomes and for groups who may be disadvantaged due to their characteristics (such as gender, race or disability) or their needs (such as poor mental health).
- Improve care quality and outcomes for stroke, cancer, mental health services
- Take advantage of the opportunities provided by world class research, technological and medical advances to provide more innovative, accessible and personalised health and care services
- Make best use of taxpayers money, including getting value for money by doing some things such as procurement once and on a larger scale.

We will be able to do this by:

Improving out of hospital care

Reducing pressure on hospital services

Giving people more control over their health and more personalised care when they need it

Providing digitally enable primary and outpatient care

Working in partnership with local councils to improve the health of our communities

Delivering improved health and care across the ICS requires a well-developed system and underpinning infrastructure. We will also start to set out, in response to the Long Term Plan and the changing nature of clinical commissioning, how we see the commissioning and provider landscape developing, including the role of Clinical Commissioning Groups.

Our plan is being developed by a range of staff and clinicians who are experienced in planning for and delivering a wide range of services, such as mental health, children’s services, primary and hospital care.

In developing their proposals, they are reflecting on the feedback given by local people, patients and carers through the many Clinical Commissioning Group, Local Authority and Healthwatch engagement activities that have taken place in recent years. These health and care leaders are also giving careful consideration to how their ideas and plans address other important areas such as health inequalities, preventing ill health, improving outcomes and being financially sustainable.

We recognise the importance of continuing to link to each area’s Health & Wellbeing Strategy and, as our plan develops, we will be engaging with local councillors on Health and Wellbeing Boards and Healthwatch, as well as talking to our staff and local communities; and keeping all of our stakeholders informed and involved.

How are decisions made?

Our legal and statutory responsibilities are still firmly based in the duties placed upon statutory boards and committees. These Boards are kept fully engaged when key decisions are required

We work collectively as a partnership to make decisions together about strategy and priorities. We have a BOB ICS Systems Leaders Group, made up of Chief Executives of all NHS organisations, Local Authority Chief Executives and clinical representatives. The group works to a set of principles, which have at their heart an agreement that activities and decision making should be kept as local as possible, as this is where the most difference can be made to improving care and outcomes.

The System Leaders Group meets every month. A key role of each member of this group is to ensure their own organisations, local boards, council committees and communities have been engaged on key issues, challenges and decisions and that strategies and plans are aligned at each level of our system. The System Leaders Group will be overseeing the implementation of the BOB ICS five year plan.

We also use other communications to make sure our stakeholders are kept informed – for example, regular updates published following each BOB ICS Systems Leaders meeting:
www.bobstp.org.uk/what-is-the-ics/keeping-in-touch/

Our Timeline

Date	Activity
9th September	We publish this document as the first step in developing the BOB ICS Five Year Plan
Late September	We will publish a slide pack summarising the key points from the first draft of our technical submission to NHS England/ NHS Improvement
Early October	We will publish the full draft “technical submission” sent to NHS England/NHS Improvement – this will describe the responses to the deliverables required in the Long Term Plan
18 October	Deadline to give your thoughts and views
1st November	Final technical document submission to NHS England/NHS Improvement
End of November	Final plan published, following review by NHS England/ NHS Improvement
On-going	Continued engagement with communities and stakeholders

Next Steps – we welcome your views

We would welcome your views on our priorities.

Please do email them to the following contact addresses by 18 October 2019:

- Oxfordshire queries: OCCG.media-team@nhs.net
- Berkshire West queries: communications@royalberkshire.nhs.uk
- Buckinghamshire queries: ccgcomms@buckscc.gov.uk

Each of our Integrated Care Partnerships are improving services and developing innovations to better serve their local communities. For example:

Designing Neighbourhoods in Berkshire West with Health and Wellbeing In Mind

The Berkshire West “Design our Neighbourhoods” initiative puts health at the heart of the community in a bid to ease pressures on NHS services. It brings together health and care organisations, local community groups and residents to help create healthy environments across the villages and towns of Berkshire West, in which people can walk and travel safely and access healthy activities, events and support networks. These activities and networks can help to boost physical wellness and mental health and reduce unnecessary GP appointments.

Trailblazer mental health care scheme to benefit children in Buckinghamshire

Around 16,000 children and young people in Buckinghamshire are set to benefit from a new ‘Trailblazer’ scheme to transform children’s mental health care and ensure those in need get the right support at the right time. The county is one of 25 areas across the country so far to receive Government funding for this new initiative, equating to £2 million over a two-year period.

Two dedicated ‘Mental Health Support Teams’ will work closely with 40 schools (both primary and secondary) and colleges, to offer timely assessments and interventions for pupils in need, treating those with mild to moderate mental health issues in school. If pupils have more severe need, the teams can link smoothly to specialist NHS services at Buckinghamshire Child and Adolescent Mental Health Services (CAMHS) and ensure they get the right support and treatment as quickly as possible.

Oxford Hospital Scheme Gets Stroke Patients Home Sooner

Oxford University Hospitals has helped thousands of stroke patients recover in their own homes in the past year. The Oxfordshire Early Supported Discharge (EDS) service for stroke helps patients by continuing their rehabilitation in their home after they leave hospital, providing them with the same level of rehabilitation at home as would be delivered on an inpatient Stroke Unit. The service covers Oxfordshire from three hubs at the John Radcliffe, the Horton General and Cowley. The Trust’s ESD team is made up of stroke consultants, physiotherapists, occupational therapists, speech and language therapists, dietitians, and rehabilitation assistants.

The teams provide a six-day-a-week service helps stroke patients return to normal, daily activities such as walking, shopping, reading, cooking, and driving. In addition, ESD has played a vital role in helping patients avoid an otherwise necessary admission to hospital by delivering the required therapy at home. Overall, 307 patients received therapy in their own homes provided by ESD in its first year.

People are benefiting as innovations in one area are rolled out across all of our Integrated Care System

Good Hydration! – award winning care home residents’ hydration improvement programme

Berkshire East CCG and Oxford AHSN Patient Safety Collaborative won a national Patient Safety Award for Quality Improvement Initiative of the Year for the Good Hydration! Initiative in care homes. The scheme has reduced hospital admissions due to urinary tract infections by 36% and is being introduced across the BOB ICS and more widely.

Atrial fibrillation programme – reducing the number of strokes in the Thames Valley

The Oxford AHSN has brought together expertise from the NHS in Berkshire, Buckinghamshire and Oxfordshire and industry to reduce morbidity and mortality related to stroke caused by atrial fibrillation (AF). AF is the most common cardiac arrhythmia, affecting around 2.5% of the population (58,000 people in the Oxford AHSN region).

AF is a major cause of stroke, responsible for 20% of all strokes in the UK but the relative risk of stroke for these patients can be reduced by up to 66% with oral anticoagulation therapy.

Through the AF programme:

- Over 1,000 patients received a review by a specialist pharmacist to ensure their anticoagulation was optimised and 465 patients received a consultation with a specialist pharmacist. We estimate that up to 13 strokes per year have been prevented
- 4,440 patients across 28 GP practices in had a detailed review, resulting in an additional 266 patients now receiving oral anticoagulation, 227 of whom have a high risk of stroke. This equates to up to 17 fewer strokes each year.

Educating young people about careers in health

Health Education England, has worked with the BOB Integrated Care System to help set up an education programme to educate young people on the NHS and inspire them to become part of its future workforce. Healthtec is a unique health simulation centre located in Aylesbury within the Buckinghamshire College group campus.

Young people are given the opportunity to work alongside NHS professionals whilst learning basic first aid skills in an experiential environment where the hospital is recreated and simulated. Within Healthtec young people are able to learn about the variety of healthcare careers within the NHS and the different avenues there are for entering these careers.

Healthtec professionals ensure these important lessons are spread beyond the Aylesbury located facility and travel to primary schools to ensure that children have the opportunity to learn about health care. Healthtec staff also attend careers fairs to talk about the NHS, and its roles. The programme has currently engaged with 7,000 students.

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West Berkshire Dementia Friendly Community Update

Report being considered by: Health and Wellbeing Board

On: 03 October 2019

Report Author: Sue Butterworth

Item for: Discussion

1. Purpose of the Report

- 1.1 To update the Board on progress made since the Understand, Stand Together conference on 28/3/19 and highlight how it could support the aims and objectives of our dementia friendly community work in West Berkshire.

2. How the Health and Wellbeing Board can help

- 2.1 Encourage all H&WB steering group and board members to become a Dementia Friend

Encourage all West Berkshire Council Members, and Newbury, Thatcham and Hungerford Town Councillors to become a Dementia Friend

Health & Wellbeing Board & Steering Group members to consider how they can work together and in partnership with other non-member organisations to support and encourage further development of our dementia friendly community in West Berkshire

Encourage support and access for people living with dementia and their carers to be included by West Berkshire Council in policies and commissioning of services

<b style="color: #008080;">Will the recommendation require the matter to be referred to the Executive for final determination?	Yes: <input type="checkbox"/>	No: x <input type="checkbox"/>
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3. Introduction/Background

- 3.1 As part of West Berkshire's ongoing Dementia Friendly Community Programme the West Berkshire Dementia Action Alliance (DAA) delivered a conference on life with dementia on 28th March 2019. The conference has directly led to an increased awareness across a range of strategic partners of the impact of living with dementia in West Berkshire and the actions that can be taken to make our community a better place to live and work if you have a diagnosis of dementia, or care for someone with dementia.

- 3.2 The following 8 key themes emerged from the workshops held at the conference:

- Funding
- Education

- Inclusivity
- Access
- Transport
- Support for carers
- Safety
- Healthcare

3.3 In response to these outcomes the West Berks DAA prioritised the themes and have created 5 task and finish groups to look into the following areas:

- Education and awareness
- West Berks DAA website – supporting families at point of diagnosis and beyond with easy access to comprehensive information, local resources and signposting to support services through the West Berkshire Directory and Memory Clinic
- Support for carers
- The dementia pathway
- CCG/GP engagement

3.4 In the 6 months since the conference the following has been achieved

Funding

- Jones Robinson Estate Agents have made the West Berks DAA their nominated good cause for 2019 and are holding local fund raising events to raise money to support dementia friendly community projects and increase awareness about dementia
- Sovereign Housing Communities Fund have donated money towards building the West Berkshire DAA website

Education & Awareness

- Downe House School raised £328 for the St Mary's memory café and are designing and volunteering at a session there
- Trinity School Year 10 pupils and tutors became Dementia Friends as part of their PSHE day and school is looking to make this a regular PSHE slot each year
- 16 West Berkshire schools have registered their interest in their pupils becoming Dementia Friends

- 3 New Dementia Friends Champions and over 400 new Dementia Friends have been made since the conference including West Berkshire Councils Legacy Leisure and Libraries and Culture teams. West Berkshire now has over 3000 Dementia Friends.
- West Berkshire are hosting an Alzheimer's Society Dementia Friends Champions Induction Day in Newbury on 27th September – 16 people are registered to become new Dementia Friends Champions
- Nat West Bank appointed their Community Banker to become a Dementia Friends Champion and she is actively delivering Dementia Friends sessions to businesses and groups where she has previously offered SCAM training
- Healthwatch are hosting a Dementia Friends session engaging with their local working partners

Community Actions resulting from the conference:

- Age UK Berkshire conducted a review of their dementia strategy & related policies
- Ongoing partnership work with Public Health and Age UK to look at documenting the Dementia Pathway from a health, social care & community perspective for Berkshire West

New groups established for people living with dementia and their carers

- Through partnership working with Age UK Berkshire a weekly memory Café in Sainsbury's Calcot and weekly signing group in Pangbourne Village Hall are now in operation and are really well attended
- Through partnership working with the Fairclose Centre a new weekly pop in coffee for people affected by dementia has opened
- Through partnership working with Hungerford Resource Centre a new weekly memory café has been developed
- Musical Memories, a singing group welcoming people with dementia, their carers and anyone who would enjoy the social interaction has been set up by the community. Meeting every Wednesday afternoon at St Mary's Thatcham. There are now activity groups supporting dementia 3 times a week in Thatcham
- Connie's Colander, a powerful play about the impact of dementia on a mother and daughter was performed by Human Theatre Story in Pangbourne & Calcot – over 100 members of the public saw the play

New projects in progress

- Dementia enabled design being considered in Kennet Car Park redecoration

- Working with Newbury Town Council to consider dementia enabled design in the new café in Victoria Park
- Working with Thatcham Town Council on refurbishment of Broadway toilets being dementia enabled
- Gardner Leader solicitors have become a dementia friendly practice in Newbury & Thatcham and are looking to become a “Safe Haven” site for the Broadway in Thatcham
- St Mary’s church in Thatcham are in the process of becoming a dementia friendly church
- Thatcham Dementia Forum are progressing a memory and reminiscence garden in Thatcham
- Newbury Rotary Club have approached the DAA expressing interest in local volunteer support and fundraising for a garden project in Newbury and a Christmas celebration at the Memory Cafes
- Partnership work with Falkland Surgery to develop some of their outside space into an accessible garden with vegetable growing.

4. Supporting Information

- 4.1 Please see copy of the Post Understand, Stand Together Conference report - Annex A
- 4.2 Please see further information explaining the Dementia Friends Programme and roles of a Dementia Friend and Dementia Friends Champion – Annex B

5. Proposal(s)

- 5.1 The West Berkshire DAA would like the Board to consider supporting the following:
- Understanding and awareness around dementia to become embedded in West Berkshire Council and the Health & Wellbeing Board. All West Berkshire Council Members, Newbury, Thatcham and Hungerford Town Council members are invited to become Dementia Friends and the West Berks DAA seek the Health & Wellbeing Boards encouragement in members taking up this offer.
 - Support and access for people living with dementia and their carers to be included by West Berkshire Council in policies and commissioning of services.
 - Health & Wellbeing Board & Steering Group members to consider how they can work together and in partnership with other non-member organisations to support and encourage further development of our dementia friendly community in West Berkshire.

6. Conclusion(s)

- 6.1 The Understand, Stand Together conference has been a catalyst for increased understanding and action around dementia and has illustrated not only the need for increased awareness and action but also the support and enthusiasm for further

developing our dementia friendly community, with lots of work being done by an army of community and workplace volunteers.

Whilst a lot has been achieved since the conference there is a gap around funded coordination of this work going forward. This poses a potential risk for the continuation of this work across West Berkshire. Our dementia friendly community can only be achieved through a coordinated partnership approach.

7. Consultation and Engagement

This report has been collated in consultation with the West Berkshire DAA

8. Appendices

Appendix A – Understand, Stand Together Conference Report

Appendix B – The Dementia Friends Programme

Background Papers:

Health and Wellbeing Priorities 2018/19 Supported:

- Promote positive mental health and wellbeing for adults.
- Improve opportunities for vulnerable people to access education, employment, training and volunteering.

Health and Wellbeing Strategic Aims Supported:

The proposals will help achieve the following Health and Wellbeing Strategy aim(s):

- Give every child the best start in life
- Support mental health and wellbeing throughout life
- Reduce premature mortality by helping people lead healthier lives
- Build a thriving and sustainable environment in which communities can flourish
- Help older people maintain a healthy, independent life for as long as possible

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Understand Stand Together

**'A life with dementia' conference
Thursday 28th March 2019**

Post-Conference Report

DAA

West Berkshire
Dementia Action
Alliance

Contents

Overview of the conference	3
Background information	4
Conference Speakers	5
Greg Walsh.....	5
Dr Gill Cresswell	6
Margo Payne	6
Professor Alistair Burns.....	6
Fiona Walsh.....	7
Ian Sherriff	8
Hilary Doxford	8
Sue Butterworth.....	9
Personal Experience Stories.....	9
About the Conference Workshops	10
Themes arising from the workshops	10
Education	10
Funding	10
Inclusivity	11
Access.....	11
Transport.....	12
Carers	12
Safety	12
Healthcare.....	12
What can we do about dementia?	13
Our collective responsibility	13
How we can stand together.....	13
Call for pledges.....	14
Closing statement and call to action.....	15
Call to action	15
Acknowledgements	16
APPENDICES	17
Appendix 1: Conference Agenda	17
Appendix 2: Pledges.....	18-20

Overview of the conference

More than 100 delegates from over 50 different organisations attended the first conference hosted by the West Berkshire Dementia Action Alliance, which took place on Thursday 28th March 2019. Under the theme, “Understand, Stand Together”. Stakeholders from across West Berkshire met to explore how West Berkshire can become a better place to live for those affected by dementia. Delegates came from a range of health and social care systems, local businesses, community groups, the voluntary sector and local government to hear about good practice, to learn more about dementia, to exchange ideas and create and strengthen partnerships.



The “Understand Stand Together”, a life with dementia” conference had a number of key aims:

- To bring together stakeholders from across West Berkshire who impact or have influence in the lives of people living with dementia and their families in our community
- To raise awareness of what it might be like to live with dementia in the community
- To ensure that the voice of people living with dementia is heard
- To highlight the challenges and opportunities that we face in West Berkshire with our ageing and rural demographic
- To illustrate the need for services to be planned and coordinated to support people with dementia to live well in our community

The conference demonstrated the importance of how having a greater understanding of dementia and everyone making a commitment to taking action, can help to enrich the lives of people living with dementia and their carers. The outcomes of the event, symbolised in ‘Pledges’, will support the aims of the conference and the West Berkshire Dementia Action Alliance going forward.

This conference report provides an overview of the presentations and draws together some of the themes that arose from the workshops. This report ends with consideration on how ‘Understand, Stand Together’ builds on the journey to make West Berkshire a better place to live with dementia.

Background information

The National Dementia Action Alliance¹ was formed in 2010 with the launch of the National Dementia Declaration which saw members committed to action that radically improves the lives of people living with dementia. There are over 150 local dementia action alliances in the UK and the West Berkshire Dementia Action Alliance (West Berks DAA) is part of the national dementia action alliance, where local organisations and individuals work together to share best practice to make West Berkshire more dementia friendly and support positive grass roots change. Local DAA's such as ours provide a structure and vehicle for creating dementia friendly communities and ensure that the work that we do reflects and supports the particular needs of our local communities. The West Berks DAA meets bi monthly and has three key aims:

- Raise awareness of dementia and remove the stigma that surrounds the condition
- Support improved diagnosis rates for people with dementia
- Increase the range of services for people with dementia and their carers



¹ For more information please visit: https://www.dementiaaction.org.uk/who_we_are

Conference Speakers

Greg Walsh, the chair of the West Berks DAA and Fellow for Equity in Brain Health with the Global Brain Health Institute opened the conference and set the scene for the rest of the conference:

Understanding of the challenges people living with dementia and their carers encounter in daily living in our community is of huge importance. Every invitee at the conference has a part to play in making our community truly inclusive and only by working together can we affect change, improve awareness, reduce stigma and assist people living with dementia to stay active, engaged and valued members of our community.

Dementia costs more than heart, stroke and cancer care combined and in the UK there are at least 850,000 people living with dementia. In addition to the personal impact for everyone affected by this disease, there is also an estimated economic cost of £26bn. The number of people living with dementia is predicted to increase to over 2.1m people across the UK by 2050. In West Berkshire there are 1656 people (aged 65+) with dementia at an estimated cost of £50m. This is anticipated to rise to 2638 people (65+) by 2025 and an estimated cost of £79m.

In 2016/17 The Alzheimer's Society led a review of the 2010 National Dementia Declaration on behalf of the National DAA alongside people with dementia and carers. Five key themes were identified through this project - identity, care, community, carers and research. A significant change was to move from 'I' to 'We' at the start of each statement signifying that this included people with dementia and carers equally. The research was summarised into the below Dementia Statements. When reading these it is important to understand that this is what people affected by dementia have declared they want. Throughout the conference we learnt that in reality, many people affected by dementia do not feel they are experiencing all the rights set out in these statements in their everyday lives:

- We have the right to be recognised as who we are, to make choices about our lives including taking risks, and to contribute to society. Our diagnosis should not define us, nor should we be ashamed of it.
- We have the right to continue with day-to-day and family life, without discrimination or unfair cost, to be accepted and included in our communities and not live in isolation or loneliness.
- We have the right to an early and accurate diagnosis, and to receive evidence based, appropriate, compassionate and properly funded care and treatment, from trained people who understand us and how dementia affects us. This must meet our needs, wherever we live.
- We have the right to be respected, and recognised as partners in care, provided with education, support, services, and training which enables us to plan and make decisions about the future.

- We have the right to know about and decide if we want to be involved in research that looks at cause, cure and care for dementia and be supported to take part.

If we face this challenge together, community activation and collaboration will be the key to success. The way we currently treat people with dementia and their carers is in fact costing society more and excluding them from our society. We have the knowledge to include people with dementia and reduce health and social care costs. It is important that we support the 650,000 'voluntary' carers that look after their loved ones with dementia as their health and wellbeing is affected with the stress of caring 24/7. This challenge is too big and important not to have all stakeholders involved in working towards a more successful and sustainable future for everyone affected by dementia.

Dr Gill Cresswell, Consultant Psychiatrist with the Newbury Older Persons Mental Health team clearly set the scene for the rest of the conference with a hugely informative and relatable presentation - 'What is dementia?' Gill explained how dementias affect the brain and some of the progressive symptoms people may experience. We know that the biggest risk factor for dementia is increased age but it's important to recognise that younger people can get dementia too. There is currently no cure for dementia, which is why understanding the challenges faced by people affected by the condition and standing together to make West Berkshire more dementia friendly is so important.

Gill also summarised some of the current evidence around nine modifiable risk factors which have been shown to reduce the risk of developing dementia. Over a third of dementias are theoretically preventable, so her closing remarks looked at what we can do now to reduce individual risk, rather than solely focusing on the possibility of future care needs. This positive, evidence based prevention message was summarised by encouraging the attendees to remember the 'healthy heart, healthy brain' messages which supports the Public Health England campaign 'what's good for your heart is good for your brain'.

Following Dr Cresswell, we then heard a personal story from **Margo Payne**, Mayor of Newbury. Margo's passionate and honest talk about her father's experiences of dementia were an enlightening insight into the life of a family carer, illustrated by two family photographs of her father. She shared her thoughts on the guilt that she felt about the loss of her father as a dad to him now as a dependent person requiring constant care and support. It was really powerful to hear such a personal story.

Professor Alistair Burns, National Clinical Director for Dementia and Older Peoples Mental Health, NHS England and NHS Improvement opened his hugely informative speech with how dementia has replaced ischaemic heart disease as the leading cause of death in England and Wales and the prevalence is expected to double in the next 30 years. Although not curable, lifestyle modifications can prevent a third of cases and may alter the course of existing disease.

Making the diagnosis unlocks support and allows people to plan and adjust to the condition. Dementia is the most feared diagnosis in the over 50s. Dementia requires a multi prong approach to reduce the incidence, reduce costs and to treat people with respect and dignity. These are:

- **Preventing well**
- **Diagnosing well**
- **Supporting well**
- **Living well**
- **Dying well**

About 35% of dementia is preventable applying many of the prevention programs that we used for the heart. Early diagnosis empowers patients and their carers, prevents crises, postpones further decline with interventions and access to post diagnosis care. Dementia Friends is a national programme that reduces stigma associated with dementia and helps provide a more inclusive environment for people with dementia.

Prof Alistair Burns also talked about **iSPACE** which is a NHS England framework that helps ensure a more comprehensive approach to supporting and living well with dementia:

- I** identify a Dementia Champion
- S** taff who are skilled and have time to care
- P** artnership working with carers, family and friends
- A** sessment and early identification of Dementia
- C** are plans which are person centred
- E** nvironments that are dementia friendly

Fiona Walsh, a Principle Architect at DDS Architects Ltd and Fellow for Equity in Brain Health with the Global Brain Health Institute, spoke about how our built environment is hostile for people living with dementia, cognitive and or sensory impairments. This results in people been excluded from our towns, communities, increased hospitalisation and earlier admission to care homes than necessary. In spite of 40 years of knowledge and evidence on how to build inclusive buildings for people living with dementia, society insists, because of the invisible nature of the disabilities caused by dementia or lack of understanding/ ability, to build environments that are not accessible to people with dementia.

When people have the choice, they withdraw from environments that cause them distress, stress, fear and/or anxiety resulting in social isolation. When 'housed' in hospitals or care homes where people with dementia can't withdraw from the effects of the environment on the individual, sedation is used to calm/ control the person.

Dementia design is the most comprehensive form of design as people with dementia can experience physical, sensory and/ or cognitive impairments. If an environment is designed to include people with dementia it will also make the building more accessible for the elderly, people with autism, ADD, stroke, learning difficulty etc.

Multiple reasons have prevented dementia design from moving into main stream design from the crude application of the knowledge resulting in ineffective, naïve environments that no main stream Architect would recommend to a client, a lack awareness of what can be achieved, lack technical knowledge, cost misconceptions, no professional owners, Dr's, Architects, Planners etc.

Dementia design can be sophisticated, building cost neutral, increase the independence of the person with dementia and their inclusion in our society, reduce pressure on carers and reduce health and social care costs if implemented correctly.

Fiona's key messages were:

- Every penny of capital expenditure not built to 'best practice' design creates redundant buildings of the future.
- Designing enabled and inclusive environments is about informed choice and not additional cost in new buildings
- The UN Convention on the rights of persons with disabilities Article 19:
- 'Recognizes the right of all persons with disabilities to live independently and be included in the community.'

In his dynamic and motivating session, **Ian Sherriff**, Academic Partnership Lead for Dementia from the University of Plymouth, explored some of the challenges of rural dementia, which is of particular relevance to many of the residents of West Berkshire. The rural location of the conference at the beautiful Sheepdrove Organic Farm and Eco conference centre was a very apt setting for visualising some of the issues affecting these more isolated communities. Ian also highlighted the impact of cuts to social care funding, drawing on research to highlight the scale of the issues facing an ageing rural population including lack of transport, chronic loneliness, and the challenges faced by ageing carers too.

Crucially, Ian then discussed a range of rural dementia projects and inclusive organisations which can provide solutions to the challenges faced by those affected by dementia in rural communities. Ian shared his experience of a network of dementia friendly parishes working together in Devon, and encouraged the attendees to think about the solutions that could be replicated in their own areas. Ian's interactive style of delivery enabled him to get many of the audience to participate in his presentation and share examples of what they are already doing or intend to do to make West Berkshire more dementia friendly.

Hilary Doxford, from the 3 Nations Dementia Working Group shared her personal perspective of living with dementia in an insightful talk, which was brutally honest yet still filled with humour and hope. Hilary helped the audience understand some of the daily difficulties she faces but encouragingly also shared the new outlook, purpose and friends she has encountered through the dementia community. A pertinent example of how Hilary has been affected by dementia but still very much enjoys life is that, although she can no longer

follow and remember the plot of a TV series, she still enjoys watching documentaries as she doesn't have to retain the info afterwards!

Hilary's top tips for supporting someone living with dementia were to 'create moments of joy'. Dementia friendly events, such as the West Berkshire dementia conference, that include, involve, enable, support and understand are important to create an inclusive environment for people living with dementia. The value of appropriate assistance, time, and allowing the person to at least try to do something for themselves first were also highlighted by Hilary as helpful means of offering support.

Hilary's talk really gave us an insight into her world living with dementia, and it was great to hear the enhanced level of customer care she now receives from her local taxi firm now that the drivers have had an opportunity to learn more about the sort of support a person with dementia might need.

In the afternoon, **Sue Butterworth**, from Public Health and Wellbeing at West Berkshire Council, and a member of the West Berks DAA provided a thought provoking talk that emphasised how dementia is **everyone's business**. Sue explained how vital dementia friendly communities are in helping people live well with dementia and remain a part of their community, and illustrated this with results of a recent survey conducted in West Berkshire. The feedback from what our residents would like to see in West Berkshire included; improved availability of public transport and more social activities, cafes and restaurants that make people with dementia feel welcome. There was also demand for more training courses for carers.

Sue shared examples of good practice which could be replicated elsewhere, including dementia friendly GP practices. A video montage of a local dementia café showed the value of these inclusive spaces not just for people living with dementia, but for carers too. The take home message was "Who needs to be involved in our West Berkshire Dementia Friendly Community? Everyone!"

Personal Experience Stories

In addition to the live speakers the conference also shared two very powerful videos recorded with local residents before the conference. The first video was made with a gentleman with young onset dementia and his wife. They live in our community and we were very privileged to hear how dementia has affected their lives, family and future plans. The second video was filmed at the St Mary's Thatcham Memory Café which runs each Friday afternoon. We heard from a family carer how her life is affected by dementia and the importance of inclusive community activities such as the Memory Café for the wellbeing of both the person living with dementia and their carer. Hayley Dunne shared her hugely positive experience of running the café and encouraged others to consider setting up similar groups in their community.

About the Conference Workshops

The afternoon of the conference was spent in workshops with the delegates discussing two questions which were pivotal to the theme of the conference:

1. **Understand:** What do you think your responsibilities are around dementia?
2. **Stand Together:** How can we work together?



The workshop groups came up with some fantastic responses to the questions and these were feedback to all the delegates. We have summarised the feedback below; you will see we have used a person to illustrate the themes as the overwhelming response from the delegates was how important that any action we take going forward must be person centred.

Themes arising from the workshops

Education

There was a thread running through all the themes of the need for and importance of education and training around dementia for all areas of our community including family carers, business and retail, transport services, young people and voluntary groups. This could be through a combination of

- The Dementia Friends programme
- Community facing workshops and courses that are more in depth than Dementia Friends
- Workshops around dementia enabled design

Funding

More funding is needed for dementia not just at a strategic level but for communities too.

- Additional funding would support setting up of additional social and support groups
- Currently many community activities for people with dementia, and their carers, are run by volunteers who give their time, resource and goodwill free of charge
- Encourage local businesses to support dementia with charitable donations and employee community time
- Apply for lottery funding or other grants / sponsorship for collective projects

- Recommendations that the DAA should have a dedicated resource to enable it to have more impact and presence locally

Inclusivity

Whilst there needs to be provision of specific activities and services for people affected by dementia, it is important that people are able to access and participate in all aspects of wider community life. When people with dementia feel included in their society they will experience improved confidence and independency.

- Challenge the stigma around dementia and where necessary the system, to ensure that people with dementia are not put into silos but are a valued and respected part of our community
- Make the built environment in our towns and villages dementia enabled
- Employment inclusivity for those who want or need to stay in employment, particularly younger people with dementia
- Highlight both good and bad practices so that we can learn together and improve our community
- Faith group meetings and services to be dementia friendly



Access

Inclusivity is only fully possible when people with dementia are able to access our community venues, businesses, transport systems, activities and services. Examples of things that would support inclusivity are

- Access to blue badge or dementia friendly parking spaces
- Unisex toilets allowing carers to comfortably accompany their loved ones
- Buddy schemes to accompany people to go to groups and activities
- Encourage all customer facing staff to become Dementia Friends
- Encourage a Dementia Champion in each business so new staff can easily become dementia friends
- Have Dementia Friends as part of company induction process
- Make the built retail environment more dementia enabled
- Allow pets in sheltered accommodation
- Improved signage, toilets, seating etc. in our towns to be more dementia friendly

Transport

We have a large rural population in West Berkshire that is not well served by public transport and whilst there are good community transport schemes running in most areas they are very often fully booked for medical appointment journeys. Travel on public or private bus journeys also provide valuable opportunities to socialise and encourage building of friendships and a network of support.

- Better awareness and understanding of dementia by transport providers particularly buses and taxis is needed
- Community minibus or public bus routes that enable people to get to the memory cafés, activities and shops etc.
- Ensure that our transport facilities are dementia friendly

Carers

Throughout the day the needs of carers were repeatedly highlighted.

- Much more respite care needed to give the carers a break, not just for a week at a time but for short periods to enable carers to attend their own appointments and have time for themselves
- Carers need to remain well themselves to be able to care for their loved ones
- Financial support In addition to the carers course offered to families at the point of diagnosis there is a need for additional training to help carers understand more about how a person with dementia is experiencing the world and learn how to best support and care for them
- Informal peer support groups offering social interaction and emotional support

Safety

Ensuring the safety of people with dementia is of key importance and the community has a role to play in this.

- Scam awareness sessions to highlight risks and show the pathway to reporting a scam or getting help if you have already been scammed
- Training needed for Neighbourhood policing teams
- Recognise that what might be considered anti-social behaviour in an older person may be due to dementia
- Share message about how to raise safeguarding concerns or contact social services about a vulnerable adult
- Carry out risk assessments with people with dementia in mind
- Fire home safety checks to reduce the risk of domestic fire

Healthcare

- Access for everyone to the same level of care and support regardless of location
- Have consistent care pathways for all people with dementia including pain protocols etc.
- Ensure that hospitals and other health facilities are dementia friendly

What can we do about dementia?

Our collective responsibility

- Talk more openly about dementia to reduce stigma
- Challenge attitudes
- Listen with sensitivity
- Treat people as individuals not the diagnosis
- Avoid making assumptions
- Appreciate everyone's unique contribution
- Get involved not just be present
- Ensure that the person with dementia and their carers are at the centre of what we do
- Facilitate and focus on what the person can do, don't disable

How we can stand together

- Dementia Action Week activities to raise public awareness and call to action across the whole of West Berkshire
- Intergenerational work – supporting our young people to understand more about dementia and actively engage in activities with people affected by dementia.
- Better use of businesses
- Utilise empty retail space for pop up café's and information centres
- Centralised signposting
- Skill sharing
- Communication between communities and organisations to share knowledge and best practice
- Link the well-established Lions 'message in a bottle' scheme to dementia information, i.e. the biographical 'This is me' or 'Knowing me' documents, so that emergency services know that the resident is living with dementia



Call for pledges



Everyone was asked to consider what they could do, either personally or within their organisation, to make a difference to the lives of people living with dementia and their carers. They wrote their pledge to action on a puzzle piece and hung them on our puzzle tree.



A full list of pledges can be found in Appendix 2



Closing statement and call to action

On behalf of the DAA, I would like to thank everyone involved in the conference, organisers, speakers and delegates for your energy, commitments and engagement.

We, as a community, now have an awareness of the impact of dementia on people living among us and can no longer avoid taking action to be more inclusive, supportive, responsive and understanding to people with dementia and their carers. Please reach out and be there, be a friend and an advocate for people living with dementia and their carers. Live the commitments you made on the day and don't forget the people who feel forgotten and isolated. Let us remove the obstacles in the way of doing the right thing and own the feedback we heard at our conference.

Greg Walsh
Chair, West Berkshire DAA



Call to action

Everyone at the conference is asked to stand together and consider taking the following actions

- Join the West Berkshire Dementia Action Alliance
- Become a Dementia Friends Champion
- Arrange Dementia Friends information sessions for your colleagues, friends and family
- Undertake or request a review of your workplace Dementia Policy

For further information contact Sue Butterworth Sue.butterworth@westberks.gov.uk

Acknowledgements

The West Berkshire DAA would like to thank all the people who came together as a community of interest around dementia to support the conference in so many different ways. Without all the personal and professional commitments of time, services and expertise this conference would not have been possible.

We hugely appreciate the time and support extended to the conference by our speakers on the day and also to our community members who shared such personal stories that were recorded for us by South Central Ambulance Service.

A special thank you to The Berkshire Lodge of Hope, Jones Robinson Estate Agents, Building Communities Together, Sheepdrove Organic Farm and Greenham Common Trust for their generous financial support.

Conference made possible by the generous support of:



St George's Church, Wash Common



APPENDICES

Appendix 1: Conference Agenda



**Life with Dementia
Conference
Thursday 28th March 2019
9.00am to 4.00pm
Sheepdrove
Eco Conference Centre
Lambourn**

DAA
West Berkshire
Dementia Action
Alliance

A G E N D A

- 9.00am Registration with coffee and biscuits
- 9.30am Welcome - Greg Walsh, Chair West Berkshire DAA
- The economic impact of dementia - Greg Walsh, Chair West Berkshire DAA
 - What is dementia? – Dr Gill Cresswell, West Berkshire Memory Clinic
 - Living with young onset dementia - Hilary Doxford, 3 Nations Dementia Working Group
 - Professor Alistair Burns – National Clinical Director for Dementia and Older Peoples Mental Health, NHS England and NHS Improvement
- 11.00am COFFEE BREAK
- Caring for a loved one with dementia – Margo Payne, Mayor of Newbury
 - Dementia in rural communities - Ian Sherriff Academic Partnership Lead for Dementia School of Medicine and Dentistry, Plymouth University and Head of Rural Dementia in the UK
 - Living with dementia in West Berkshire – a personal story
 - Dementia Enabled Environments - Fiona Walsh, DDS Architects
- 13.00pm NETWORKING LUNCH
- Dementia Friendly Communities - Sue Butterworth, West Berkshire Public Health & Wellbeing
 - Afternoon Workshops – Understand Stand Together
 - Feedback session from workshops
 - Summing up and the way forward - Greg Walsh
- 16.00pm Close

Appendix 2: Pledges

- Ensure Thatcham toilets are Dementia Friendly
- Broadway and Road Access?
- Set Up Dementia Friends Training for Board and Volunteers Health Watch West Berkshire
- Help Build Bridges between the NHS, Social Care and The Built Community
- Lobbying harder for changes to housing and the built environment
- To ensure people with dementia and their carers can come to our groups. Open for hope and are welcomed and supported.
- I will reach out to the community and make more dementia friends as a dementia champion.
- I pledge to help support and make golden memories. To make every minute of every day the best I can for my buddy. Memories do not die.
- To build relationship with the community and help people with dementia in the community.
- Community awareness, local hub, information points.
- I will pledge to ensure that I consider dementia in my areas at work e.g. unpaid carers, social isolation etc. I will also help raise awareness of the risk factors around dementia.
- I pledge to ensure that dementia is considered in all policies.
- Be brave to make a difference and to understand empathy.
- Raise awareness of good design among other teams in WBC
- To simplify smart home technology to help care for our loved ones.
- Get involved in Dementia Action Week to raise awareness of our service.
- Work with Redwood restaurant to make it dementia friendly.
- Set up a café at the home I work at.
- To improve links to the community
- To ensure the needs of carers are not forgotten
- Will take it to my care team in the church to discuss what we can do.
- To endeavour to provide a high quality service to all member of the public, reacting to any symptoms of dementia in a professional and understanding way
- Increase awareness of dementia friendly communities
- Be patient (move)!
- I will think about how to improve knowledge and understanding in our local community
- Continue to take part in dementia friends training.
- Ensure all activities in my churches are dementia friendly
- Jones Robinson Estate agents are organising three community events during the summer to raise funds for DAA.
- Continue to advocate for people living with dementia and their carers
- To increase the awareness of parish council to become dementia friendly.
- Increase the awareness amongst our visits/colleagues at other sites.
- To change the environment where people living with dementia live

- I pledge to take all my knowledge and awareness from today's sessions back to my organisations to help our branch teams understand aspects of dementia with our members and their carers.
- Contact Parish Council re co-ordination with others for support
- Contact care homes Birchwood, Walnut Close, Broadmead for giving twiddle muffs, cushions and visiting for knitting sessions.
- Work to secure more funding for arts provision for people with dementia
- Look up and learn about information discussed
- Work with my church to become a dementia – friendly community
- I will visit local GP's to see if I can help or befriend someone with dementia or his/her carer
- I pledge for my team to become dementia friends and to encourage the wider service to become dementia friendly too.
- Ensuring that those diagnosed with dementia are given enough information to access useful help for themselves and their families.
- Education for colleagues
- Make more people more aware. Keep the momentum going.
- Share knowledge be aware in all environments and situations.
- I pledge to develop the knowledge of the people working with me and equip them to better support people living with dementia.
- Continued understanding/training
- Spend more time with granny
- Make contact with at least one shop/business in Pangbourne to make them aware of dementia and its implications.
- Look at signage at all Town Council Buildings. Change the doormat into reception.
- Will look at more dementia friendly sessions and talk to more staff.
- To make them feel valued, to stimulate them in a way suitable to them. Raise and encourage for each small goal.
- Get all Health and Wellbeing Board Members trained as dementia friends.
- Ensure we are more productive in making West Berkshire's public spaces more dementia friendly and accessible.
- More person-centred
- Pursue partnerships with Corn Exchange to start Memory Café in East of West Berkshire.
- To offer a midway Dementia Carers Support Group
- Find out about "Location Act"
- Keep it "Sustainable" not rely on one person running it.
- People withdraw from places that disable them.
- Arrange hold/a workshop for all customer facing staff – Dementia Friendly
- Spread Awareness – exhibits awareness and step in to help if it would help
- Promote:- i) Quality of Life ii) Independence iii) Voice
- Think about extending past diagnostic support
- Look to do more session in church and more interest in colleagues
- Understand Together
- Nursed led clinic to create awareness to people living with dementia and their carers about support available in the community.

- Think about extending past diagnostic support
- Ask Parish Council what we can do re: Dementia in East Ilsley
- Arrange dementia sessions in my local area
- I will do better networking with the different organizations to get people more help.
- Create Hungerford Dementia Friendly
- To work with residents, staff and DAA to raise awareness of dementia
- To make sure carers are also cared for
- Become a dementia friend and look at what I can set up in the church community
- Training for volunteers, learn more myself share with others

West Berkshire Dementia Friendly Community Update Annex B

What is the Dementia Friends programme?

Alzheimer's Society's Dementia Friends programme is an initiative to change people's perceptions of dementia. It aims to transform the way the nation thinks, acts and talks about the condition. Stigma and lack of understanding cause many people with the condition to experience loneliness and social exclusion. Dementia Friends is about learning more about dementia and the small ways that everyone can help.

What is a Dementia Friends Champion?

A Dementia Friends Champion is a trained volunteer who runs Dementia Friends Information Sessions for friends, family, colleagues and the wider community. The Information Sessions cover key messages that we want everyone to know about dementia, and help people to think what they could do to help. Dementia Friends Champions attend a free of charge volunteer induction day and then organise their own Information Sessions, with support from their Dementia Friends Officer.

What is a Dementia Friend?

A Dementia Friend is someone who learns five key messages about dementia and a little bit about what it is like to live with dementia. They then turn their understanding into a practical action that could help someone with dementia living in their community. Their action could be as big or as small as they choose – because every action counts!

There are now 3 million Dementia Friends across England, Wales and Northern Ireland with over 3000 of these in our West Berkshire community.

What is a Dementia Friends Information Session?

Dementia Friends Information Sessions are run by volunteer Dementia Friends Champions, who are trained and supported by Alzheimer's Society. Each Information Session lasts around one hour. Dementia Friends learn more about dementia and how they can help to create dementia friendly communities.

West Berkshire has received recognition for the last 3 years as “Working to become Dementia Friendly” from the Alzheimer's Society



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