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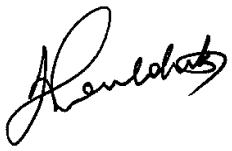
WOKINGHAM BOROUGH COUNCIL

A Meeting of the **HEALTH AND WELLBEING BOARD** will be held at the Civic Offices, Shute End, Wokingham RG40 1BN on **THURSDAY 16 JUNE 2016** AT **5.00 PM**



Andy Couldrick
Chief Executive
Published on 8 June 2016

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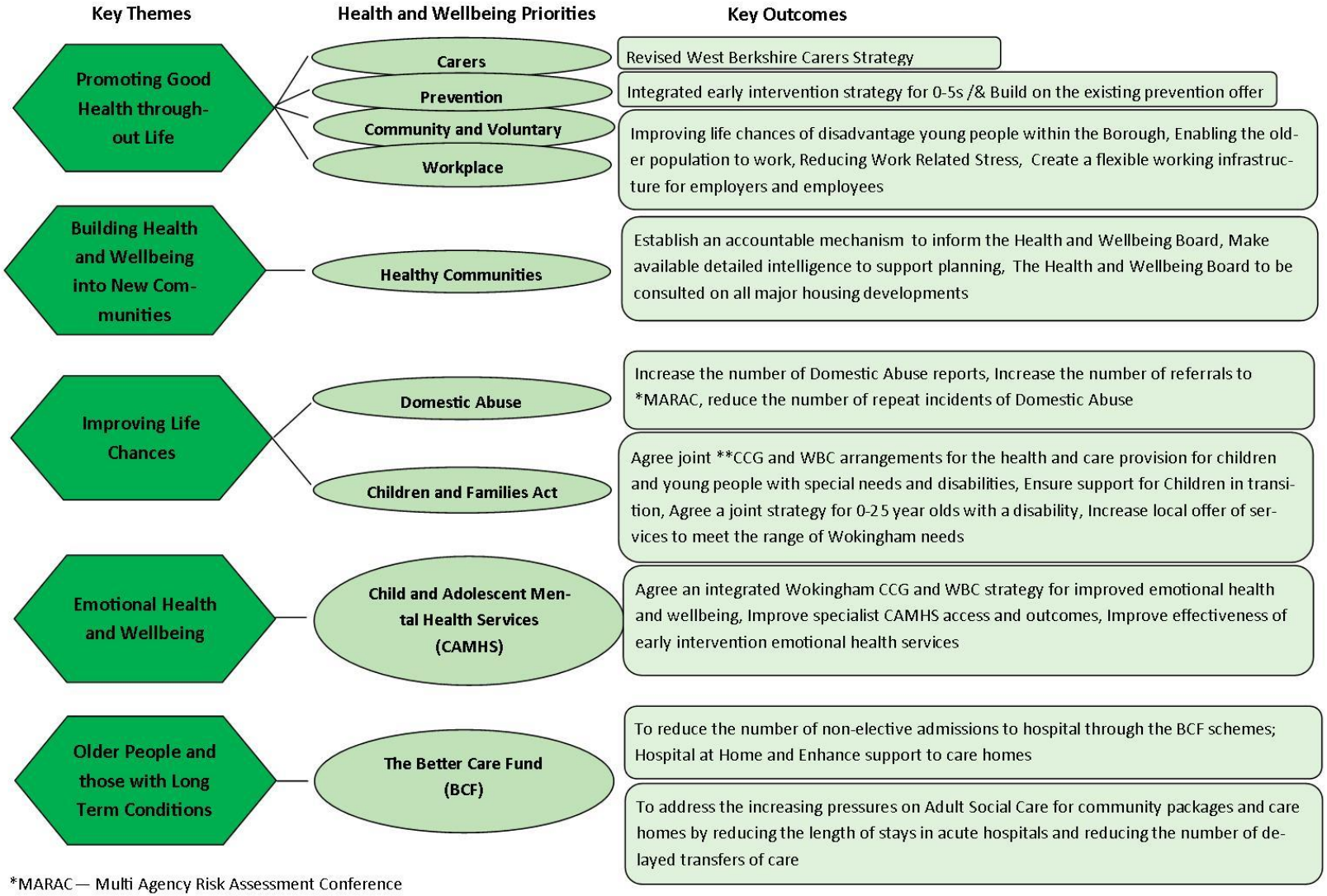
Wokingham's Health and Wellbeing Strategy 2014-2017



*MARAC— Multi Agency Risk Assessment Conference

**CCG and WBC—Clinical Commissioning Groups and Wokingham Borough Council

MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD

Julian McGhee-Sumner	WBC
Dr Johan Zylstra	NHS Wokingham CCG
Keith Baker	WBC
Prue Bray	WBC
Charlotte Haitham Taylor	WBC
Superintendent Rob France	Community Safety Partnership
Beverley Graves	Business Skills and Enterprise Partnership
Lois Lere	NHS Wokingham CCG
Dr Lise Llewellyn	Director of Public Health
Nikki Luffingham	NHS England
Judith Ramsden	Director of Children's Services
Stuart Rowbotham	Director of Health and Wellbeing
Nick Campbell-White	Healthwatch
Dr Cathy Winfield	NHS Wokingham CCG
Kevin Ward	Place and Community Partnership Representative
Clare Rebbeck	Voluntary Sector representative

ITEM NO.	WARD	SUBJECT	PAGE NO.
1.		**APOLOGIES** To receive any apologies for absence	
2.		**MINUTES OF PREVIOUS MEETING** To confirm the Minutes of the Meeting held on 14 April 2016.	7 - 12
3.		**DECLARATION OF INTEREST** To receive any declarations of interest	
4.		**PUBLIC QUESTION TIME** To answer any public questions A period of 30 minutes will be allowed for members of the public to ask questions submitted under notice. The Council welcomes questions from members of the public about the work of this Board. Subject to meeting certain timescales, questions can relate to general issues concerned with the work of the Board or an item which is on the Agenda for this meeting. For full details of the procedure for submitting questions please contact the Democratic Services Section on the numbers given below or go to www.wokingham.gov.uk/publicquestions	

4.1	Bulmershe and Whitegates; Loddon	Mrs Kathie Smallwood has asked the Chairman of the Health and Wellbeing Board the following question. Now that the Age Concern Woodley Centre has closed down and Fosters has been bulldozed how are frail, elderly and vulnerable people in Woodley supposed to be able to access the care, social contact and stimulation that they so clearly need?	
5.		**MEMBER QUESTION TIME** To answer any member questions	
6.		**ELECTION OF CHAIRMAN FOR THE 2016/17 MUNICIPAL YEAR** To elect a Chairman for the 2016/17 municipal year.	
7.		**APPOINTMENT OF VICE CHAIRMAN FOR 2016/17 MUNICIPAL YEAR** To appoint a Vice Chairman for the 2016/17 municipal year.	
8.		**INTEGRATION**	
9.	None Specific	**DRAFT DIGITAL ROADMAP FOR THE BERKSHIRE WEST 10** To receive a presentation on the Draft Digital Roadmap for the Berkshire West 10. *(15 mins)*	**13 - 28**
10.	None Specific	**BETTER CARE FUND QUARTERLY RETURN TO DEPARTMENT OF HEALTH QUARTER 4 2016** To consider the Better Care Fund Quarterly Return to Department of Health Quarter 4 2016. *(15 mins)*	**29 - 46**
11.	None Specific	**FORWARD PROGRAMME** To consider the Board's work programme for the remainder of the municipal year. *(5 mins)*	**47 - 52**
12.	None Specific	**BERKSHIRE WEST, OXFORDSHIRE AND BUCKINGHAMSHIRE SUSTAINABILITY AND TRANSFORMATION PLAN** To consider an update on the Berkshire West, Oxfordshire and Buckinghamshire Sustainability and Transformation Plan. *(15 mins)* *(includes Part 2 sheet)*	**53 - 62**
13.		**EXCLUSION OF THE PUBLIC** **RESOLVED:** That under Section 100A(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A of the Act as appropriate.	

Any other items which the Chairman decides are urgent

A Supplementary Agenda will be issued by the Chief Executive if there are any other items to consider under this heading.

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MINUTES OF A MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 14 APRIL 2016 FROM 5.00 PM TO 6.30 PM

Present

Julian McGhee-Sumner	WBC
Dr Johan Zylstra	NHS Wokingham CCG
Prue Bray	WBC
Charlotte Haitham Taylor	WBC
Superintendent Rob France	Community Safety Partnership
Dr Lise Llewellyn	Director of Public Health
Lois Lere	NHS Wokingham CCG
Judith Ramsden	Director of Children's Services
Nick Campbell-White	Healthwatch
Clare Rebbeck	Voluntary Sector representative

Also Present:

Colm Ó Caomhánaigh	Democratic Services Officer
James Burgess	Better Care Fund Programme Manager
Sally Murray	Head of Children's Commissioning Wokingham CCG
Jim Stockley	Healthwatch Wokingham
Andy Couldrick	Chief Executive
Darrell Gale	Consultant in Public Health
Brian Grady	Head of Strategic Commissioning

90. APOLOGIES

Apologies for absence were submitted from Stuart Rowbotham, Hilary Turner and Beverley Graves.

91. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Board held on 11 February 2016 were confirmed as a correct record and signed by the Chairman.

92. DECLARATION OF INTEREST

Councillor Haitham Taylor declared a Personal Interest in Item 98, CCG Operating Plan 2016-17, on the grounds that her husband's company was contracted to undertake work for NHS 111 services elsewhere in the country.

93. PUBLIC QUESTION TIME

There were no public questions.

94. MEMBER QUESTION TIME

There were no Member questions.

95. ORGANISATION AND GOVERNANCE

96. UPDATE FROM BOARD MEMBERS

A written report from Beverley Graves, Business Skills and Enterprise Partnership, was circulated to members at the meeting.

Superintendent Rob France reported on the Community Safety Partnership. He stated that the Wokingham and Bracknell Local Police Areas had been combined but that there was no effect on services. The Multi-Agency Safeguarding Hub had gone live. The latest crime figures showed that violent crime had increased whereas the number of burglaries had fallen. Wokingham had the lowest incidence of repeat offenders of the Berkshire areas.

The Chairman noted that he had seen more Police Community Support Officers (PCSOs) around recently but Superintendent France stated that there had been no change in policy.

Clare Rebbeck, Voluntary Sector representative, stated that two organisations had folded but that others had stepped in to fill the gaps. There would be a Community Awareness event on 28 April 2016 at the Town Hall with 18 organisations presenting stalls. It was expected that *The Sun* newspaper would cover the event and she had been in touch with the Communications Department about it.

Nick Campbell-White asked a question relating to the closure of Berkshire Carers. The Chairman said that he would get a written answer to the question after the meeting.

97. EMOTIONAL HEALTH AND WELLBEING STRATEGY PERFORMANCE SCORECARD UPDATE

Board members received an update on the Emotional Health and Wellbeing Strategy performance scorecard which was introduced by Sally Murray, Head of Children's Commissioning, Wokingham CCG.

During the discussion of this item the following points were made:

- Chart 2 showed that Wokingham referrals to Tier 3 specialist CAMHS (Child and Adolescent Mental Health Services) had continued to grow whereas the rate had plateaued in the rest of Berkshire West.
- 54% of those on Tier 3 waiting lists were waiting for a diagnosis.
- Sally Murray questioned if people saw diagnosis as a 'golden ticket' to services. Those waiting for a diagnosis had needs which must be addressed.
- Ambitious waiting list targets had been set and it was clear that they had not been achieved. Contractual action with Berkshire Healthcare Foundation Trust (BHFT) had been taken to tackle this.
- SHaRON - an online support service for women experiencing perinatal mental health issues - had opened before Christmas and was going well.
- Charlotte Haitham Taylor noted that there were 243 children waiting for diagnosis and some had waited up to 2 years which was not good enough.
- Judith Ramsden said that the Board needs to champion a reshaping of the conversation around autism involving schools, parents and professionals.
- Johan Zylstra said that CAMHS appeared to be the 'gatekeeper' of funds and asked if there was there no other way for people to access services?
- Prue Bray said that members of the Board needed to be presented with options that they could discuss.
- Nick Campbell-White asked when 'Young SHaRON' would start. Sally Murray said that it was being re-thought and it was uncertain if it would go ahead.

RESOLVED: That

1) the update on the Emotional Health and Wellbeing Strategy performance scorecard be noted; and
2) that future reports should include policy options for the Board to consider.

98. CCG OPERATING PLAN 2016-17

Lois Lere presented the CCG Operating Plan 2016-17 and circulated a two-page summary document at the meeting.

During the discussion of this item the following points were made:

- The CCG is looking at piloting the use of NHS 111 for urgent-on-the-day GP appointments.
- It was planned to extend coverage of enhanced general practice hours from 87% to 100% of the population.
- Charlotte Haitham Taylor asked if the list of issues under safeguarding was supposed to be fully inclusive because she noted that it did not include Female Genital Mutilation (FGM).
- Andy Couldrick asked if it was acceptable that the Board was just being asked to 'nod through' the report.
- Johan Zylstra said that the Board had no executive function in this process but the report was to keep the Board informed.
- Dr. Lise Llewellyn noted that the report seemed to reflect the Board's priorities quite well.

RESOLVED: That the CCG Operating Plan 2016-17 be noted.

99. CHILDREN'S DISABILITY STRATEGY

The Board considered the Children's Disability Strategy presented by Brian Grady, Head of Strategic Commissioning.

During the discussion of this item the following points were made:

- Brian Grady said that pre-diagnosis autism support was something that needed to be looked at in more detail.
- Judith Ramsden commented that it was necessary to reshape capacity.
- Prue Bray noted that parents were worried that the emphasis on changes in transport provision were aimed at reducing costs rather than the needs of the children.
- Judith Ramsden said that the Council follows what best practice dictates which is individually driven.
- Johan Zylstra commented that there used to be a 'cliff edge' when children reached 18 but welcomed the fact that there was now a longer period of reintegration.

RESOLVED: That
1) the priorities as set out in the Children with Disability Strategy 2016 to 2018 be endorsed; and
2) the proposed project to test options and develop a business for integrated service delivery for children with disabilities to ensure effective education, health and social care support be supported.

100. UPDATE ON PROGRESS MADE AGAINST OFSTED RECOMMENDATIONS RELEVANT TO HEALTH AND WELLBEING BOARD

Board members were updated on the progress made against the Ofsted recommendations relevant to the Health and Wellbeing Board.

During the discussion of this item the following points were made:

- Judith Ramsden said that the report did not cover everything but included a list of recommendations.
- Brian Grady said that it outlined the areas that needed to be focused on.
- Charlotte Haitham Taylor noted that it was the start of a much bigger piece of work and should be supported.

RESOLVED: That the Health and Wellbeing Board:-

1) Respond to the priority needs identified in the Public Health Annual Report 2016 by adopting a "1001 critical days" strategy and implementation plan, based on primary prevention principles and a focus upon fostering good mental / emotional wellbeing, secure attachment and prevention of child maltreatment;
2) Monitor the delivery of this plan through a multi - agency scorecard;
3) Take action to support the development of lifelong healthy lifestyle behaviours;
4) Demonstrate ownership of two relevant elements of the Ofsted Action Plan as follows –
    a. Accelerate the implementation of the local authority and clinical commissioning group emotional health strategy to ensure better and quicker access to emotional and mental health support for children by hosting a summit focusing on progress and priority actions;
    b. Sponsor the development of the transition to adulthood management group as a multi-agency group and receives a report from this group demonstrating the effectiveness of service pathways for all children and for young people in transition.

101. WOKINGHAM BOROUGH COUNCIL LOCAL ACCOUNT 2014-15

The Board considered the Wokingham Borough Council Local Account 2014-15.

During the discussion of this item the following points were made:

- Brian Grady, Head of Strategic Commissioning, said that this report was an annual requirement. It was about making data visible and transparent.
- Clare Rebbeck pointed out that the references to the Voluntary Sector should refer to it as the Voluntary, Community and Faith Sector.

RESOLVED: That the Wokingham Borough Council Local Account 2014-15 be noted.

102. INTEGRATION

103. BETTER CARE FUND 2016-17

James Burgess, Better Care Fund Programme Manager, presented the Better Care Fund Plan 2016-17 and displayed slides summarising the plan.

During discussion of this item the following points were made:

- The key lines of enquiry that had not been met relating to Delayed Transfer of Care (DToC).

- Overall the feedback from NHS England on the plan had been positive. There would be some changes made in response to their feedback.
- There would be a further briefing with the Chairman before the plan is submitted on 25 April.
- Dr. Lise Llewellyn said that the first slide was a comprehensive summary. However, the data on page 96 needed more explanation in the text.
- The 2015/16 plan prioritised frail elderly whereas the latest information is that we need to bring in children's services more.
- A number of Board members questioned the need to circulate so much detailed information and asked for summary data on finances and a focus on the key points not being met.
- Dr. Lise Llewellyn said that Non-Elective admissions (NELs) were increasing. The CCG had agreed to review this and especially the increases with regard to children.
- Clare Rebbeck asked if the increase might be due to unhealthy lifestyles and if the Council should look to prevention through education.
- Andy Couldrick said he was surprised that the CCGs don't already understand why NELs are increasing and asked when the review would be available?
- Dr. Johan Zylstra commented that this change had only emerged in the last 3 to 6 months. People were presumably presenting to A&E because they could not get the service they needed elsewhere.
- Dr. Lise Llewellyn said that residents of new towns tended to use A&E more because they did not have the same support network as more settled residents. This needed to be considered given the amount of new development coming in Wokingham.
- Charlotte Haitham Taylor said that there was too little time to influence policy.
- James Burgess stated that it had already been fed back that the deadlines set were too short for proper consultation.
- Andy Couldrick said that there was a need to influence a shift in the landscape of behaviour in relation to the way people use services.
- In relation to Board members' comments that the reports on items were generally not presenting the Board with options to be discussed, the Chairman said that the Board had not sufficient support at the moment since the relevant staff member left and that this needed to be addressed.

RESOLVED: That

1) the content of Wokingham's Better Care Fund Plan 2016-17 be noted and approved subject to the changes being made following NHS England's assurance process and that the Chair of the Health and Wellbeing Board be authorised to give final authorisation for submission of the final plan before the 25th of April 2016; and
2) the draft plan for 2017/18 be brought to the Board in six months to allow time to influence the draft.

104. PERFORMANCE

105. PERFORMANCE METRICS

The Board considered the Performance Metrics included in the agenda.

During the discussion of this item the following points were made:

- Clare Rebbeck suggested that the Board should be sent a 7 or 8 page summary with greater detail electronically.

- Dr. Johan Zylstra asked if it was possible to indicate amber ratings when a metric was close to target.

RESOLVED: That the Performance Metrics be noted.

Local Digital Roadmap (LDR) overview – Part 2

The Berkshire West LDR Footprint

- Introduction
- STP and Digital Transformation Vision
- Universal Capabilities
- Capability Baseline & Trajectories
- Information Sharing / Interoperability
- Gaps & Emerging Priorities
- Governance for LDR Delivery

Main organisations involved

CCGs

- NHS Wokingham
- NHS Newbury and District
- NHS North and West Reading
- NHS South Reading

Local Authorities

- Reading Borough Council
- West Berkshire Council
- Wokingham Borough Council

NHS Providers

- Berkshire Healthcare NHS Foundation Trust
- Royal Berkshire NHS Foundation Trust
- South Central Ambulance Service NHS Foundation Trust *

Others

- 53 General Practices (mainly via CCG / SCWCSU) *
- NHS South, Central and West Commissioning Support Unit

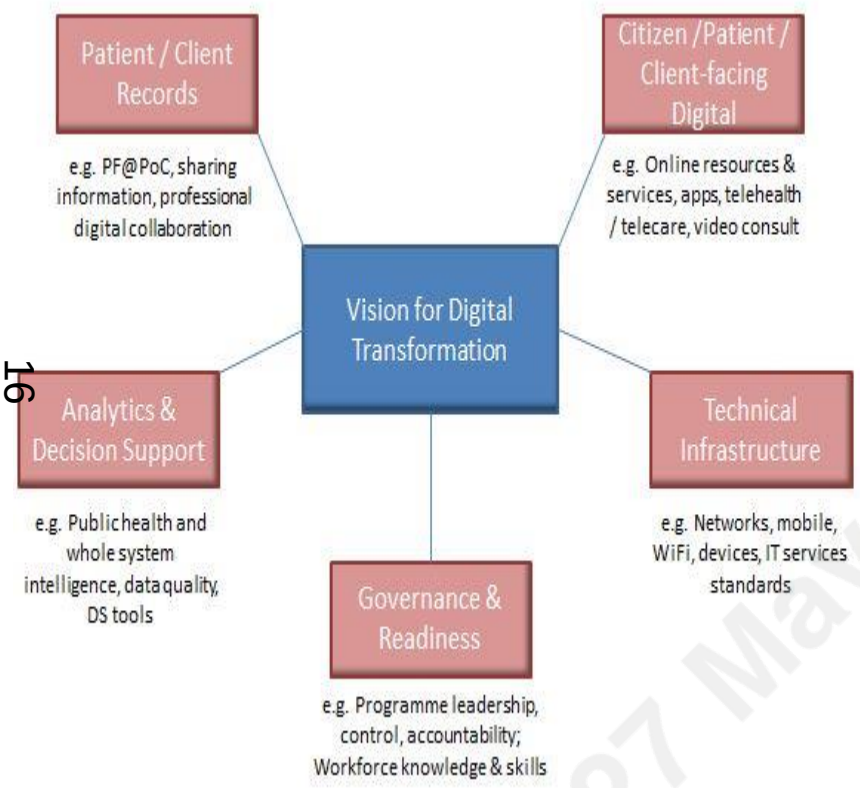
** No or incomplete information provided by this organisation*

Digital transformation enables STP goals

Illustrative examples based on Berkshire West, Oxfordshire, Aylesbury Vale and Chiltern STP mid-April submission

STP Theme	STP Goal	Specific Objective	Digital Transformation Goals
Health and Wellbeing	Reduce inequalities	Target all services at those most in need and differentiate the service offered accordingly	Public Health departments, working with NHS England and PHE, to develop consistent datasets helping to define improvements in outcomes/ROI
	Reduce disease and deaths across the board, but particularly CVD and cancers	Tackle lifestyle factors especially inactivity, obesity, alcohol, smoking and mental wellbeing	Patient-facing digital tools to provide advice and support
Care and Quality	Tackle inefficiencies in patient experience of care	Reduce overlap and inefficiencies in access to diagnostics and supporting services along cancer pathways and specialist referral routes	Enable sharing of information across services and enhance mobile access to advice and support
	Urgent and emergency care demand - reduce variation and maintain high quality services	Manage the ebbs and flows of urgent care demand across all providers	Develop predictive urgent care model across the entire population
	Address general practice workload and workforce pressures	Enable new ways of supporting people with frailty and/or multiple long-term conditions	Increase usage and consistency of digitally-enabled self-care
Finance and Efficiency	Reduce variation in clinical decision-making to drive efficiencies	Standardise services in terms of clinical thresholds, consistency in access to specialised services, consistent approach to certain procedures	Universal adoption of standardised clinical decision-support systems and standardised pathway / referral protocols

Vision for Digital Transformation



Widespread exploitation of information and IT is essential to achieve STP goals through:

- Enabling transformation of care pathways and services
- Improving whole-system care service efficiency, effectiveness and safety – right information, right place, right time
- Supporting decision-making
- Empowering patients and the public to take greater responsibility for their health and healthcare
- Ensuring confidential information is held securely and shared on a need to know basis.

*Whole system intelligence and digital transformation are key enablers for Berkshire West's vision for an **Accountable Care System***

Universal capabilities (see footprint summary table)

1. Professionals across care settings can access GP-held information on GP-prescribed medications, patient allergies and adverse reactions
2. Clinicians in urgent and emergency care settings can access key GP-held information for those patients previously identified by GPs as most likely to present (in U&EC)
3. Patients can access their GP record
4. GPs can refer electronically to secondary care
5. GPs receive timely electronic discharge summaries from secondary care
6. Social care receive timely electronic Assessment, Discharge and Withdrawal Notices from acute care
7. Clinicians in unscheduled care settings can access child protection information with social care professionals notified accordingly
8. Professionals across care settings made aware of end-of-life preference information
9. GPs and community pharmacists can utilise electronic prescriptions
10. Patients can book appointments and order repeat prescriptions from their GP practice

Universal capabilities – issues

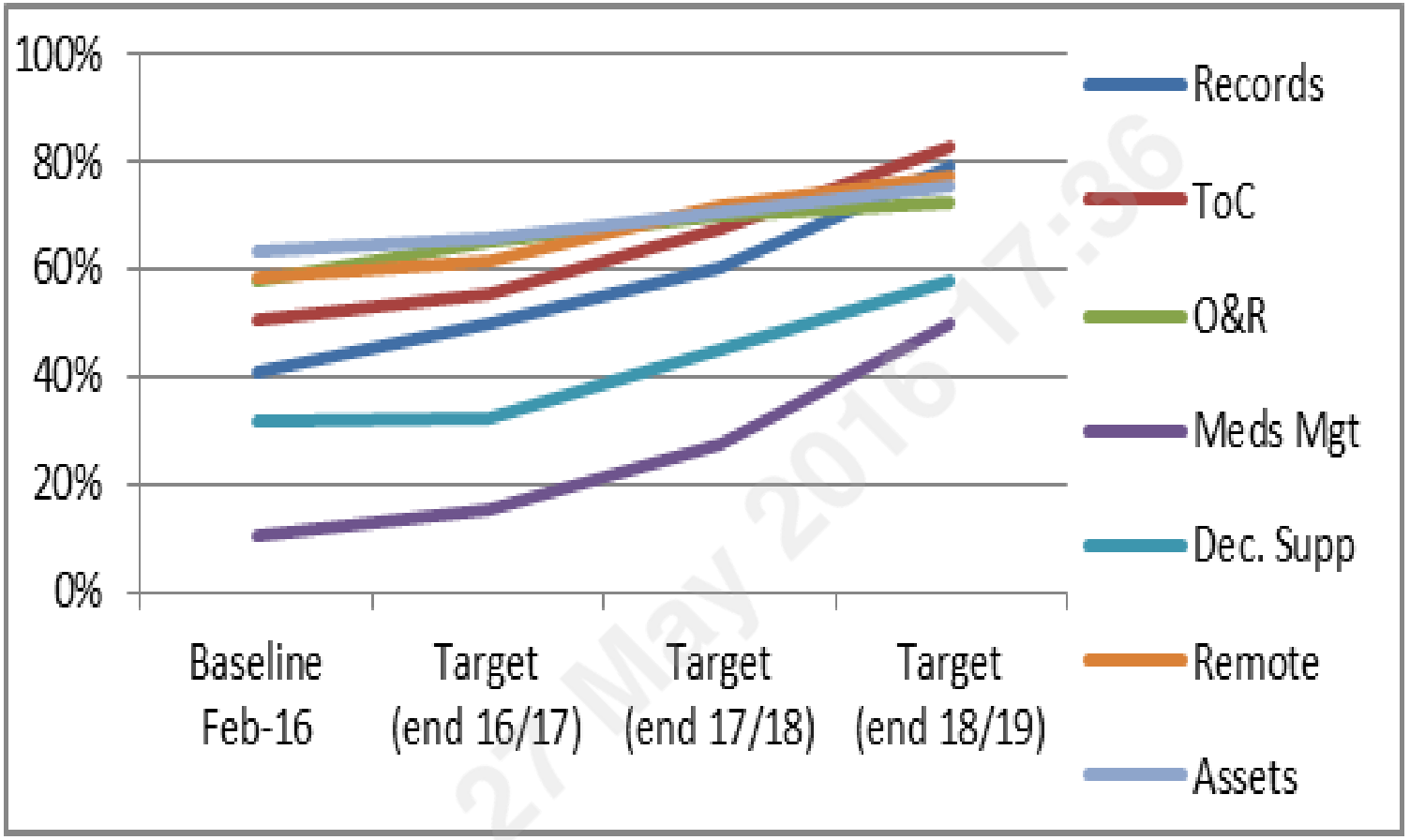
- Many relevant digital enablers are in place (e.g. SCR, MIG, patient access from GP systems to summary and to detailed record, booking, prescriptions, EPS)
- However, overall take-up and usage levels are generally low, hence much more communication , awareness, education required amongst workforce and citizens (e.g. only 14% patients registered for online GP booking, etc)
- ERS almost 70% utilisation amongst practices; e-discharges from acute c.60% within 24 hrs; EPS currently 38% utilisation
- Some local alternatives to national solutions in use, e.g. MIG *vs* (not yet deployed) enhanced SCR, local EDM solution *vs* ERS
- No access yet by providers / GPs to the Child Protection Information Sharing service;
- Social care do receive timely electronic assessment, discharge and withdrawal notices from acute, some via secure email, not managed / integrated electronically

Digital maturity self-assessment: current baseline

Issue	National	BHFT	RBH	SCAS
Strategic Alignment	76%	100%	60%	56%
Leadership	77%	90%	80%	85%
Resourcing	66%	95%	45%	75%
Governance	74%	100%	65%	75%
Information Governance	73%	96%	50%	75%
Records, Assessments & Plans	44%	56%	26%	57%
Transfers Of Care	48%	59%	42%	61%
Orders & Results Management	55%	49%	66%	14%
Medicines Management & Optimisation	30%	4%	17%	29%
Decision Support	36%	30%	33%	22%
Remote & Assistive Care	32%	92%	25%	50%
Asset & Resource Optimisation	42%	81%	45%	56%
Standards	41%	46%	44%	75%
Enabling Infrastructure	68%	80%	48%	75%

PF@PoC capability trajectories

% scores based on average of RBH and BHFT. SCAS info not yet available.



LDR Overview

PF@PoC capability deployment

Contains no information for SCAS

Capability	2016/17	2017/18	2018/19
Records, Assessments & Plans	Connected Care - Sharing between Clinicians MIG / SCR - Extend access to GP Held Information. Increased utilisation in ED RiO BAU PAERS - take up & utilisation improved (95% enabled, 5% registered) Social Care in integrated teams access RiO for ADT	Connected Care - Majority of secondary care clinicians's can access GP info No paper records required in OP PAERS - take up & utilisation improved (100% enabled, 8% registered)	Secondary Care - clinical documents available via Portal (e.g. Discharge Summaries) Clinical Docs in EPR, Automated Clinical Observations PAERS - take up & utilisation improved
Transfers of Care	eDS - 75% received within 24 hours (ED and IP). Content aligned with standards (40%) ? CP-IS Implementation Utilisation of eReferrals improved (?%)	Internal Clinician Referrals eDS - 90% received within 24 hours via Conn. Care portal. Content aligned with standards (50%) ? CP-IS Implementation completed by LA's ? Monitor utilisation Utilisation of eReferrals improved (?%)	? Connected care - Social care receive electronic Assessment, Discharge & Withdrawal Notices Paperless Care Summaries Utilisation of eReferrals improved (?%)
Orders & Results Management	Diagnostics via RBH GP Gateway Pathology Orders, Cardiology Orders/Results		
Medicines Management & Optimisation	Improved prescribing management information through the use of Eclipse Confirm approach/plans Increased take up & utilisation of EPS - offered by 85% of practices, av. utilisation 50%	e-PMA deployment? (Subject to business case) Increased take up & utilisation of EPS - offered by 92% of practices, av. utilisation 65%	ePMA
Decision Support	Referral decision support & monitoring of referral patterns in place (DXS) Access to e-pink slips for children by HVs - options Access to GP Care plans (EOL and special patient notes) ??	Details of patients with EoI preferences available on Connected Care Portal (100%)	Care Pathways & Decision Support
Remote & Assistive Technology	Video Consultations [??] Heart failure team use telemonitoring solution to monitor trends Increased utilisation of online services - offered by all practices, 18% of patients registered	Increased utilisation of online services - 25% of patients registered, ? 6% actively using	Virtual Clinics
Asset & Resource Optimisation	Single Domain/Wi-Fi/MDM in place, supporting federated working	Extended Hours [??] RFID Tracking Staff Rostering	Automated Clinical Observations

Key
- Primary Care
- RBH
- BHFT
- LA
- Multi-Org
- SCAS

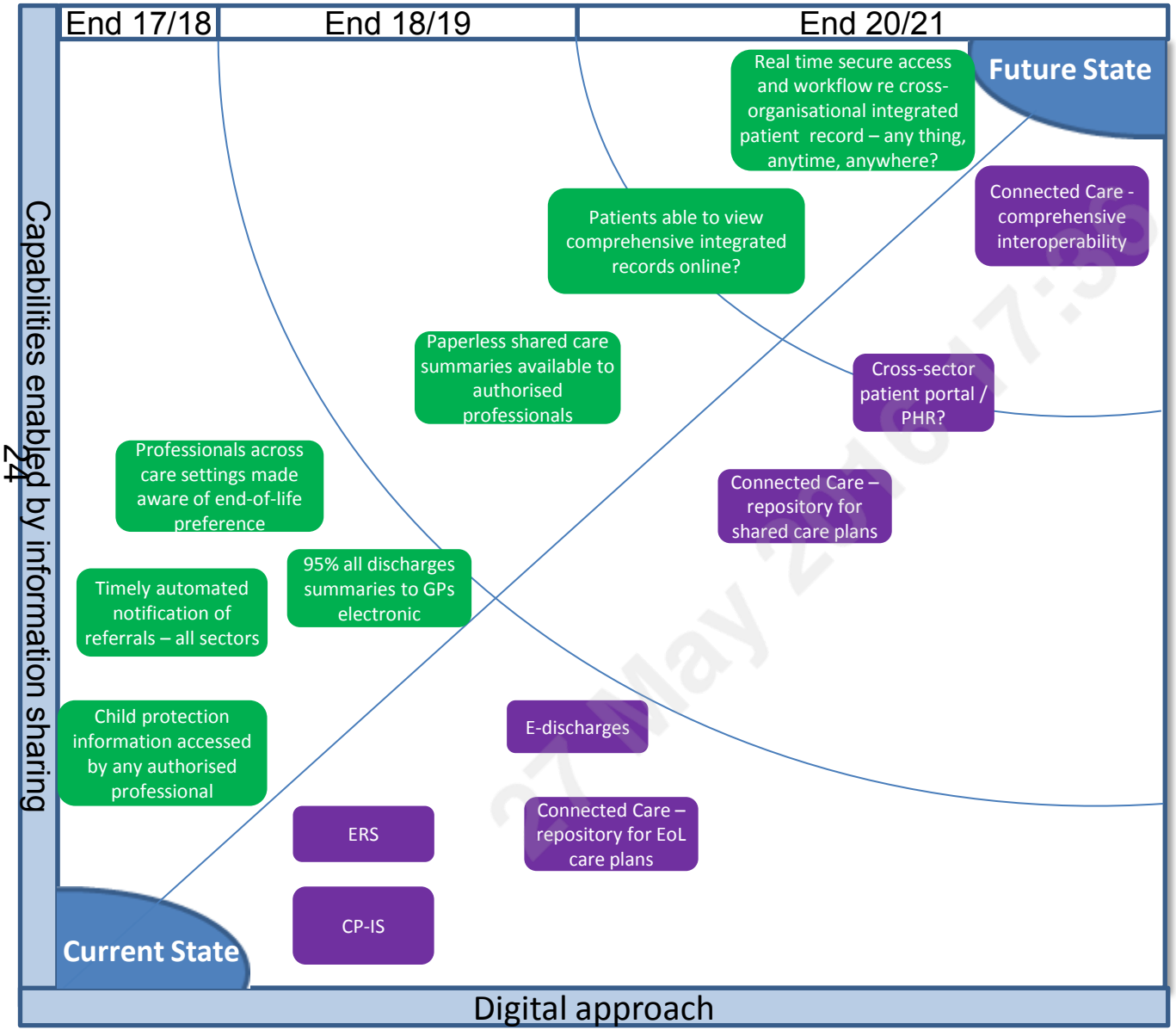
PF@PoC capabilities - issues

- DMA baseline shows each trust is generally well-placed re governance / leadership /readiness, although possible concerns at RBH re resourcing and IG
- For PF@PoC capabilities, a mixed picture – BHFT is mostly close to or above national averages, whereas the baseline for RBH indicates progress has been limited in several areas
- The capability trajectories (RBH and BHFT combined) indicate steady progress planned over next 3 years, but only 1 of the capabilities is expected to exceed 80% by end 2018/19, and two are expected to be below 60% (*cf* paperless target by 2018)
- The deployment schedule shows *some* of the milestones behind these trajectories
- Envisaged rate limiting factors include:
  - Pace of change in clinical areas
  - Varying levels of clinical engagement
  - Capacity vs scale of ambition
  - Poor network access / mobile connectivity in some areas
  - Main social care systems not easy to integrate
  - Culture of paper dependency
  - Costs vs likely capital and revenue funding availability

Patient / client information sharing & interoperability

- System-wide Connected Care Programme established in 2015. Two key objectives:
  - Interoperability and information exchange between health and social care organisations
  - Person held record for health and social care for the citizens of Berkshire
- Programme Board has representation from all 17 main partner organisations, both health and social care, accountable to the Berkshire West 10 Programme Delivery Group
- Approach - increasing levels of functionality, increasing range of data through controlled, phased process
  - Phase 1 – use MIG to allow the sharing of key data items from GP systems - DONE
  - Phase 2 – use portal for "proof of concept" for multiple organisations sharing sub-sets of data; Develop & approve business case for full portal solution - DONE
  - Phase 3 – Procurement of portal solution - DONE; 1st tranche implementation - UNDERWAY
- Several other initiatives support sharing of patient information between organisations, e.g. e-diagnostics, e-discharges, shared EoL plans, use of national systems ERS, SCR, GP2GP, EPS
- Key enablers – Governance, IG, Comms & Engagement, Infrastructure

Information sharing approach – first thoughts



Overall - important current gaps identified

Patient / Client Records (includes Universal Capabilities, PF@POC, Information Sharing / Interoperability, professional digital collaboration)	• Several Universal Capabilities requirements to be addressed (see above) • Limited digital support, currently, for many PF@PoC capabilities, e.g. medicines management • Comprehensive interoperability solution not yet available (Connected Care)
Citizen / Patient / Client-facing Digital	• Use of remote & assistive care technologies patchy and small scale • Diversity of apps deployed in different sectors, but no overarching strategy/plan • Limited use by patients of online services such as appointment booking • Very limited access by patients to their detailed digital records
Analytics & Decision Support	• Not routinely using primary care data for whole system intelligence • ACG risk stratification tool available, not universally used (?) • DXS pathway support tool available, not universally used (?) • Limited digital clinical decision support in trusts (see DMA scores)
Infrastructure	• Mobile IT access limited for some – e.g. no firm plans to provide mobile working to practitioners in social care (Wokingham BC); Poor mobile signal in some patches • WiFi not yet available in every general practice (but final rollout underway) • Little sharing of technical resources / expertise across organisations • No council currently has N3 connection
Readiness, Governance	• LDR Implementation Programme not yet defined (to be based on this LDR) • General digital skills of workforce need development

Priorities to be delivered in 2016/17

NB Priorities need further review

Mainly within organisation / sector ← → *Mainly whole system*

Patient / Client Records (includes Universal Capabilities, PF@POC, Information Sharing / Interoperability, professional digital collaboration)

- Trusts plan / undertake further deployment of PF@PoC capabilities, e.g. e-prescribing
- UC information sharing priorities (e.g. SCR, EPS, ERS, EoL, CP-IC) - further take-up and usage
- Connected Care - progress deployment of initial tranches

Citizen/ Patient / Client-facing Digital

- Patient awareness / encouragement re online access
- Citizen/ patient / client use of digital tools and online services for self-management: Rationalise, consolidate, plan and initiate new workstream(s), possibly with neighbouring footprints, to a) focus on STP priorities / admission avoidance and early discharge / evaluation & business cases, b) deliver substantial uptake

Analytics & Decision Support

- Improve data quality & standards
- Improve usage of ACG tool for case management / risk stratification
- Plan systematic use of GP data as part of whole system intelligence
- Increase use of DXS tool (standardised protocols and pathway decision support at point of referral) to reduce unwanted variation
- Further analytical tools to identify / track unwanted variation

Technical Infrastructure

- Increase availability & usage of mobile devices / services
- Consider benefits of further sharing aspects of IT services?

Governance & Readiness

- Each organisation review its IM&T plans in light of LDR
- Develop LDR Implementation Programme – new and pre-existing project PIDs / plans, roles, resources; Review LDR Programme governance and accountabilities and opportunities for working across footprints
- Workforce awareness / training re use of IT, national and local systems (EPS, SCR, MIG, etc)

Priorities to be delivered beyond March 2017

NB Several developments subject to further feasibility / business cases

← *Mainly within organisation / sector* — *Mainly whole system* →

Patient / Client Records (includes Universal Capabilities, PF@POC, Information Sharing / Interoperability, professional digital collaboration)

- Deploy further EPR PF@PoC capabilities in trusts
- Connected Care – continue deployment, milestones linked to STP etc priorities
- Digitisation of historical paper records

Citizen/ Patient / Client-facing Digital

- Universal free WiFi access for patients
- Further uptake, at scale, for citizen/ patient / client use of digital tools and online services for self-management
- Rationalise existing sector / condition-based patient portals
- Deploy comprehensive patient portal / PHR

Analytics & Decision Support

- Continuing improvement to data quality & standards
- Whole system analytics, intelligence, modelling – further development / use , esp to support Accountable Care System
- Closer integration of DXS (pathways, forms, protocols) with clinical & e-referral systems and workflow

Technical Infrastructure

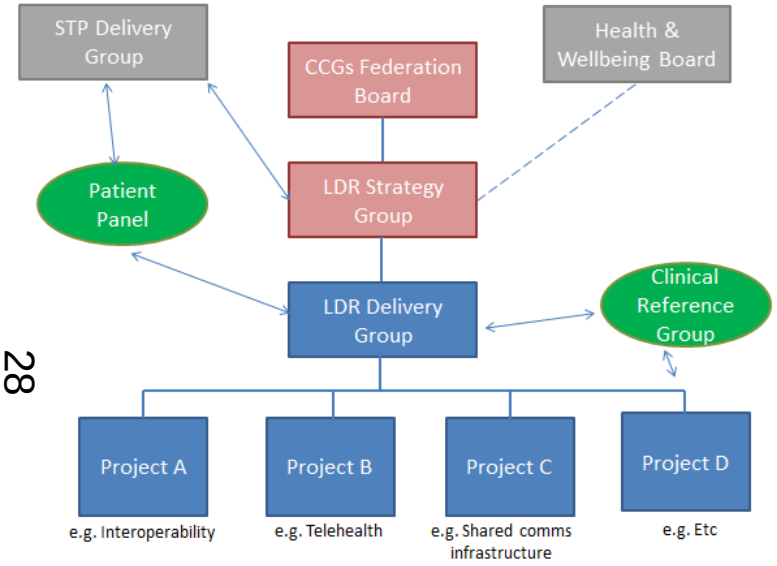
- Update & maintain core IT infrastructure
- Single sign-on from local systems to footprint-wide and national systems
- Agreements / protocols for common use of IT infrastructure (e.g. WiFi) irrespective of organisation

Governance & Readiness

- Ongoing workforce awareness / training re use of IT and national and local systems

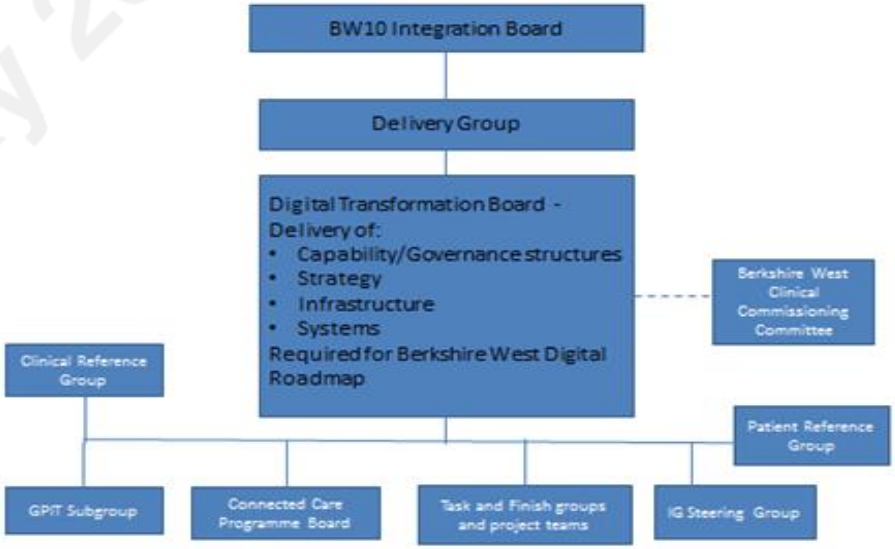
Governance of LDR delivery

Key elements of model



Current arrangements

Berkshire West Innovation, Technology and Information Systems Programme Board provides strategic oversight of the LDR. It has representation from CCGs, Councils, general practice, each provider trust and SCWCSU. The accountability and links for the group are shown below. The Patient Reference Group setup to provide support to the Connected Care programme will take an overview of the Digital Roadmap as a whole.



TITLE	**Better Care Fund Quarterly Return to Department of Health Quarter 4 2016**
FOR CONSIDERATION BY	Health and Wellbeing Board on 16 June 2016
WARD	None Specific
DIRECTOR	Stuart Rowbotham, Director of Health and Wellbeing

OUTCOME / BENEFITS TO THE COMMUNITY

The Better Care Fund (BCF) has been created to promote the integration of health and social care services, to provide a better quality of service to users and greater efficiency across the system.

RECOMMENDATION

That the Health and Well Being Board (HWBB) note and approve the content of Wokingham's Better Care Fund quarterly return to the Department of Health (DoH) for Quarter 4 of 2015/16.

SUMMARY OF REPORT

The Department of Health requires Health and Well-Being Boards Under s.223G of the NHS Act 2006 (as amended most recently by the Care Act 2014) to submit quarterly returns. It shows how our BCF plan is progressing against nationally set conditions, describing BCF finances and our performance targets.

The return shows that the Wokingham BCF is meeting all the national conditions and that we are on budget and not projected to overspend.

Background

The DoH timetable for the returns does not fit with HWBB meeting dates, so previously the HWBB agreed that the Chairman would approve (or not) the quarterly return and that they would then be brought to the subsequent HWBB.

The Berkshire West BCF programme office co-ordinates the completion of the quarterly return as they own most data required, local BCF resources complete certain sections and liaise with the delegated member , Julian McGhee-Sumner to sign off the return on behalf of the HWBB before submission to the DoH. This was completed on 13/5/16.

The report format changes from quarter to quarter to reflect the information that the DoH requires:
Tab 1 -Cover is a short summary of the return
Tab 2- Budget Arrangements asks whether we have met the national condition of pooled funding via a section 75 agreement, we have met this condition and this is reflected in this tab.
Tab 3- National Conditions shows that we currently meet all national BCF conditions.

Tab 4- Income and Expenditure - this tracks income into, and expenditure from, pooled budgets over the course of the year and provides some commentary.
Tab 5- Non-Elective (NEL) and Payment for Performance (P4P) - this tracks performance against NEL ambitions and associated P4P payments.
Tab 6- Metrics - this tracks performance against the locally set metric and locally defined patient experience metric in BCF plans and shows we are performing well against these.
Tab 7-Year end feedback for BCF 16-17 is a new tab this quarter which asks us to provide a commentary on our successes and other integration domains.
Tab 8-New integration metrics is a recent tab that asks for an update on progress regarding digital records, and personal health budgets. We reported that with digital integration maintaining good progress.
Tab 9- Narrative this provides additional commentary regarding the general, positive progress we have made throughout 2015-16 and an area we need to improve in for 2016-17.

Contact James Burgess	**Service** Health and Wellbeing
Telephone No 0118 974 6235	**Email** james.burgess@wokingham.gov.uk
Date 27.05.16	**Version No.** 1

Quarterly Reporting Template - Guidance

Notes for Completion

The data collection template requires the Health & Wellbeing Board to track through the high level metrics and deliverables from the Health & Wellbeing Board Better Care Fund plan.

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

A completed return must be submitted to the Better Care Support Team inbox (england.bettercaresupport@nhs.net) by midday on 27th May 2016.

The BCF Q4 Data Collection

This Excel data collection template for Q4 2015-16 focuses on budget arrangements, the national conditions, non-elective admissions, income and expenditure to and from the fund, and performance on BCF metrics.

To accompany the quarterly data collection Health & Wellbeing Boards are required to provide a written narrative into the final tab to contextualise the information provided in this report and build on comments included elsewhere in the submission. This should include an overview of progress with your BCF plan, the wider integration of health and social care services, and a consideration of any variances against planned performance trajectories or milestones.

Cell Colour Key

Data needs inputting in the cell
Pre-populated cells
Question not relevant to you

Throughout this template cells requiring a numerical input are restricted to values between 0 and 100,000,000.

Content

The data collection template consists of 9 sheets:

Checklist - This contains a matrix of responses to questions within the data collection template.
1) Cover Sheet - this includes basic details and tracks question completion.
2) Budget arrangements - this tracks whether Section 75 agreements are in place for pooling funds.
3) National Conditions - checklist against the national conditions as set out in the Spending Review.
4) Income and Expenditure - this tracks income into, and expenditure from, pooled budgets over the course of the year.
5) Non-Elective Admissions - this tracks performance against NEL ambitions.

6) Supporting Metrics - this tracks performance against the two national metrics, locally set metric and locally defined patient experience metric in BCF plans.
7) Year End Feedback - a series of questions to gather feedback on impact of the BCF in 2015-16

8) New Integration metrics - additional questions on new metrics that are being developed to measure progress in developing integrated, cooridnated, and person centred care
9) Narrative - this allows space for the description of overall progress on BCF plan delivery and performance against key indicators.

Checklist

This sheet contains all the validations for each question in the relevant sections.
All validations have been coloured so that if a value does not pass the validation criteria the cell will be Red and contain the word "No" and if they pass validation they will be coloured Green and contain the word "Yes".

1) Cover Sheet

On the cover sheet please enter the following information:
The Health and Well Being Board
Who has completed the report, email and contact number in case any queries arise
Please detail who has signed off the report on behalf of the Health and Well Being Board.

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 9 cells are green should the template be sent to england.bettercaresupport@nhs.net

2) Budget Arrangements

This plays back to you your response to the question regarding Section 75 agreements from the previous quarterly submissions and requires 2 questions to be answered. Please answer as at the time of completion. If you answered 'Yes' previously the 2 further questions are not applicable and are not required to be answered.

If your previous submission stated that the funds had not been pooled via a Section 75 agreement, can you now confirm that they have?
If the answer to the above is 'No' please indicate when this will happen

3) National Conditions

This section requires the Health & Wellbeing Board to confirm whether the six national conditions detailed in the Better Care Fund Planning Guidance have been met through the delivery of your plan (http://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/). Please answer as at the time of completion.

It sets out the six conditions and requires the Health & Wellbeing Board to confirm 'Yes', 'No' or 'No - In Progress' that these have been met. Should 'No' or 'No - In Progress' be selected, please provide an explanation as to why the condition was not met within the year (in-line with signed off plan) and how this is being addressed.

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

4) Income and Expenditure

This tracks income into, and expenditure from, pooled budgets over the course of the year. This requires provision of the following information:

Forecasted income into the pooled fund for each quarter of the 2015-16 financial year
Confirmation of actual income into the pooled fund in Q1 to Q4
Forecasted expenditure from the pooled fund for each quarter of the 2015-16 financial year
Confirmation of actual expenditure from the pooled fund in Q1 to Q4

Figures should reflect the position by the end of each quarter. It is expected that the total planned income and planned expenditure figures for 2015-16 should equal the total pooled budget for the Health and Wellbeing Board.

There is also an opportunity to provide a commentary on progress which should include reference to any deviation from plan or amendments to forecasts made since the previous quarter.

5) Non-Elective Admissions

This section tracks performance against NEL ambitions. The latest figures for planned activity are provided. One figure is to be input and one narrative box is to be completed:

Input actual Q4 2015-16 Non-Elective Admissions performance (i.e. number of NEAs for that period) - Cell P8
Narrative on the full year NEA performance

6) Supporting Metrics

This tab tracks performance against the two national supporting metrics, the locally set metric, and the locally defined patient experience metric submitted in approved BCF plans. In all cases the metrics are set out as defined in the approved plan for the HWB and the following information is required for each metric:
An update on indicative progress against the four metrics for Q4 2015-16
Commentary on progress against the metric

If the information is not available to provide an indication of performance on a measure at this point in time then there is a drop-down option to indicate this. Should a patient experience metric not have been provided in the original BCF plan or previous data returns there is an opportunity to state the metric that you are now using.

7) Year End Feedback

This tab provides an opportunity to provide give additional feedback on your progress in delivering the BCF in 2015-16 through a number of survey questions. The purpose of this survey is to provide an opportunity for local areas to consider the impact of the first year of the BCF and to feed this back to the national team review the overall impact across the country. There are a total of 12 questions. These are set out below.

Part 1 - Delivery of the Better Care Fund
There are a total of 10 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:

- Strongly Disagree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:
1. Our BCF schemes were implemented as planned in 2015-16
2. The delivery of our BCF plan in 2015-16 had a positive impact the integration of health and social care in our locality
3. The delivery of our BCF plan in 2015-16 had a positive impact in avoiding Non-Elective Admissions
4. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Delayed Transfers of Care
5. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
6. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Permanent admissions of older people (aged 65 and over) to residential and nursing care homes
7. The overall delivery of our BCF plan in 2015-16 has improved joint working between health and social care in our locality
8. The implementation of a pooled budget through a Section 75 agreement in 2015-16 has improved joint working between health and social care in our locality
9. The implementation of risk sharing arrangements through the BCF in 2015-16 has improved joint working between health and social care in our locality
10. The expenditure from the fund in 2015-16 has been in line with our agreed plan

Part 2 - Successes and Challenges
There are a total of 2 questions in this section, for which up to three responses are possible. The questions are:
11. What have been your greatest successes in delivering your BCF plan for 2015-16?
12. What have been your greatest challenges in delivering your BCF plan for 2015-16?

These are free text responses, but should be assigned to one of the following categories (as used for previous BCF surveys):

1. Leading and managing successful Better Care Fund implementation
2. Delivering excellent on the ground care centred around the individual
3. Developing underpinning, integrated datasets and information systems
4. Aligning systems and sharing benefits and risks
5. Measuring success
6. Developing organisations to enable effective collaborative health and social care working relationships
7. Other - please use the comment box to provide details

8) New Integration Metrics

This tab includes a handful of new metrics designed with the intention of gathering some detailed intelligence on local progress against some key elements of person-centred, co-ordinated care. Following feedback from colleagues across the system these questions have been modified from those that appeared in the last BCF Quarterly Data Collection Template (Q2 / Q3 2015-16). Nonetheless, they are still in draft form, and the Department of Health are keen to receive feedback on how they could be improved / any complications caused by the way that they have been posed.

For the question on progress towards instillation of Open APIs, if an Open API is installed and live in a given setting, please state 'Live' in the 'Projected 'go-live' date field.
For the question on use and prevalence of Multi-Disciplinary/Integrated Care Teams please choose your answers based on the proportion of your localities within which Multi-Disciplinary/Integrated Care Teams are in use.

For the PHB metric, areas should include all age groups, as well as those PHBs that form part of a jointly-funded package of care which may be administered by the NHS or by a partner organisation on behalf of the NHS (e.g. local authority). Any jointly funded personal budgets that include NHS funding are automatically counted as a personal health budget. We have expanded this definition following feedback received during the Q3 reporting process, and to align with other existing PHB data collections.

9) Narrative

In this tab HWBs are asked to provide a brief narrative on year-end overall progress, reflecting on a first full year of the BCF, with reference to the information provided within this and previous quarterly returns.

Better Care Fund Template Q4 2015/16

Data collection Question Completion Checklist

1. Cover

Health and Well Being Board	completed by:	e-mail:	contact number:	Who has signed off the report on behalf of the Health and Well Being Board:
Yes	Yes	Yes	Yes	Yes

2. Budget Arrangements

Funds pooled via a S.75 pooled budget, by Q4? If no, date provided?
Yes

3. National Conditions

	1) Are the plans still jointly agreed?	2) Are Social Care Services (not spending) being protected?	3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	i) Is the NHS Number being used as the primary identifier for health and care services?	ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	6) Is an agreement on the consequential impact of changes in the acute sector in place?
Please Select (Yes, No or No - In Progress)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
If the answer is "No" or "No - In Progress" please provide an explanation as to why the condition was not met within the year (in-line with signed off plan) and how this is being addressed?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

4. I&E (2 parts)

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Please comment if there is a difference between the annual totals and the pooled fund
Income to	Forecast	Yes	Yes	Yes	Yes	Yes
	Forecast					
	Actual	Yes	Yes	Yes	Yes	
	Actual					
Expenditure From	Forecast	Yes	Yes	Yes	Yes	Yes
	Forecast					
	Actual	Yes	Yes	Yes	Yes	
	Actual					
	Commentary	Yes				
	Commentary					

5. Non-Elective Admissions

Actual Q4 15/16	Comments on the full year NEA performance
Yes	Yes

6. Supporting Metrics

		Please provide an update on indicative progress against the metric?	Commentary on progress
Admissions to residential Care		Yes	Yes
		Please provide an update on indicative progress against the metric?	Commentary on progress
Reablement		Yes	Yes
		Please provide an update on indicative progress against the metric?	Commentary on progress
Local performance metric		Yes	Yes
	If no metric, please specify	Please provide an update on indicative progress against the metric?	Commentary on progress
Patient experience metric	Yes	Yes	Yes

7. Year End Feedback

Statement:	Response:
1. Our BCF schemes were implemented as planned in 2015-16	Yes
2. The delivery of our BCF plan in 2015-16 had a positive impact on the integration of health and social care in our locality	Yes
3. The delivery of our BCF plan in 2015-16 had a positive impact in avoiding Non-Elective Admissions	Yes
4. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Delayed Transfers of Care	Yes
5. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Yes
6. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Permanent admissions of older people (aged 65 and over) to residential and nursing care homes	Yes
7. The overall delivery of our BCF plan in 2015-16 has improved joint working between health and social care in our locality	Yes
8. The implementation of a pooled budget through a Section 75 agreement in 2015-16 has improved joint working between health and social care in our locality	Yes
9. The implementation of risk sharing arrangements through the BCF in 2015-16 has improved joint working between health and social care in our locality	Yes
10. The expenditure from the fund in 2015-16 has been in line with our agreed plan	Yes

11. What have been your greatest successes in delivering your BCF plan for 2015-16?	Response and category
Success 1	Yes
Success 2	Yes
Success 3	Yes

12. What have been your greatest challenges in delivering your BCF plan for 2015-16?	Response and category
Challenge 1	Yes
Challenge 2	
Challenge 3	

8. New Integration Metrics

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	Yes	Yes	Yes	Yes	Yes	Yes
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	Yes	Yes	Yes	Yes

	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Yes	Yes	Yes	Yes	Yes	Yes
From Hospital	Yes	Yes	Yes	Yes	Yes	Yes
From Social Care	Yes	Yes	Yes	Yes	Yes	Yes
From Community	Yes	Yes	Yes	Yes	Yes	Yes
From Mental Health	Yes	Yes	Yes	Yes	Yes	Yes
From Specialised Palliative	Yes	Yes	Yes	Yes	Yes	Yes

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	Yes	Yes	Yes	Yes	Yes	Yes
Projected 'go-live' date (mm/yy)	Yes	Yes	Yes	Yes	Yes	Yes

Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	Yes
Total number of PHBs in place at the end of the quarter	Yes
Number of new PHBs put in place during the quarter	Yes
Number of existing PHBs stopped during the quarter	Yes
Of all residents using PHBs at the end of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	Yes
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the non-acute setting?	Yes
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the acute setting?	Yes

9. Narrative

Brief Narrative	Yes

Cover

Q4 2015/16

Health and Well Being Board	**Wokingham**
completed by:	Lois Lere
E-Mail:	lois.lere@nhs.net
Contact Number:	0118 929 9469
Who has signed off the report on behalf of the Health and Well Being Board:	Julian McGhee-Sumner - Executive Member Health and Wellbeing

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'

	No. of questions answered
1. Cover	**5**
2. Budget Arrangements	**1**
3. National Conditions	**16**
4. I&E	**19**
5. Non-Elective Admissions	**2**
6. Supporting Metrics	**9**
7. Year End Feedback	**14**
8. New Integration Metrics	**67**
9. Narrative	**1**

Budget Arrangements

Selected Health and Well Being Board:	Wokingham

Have the funds been pooled via a s.75 pooled budget?	Yes
If it had not been previously stated that the funds had been pooled can you now confirm that they have now?	
If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)	

Footnotes:

Source: For the S.75 pooled budget question, which is pre-populated, the data is from a previous quarterly collection returned by the HWB.

National Conditions

Selected Health and Well Being Board: Wokingham

The Spending Round established six national conditions for access to the Fund.
Please confirm by selecting 'Yes', 'No' or 'No - In Progress' against the relevant condition as to whether these have been met, as per your final BCF plan.
Further details on the conditions are specified below.
If 'No' or 'No - In Progress' is selected for any of the conditions please include an explanation as to why the condition was not met within the year (in-line with signed off plan) and how this is being addressed?

Condition	Q4 Submission Response	Q1 Submission Response	Q2 Submission Response	Q3 Submission Response	Please Select (Yes or No)	If the answer is 'No', please provide an explanation as to why the condition was not met within the year (in-line with signed off plan) and how this is being addressed?
1) Are the plans still jointly agreed?	Yes	Yes	Yes	Yes	Yes	
2) Are Social Care Services (not spending) being protected?	Yes	Yes	Yes	Yes	Yes	
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	Yes	Yes	Yes	Yes	Yes	
4) In respect of data sharing - please confirm:						
i) Is the NHS Number being used as the primary identifier for health and care services?	No - In Progress	Yes	Yes	Yes	Yes	
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes	Yes	Yes	Yes	Yes	
iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldicott 2?	Yes	Yes	Yes	Yes	Yes	
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	Yes	Yes	Yes	Yes	Yes	
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes	Yes	Yes	Yes	Yes	

National conditions - Guidance

The Spending Round established six national conditions for access to the Fund:

1) Plans to be jointly agreed

The Better Care Fund Plan, covering a minimum of the pooled fund specified in the Spending Round, and potentially extending to the totality of the health and care spend in the Health and Wellbeing Board area, should be signed off by the Health and Wellbeing Board itself, and by the constituent Councils and Clinical Commissioning Groups. In agreeing the plan, CCGs and councils should engage with all providers likely to be affected by the use of the fund in order to achieve the best outcomes for local people. They should develop a shared view of the future shape of services. This should include an assessment of future capacity and workforce requirements across the system. The implications for local providers should be set out clearly for Health and Wellbeing Boards so that their agreement for the deployment of the fund includes recognition of the service change consequences.

2) Protection for social care services (not spending)
Local areas must include an explanation of how local adult social care services will be protected within their plans. The definition of protecting services is to be agreed locally. It should be consistent with 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013/14: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213223/Funding-transfer-from-the-NHS-to-social-care-in-2013-14.pdf

3) As part of agreed local plans, 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends
Local areas are asked to confirm how their plans will provide 7-day services to support patients being discharged and prevent unnecessary admissions at weekends. If they are not able to provide such plans, they must explain why. There will not be a nationally defined level of 7-day services to be provided. This will be for local determination and agreement. There is clear evidence that many patients are not discharged from hospital at weekends when they are clinically fit to be discharged because the supporting services are not available to facilitate it. The recent national review of urgent and emergency care sponsored by Sir Bruce Keogh for NHS England provided guidance on establishing effective 7-day services within existing resources.

4) Better data sharing between health and social care, based on the NHS number
The safe, secure sharing of data in the best interests of people who use care and support is essential to the provision of safe, seamless care. The use of the NHS number as a primary identifier is an important element of this, as is progress towards systems and processes that allow the safe and timely sharing of information. It is also vital that the right
Local areas should:
• confirm that they are using the NHS Number as the primary identifier for health and care services, and if they are not, when they plan to;
• confirm that they are pursuing open APIs (i.e. systems that speak to each other); and
• ensure they have the appropriate Information Governance controls in place for information sharing in line with Caldicott 2, and if not, when they plan for it to be in place.
NHS England has already produced guidance that relates to both of these areas. (It is recognised that progress on this issue will require the resolution of some Information Governance issues by DH).

5) Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional

Local areas should identify which proportion of their population will be receiving case management and a lead accountable professional, and which proportions will be receiving self-management help - following the principles of person-centred care planning. Dementia services will be a particularly important priority for better integrated health and social care services, supported by accountable professionals. The Government has set out an ambition in the Mandate that GPs should be accountable for co-ordinating patient-centred care for older people and those with complex needs.

6) Agreement on the consequential impact of changes in the acute sector
Local areas should identify, provider-by-provider, what the impact will be in their local area, including if the impact goes beyond the acute sector. Assurance will also be sought on public and patient and service user engagement in this planning, as well as plans for political buy-in. Ministers have indicated that, in line with the Mandate requirements on achieving parity of esteem for mental health, plans must not have a negative impact on the level and quality of mental health services.

Footnotes:
Source: For each of the condition questions which are pre-populated, the data is from the quarterly data collections previously returned by the HWB.

Plan, forecast, and actual figures for total income into, and total expenditure from, the fund for each quarter to year end (in both cases the year-end figures should equal the total pooled fund)

Selected Health and Well Being Board: Wokingham

Income

Previously returned data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£2,390,000	£2,390,000	£2,390,000	£2,391,000	£9,561,000	£9,561,000
	Forecast	£2,390,000	£2,390,000	£2,390,000	£2,391,000	£9,561,000	
	Actual*	£2,390,000	£2,390,000	£2,390,000			

Q4 2015/16 Amended Data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£2,390,000	£2,390,000	£2,390,000	£2,391,000	£9,561,000	£9,561,000
	Forecast	£2,390,000	£2,390,000	£2,390,000	£2,391,000	£9,561,000	
	Actual*	£2,390,000	£2,390,000	£2,390,000	£2,391,000	£9,561,000	

Please comment if there is a difference between the forecasted / actual annual totals and the pooled fund	

Expenditure

Previously returned data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide , plan , forecast, and actual of total income into the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£2,390,000	£2,390,000	£2,390,000	£2,391,000	£9,561,000	£9,561,000
	Forecast	£1,877,200	£1,896,000	£3,230,500	£2,287,500	£9,291,200	
	Actual*	£1,877,200	£1,896,000	£3,230,500			

Q4 2015/16 Amended Data:

		Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Annual Total	Pooled Fund
Please provide, plan, forecast and actual of total expenditure from the fund for each quarter to year end (the year figures should equal the total pooled fund)	Plan	£2,390,000	£2,390,000	£2,390,000	£2,391,000	£9,561,000	£9,561,000
	Forecast	£1,877,200	£1,896,000	£3,230,500	£2,287,500	£9,291,200	
	Actual*	£1,877,200	£1,896,000	£3,230,500	£2,253,700	£9,257,400	

Please comment if there is a difference between the forecasted / actual annual totals and the pooled fund	Overall there was a net underspend against Plan of £303.7k (3.2%). This was made up of £212k on the Care Navigators scheme; £9k on Enhanced Care in Care Homes; £4k on Connected Care and unspend contingency of £79k.

Commentary on progress against financial plan:	as above

Footnotes:

*Actual figures should be based on the best available information held by Health and Wellbeing Boards.
Source: For the pooled fund which is pre-populated, the data is from a quarterly collection previously filled in by the HWB.

Non-Elective Admissions

Selected Health and Well Being Board: Wokingham

	Baseline				Plan					Actual				
	Q4 13/14	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
D. REVALIDATED: HWB version of plans to be used for future monitoring. Please insert into Cell P8	2,606	2,698	2,669	2,910	2,869	2,742	2,699	2,977	2,917	2,796	2,828	3,044	2,879	3,109

Please provide comments around your full year NEA performance	As a system Berkshire West benchmarks well on non-elective admission rates and continues to be amongst the lowest rates in England for unplanned admissions to hospital. This makes further reduction extremely challenging with increases in admissions due to a growing and ageing population almost inevitable. Significant programmes of work are already in place to help manage this, however 2015/16 saw an unprecedented growth in activity and associated costs. Within the BCF specific work has focussed on care homes through a new Rapid Response and Assessment service targeted at those most at risk of multiple unplanned hospital admissions.

Footnotes:

Source: For the Baselines and Plans which are pre-populated, the data is from the Better Care Fund Revised Non-Elective Targets - Q4 Playback and Final Re-Validation of Baseline and Plans Collection previously filled in by the HWB. This includes all data received from HWBs, as of 26th February 2016.

National and locally defined metrics

Selected Health and Well Being Board:	Wokingham

Admissions to residential Care	% Change in rate of permanent admissions to residential care per 100,000
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Full year forecast is 113 v Plan 167

Reablement	Change in annual percentage of people still at home after 91 days following discharge, baseline to 2015/16
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	Full year forecast is 76.9% v Plan 72.7%

Local performance metric as described in your approved BCF plan / Q1 / Q2 / Q3 return	Patients going through Reablement
Please provide an update on indicative progress against the metric?	On track to meet target
Commentary on progress:	We exceeded our target of 900 by 72

Local defined patient experience metric as described in your approved BCF plan / Q1 /Q2 return	Adult Social Care User Experience Survey: Q3b Do care and support services help you in having control over your daily life?
If no local defined patient experience metric has been specified, please give details of the local defined patient experience metric now being used.	
Please provide an update on indicative progress against the metric?	Data not available to assess progress
Commentary on progress:	not available

Footnotes:

Source: For the local performance metric which is pre-populated, the data is from a local performance metric collection previously filled in by the HWB.
For the local defined patient experience metric which is pre-populated, the data is from a local patient experience previously filled in by the HWB.

Year End Feedback on the Better Care Fund in 2015-16

Selected Health and Well Being Board: Wokingham

Part 1: Delivery of the Better Care Fund		
Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes		
Statement:	Response:	Comments: Please detail any further supporting information for each response
1. Our BCF schemes were implemented as planned in 2015-16	Agree	Different schemes progressed at different rates and learning from schemes as they progressed in some cases meant that changes to their original plans were made, an example of this was our Hospital at Home scheme not having the impact as predicted and being re-modelled into a rapid response service to prevent avoidable admissions from care homes
2. The delivery of our BCF plan in 2015-16 had a positive impact on the integration of health and social care in our locality	Strongly Agree	We reached agreement on our integration structures and commenced our integrated, short term service and completed the planning for our integrated health and social care hub, front door, which will commence in June 16. Positive relationships have developed accross the health and social care local system.
3. The delivery of our BCF plan in 2015-16 had a positive impact in avoiding Non-Elective Admissions	Agree	The schemes we commenced have had a positive impact on NELs against a background of rising demographic pressure and demand on our system
4. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Delayed Transfers of Care	Agree	We have integrated our re-ablement, hospital discharge and intermediate care teams, developed Step Up Step Down flats, additional support to care homes and a night responder service, all of these have assisted with less delayed discharges . The joint working established in developing these projects has also laid a foundation for further progress in the coming year through our DToC plan.
5. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Agree	Our monitoring has shown an improvement in this area
6. The delivery of our BCF plan in 2015-16 had a positive impact in reducing the rate of Permanent admissions of older people (aged 65 and over) to residential and nursing care homes	Strongly Agree	Despite demograhic pressure we have been able to reduce the number of people being admitted to care homes
7. The overall delivery of our BCF plan in 2015-16 has improved joint working between health and social care in our locality	Strongly Agree	
8. The implementation of a pooled budget through a Section 75 agreement in 2015-16 has improved joint working between health and social care in our locality	Strongly Agree	We have regular local monthly joint finance meetings and another monthly finance sub group as part of the Berks West 10 governance framework
9. The implementation of risk sharing arrangements through the BCF in 2015-16 has improved joint working between health and social care in our locality	Agree	
10. The expenditure from the fund in 2015-16 has been in line with our agreed plan	Strongly Agree	our Outturn was 97% in line with our plan

Part 2: Successes and Challenges		
Please use the below forms to detail up to 3 of your greatest successes, up to 3 of your greatest challenges and then categorise each success/challenge appropriately		
11. What have been your greatest **successes** in delivering your BCF plan for 2015-16?	Response - Please detail your greatest **successes**	Response category:
Success 1	Our local implementation partnership has given strong leadership in developing and agreeing our local integration approach, this has proved to be flexible ar pragmatic and has allowed us to significantly progress integration across social care and community health.	1.Leading and Managing successful better care implementation
Success 2	We have created an integrated, co-located short-term team with a joint head of service which has developed a new 'generic support worker role' for non-qualified staff and is integrating its assessement and duty processes.	6.Developing organisations to enable effective collaborative health and social care working relationships
Success 3	We have made considerable progress with sub-regional colleagues across Berkshire in developing a pilot portal that allowed sharing of information across primary , secondary and community health. After a successful multi-agency tender process we have selected a provider for our wider protal that will also include access to social care information and will 'go live' in Autumn 2016.	3.Developing underpinning integrated datasets and information systems

12. What have been your greatest **challenges** in delivering your BCF plan for 2015-16?	Response - Please detail your greatest **challenges**	Response category:
Challenge 1	Using the BCF evaluation toolkit highlighted to us the need for more consitent monitoring of the impact of our projects across our programme, we are addressing this with the development fo a consistent dashboard reported method for all of our schemes	5.Measuring success
Challenge 2		Please select response category
Challenge 3		Please select response category

Footnotes:
Question 11 and 12 are free text responses, but should be assigned to one of the following categories (as used for previous BCF surveys):

1. Leading and managing successful Better Care Fund implementation
2. Delivering excellent on the ground care centred around the individual
3. Developing underpinning, integrated datasets and information systems
4. Aligning systems and sharing benefits and risks
5. Measuring success
6. Developing organisations to enable effective collaborative health and social care working relationships
7. Other - please use the comment box to provide details

New Integration Metrics

Selected Health and Well Being Board: Wokingham

1. Proposed Metric: Use of NHS number as primary identifier across care settings

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
NHS Number is used as the consistent identifier on all relevant correspondence relating to the provision of health and care services to an individual	Yes	Yes	Yes	Yes	Yes	Yes
Staff in this setting can retrieve relevant information about a service user's care from their local system using the NHS Number	Yes	Yes	No	Yes	Yes	Yes

2. Proposed Metric: Availability of Open APIs across care settings

Please indicate across which settings relevant service-user information is currently being shared digitally (via Open APIs or interim solutions)

	To GP	To Hospital	To Social Care	To Community	To Mental health	To Specialised palliative
From GP	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Not currently shared digitally
From Hospital	Shared via interim solution	Not currently shared digitally	Not currently shared digitally	Shared via interim solution	Shared via interim solution	Not currently shared digitally
From Social Care	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally
From Community	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via Open API	Shared via Open API	Not currently shared digitally
From Mental Health	Shared via interim solution	Shared via interim solution	Not currently shared digitally	Shared via Open API	Shared via Open API	Not currently shared digitally
From Specialised Palliative	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally	Not currently shared digitally

In each of the following settings, please indicate progress towards instillation of Open APIs to enable information to be shared with other organisations

	GP	Hospital	Social Care	Community	Mental health	Specialised palliative
Progress status	Live	Live	In development	Live	Live	Unavailable
Projected 'go-live' date (dd/mm/yy)			31/10/16			31/03/20

3. Proposed Metric: Is there a Digital Integrated Care Record pilot currently underway?

Is there a Digital Integrated Care Record pilot currently underway in your Health and Wellbeing Board area?	Pilot currently underway

4. Proposed Metric: Number of Personal Health Budgets per 100,000 population

Total number of PHBs in place at the end of the quarter	4
Rate per 100,000 population	2

Number of new PHBs put in place during the quarter	1
Number of existing PHBs stopped during the quarter	0
Of **all** residents using PHBs at the **end** of the quarter, what proportion are in receipt of NHS Continuing Healthcare (%)	100%

Population (Mid 2016)	163,015

5. Proposed Metric: Use and prevalence of Multi-Disciplinary/Integrated Care Teams

Are integrated care teams (any team comprising both health and social care staff) in place and operating in the **non-acute** setting?	Yes - throughout the Health and Wellbeing Board area
Are integrated care teams (any team comprising both health and social care staff) in place and operating in the **acute** setting?	Yes - throughout the Health and Wellbeing Board area

Footnotes:

Population projections are based on Subnational Population Projections, Interim 2012-based (published May 2014).
http://www.ons.gov.uk/ons/rel/snpp/sub-national-population-projections/2012-based-projections/stb-2012-based-snpp.html
Q4 15/16 population figure has been updated to the mid-year 2016 estimates as we have moved into the new calendar year.

Narrative

Selected Health and Well Being Board:	Wokingham

Remaining Characters	31,437

Please provide a brief narrative on year-end overall progress, reflecting on the first full year of the BCF. Please also make reference to performance on any metrics that are not directly reported on within this template (i.e. DTOCs).
The first full year of the BCF has seen Wokingham develop a number of schemes to provide greater integration of health and social care. A new co-located Integrated Short Term Health and Social Care Team, managed by a joint Head of Service has been set-up. Schemes for Step Up/Step Down flats, Night Responder service and an integrated Health and Social Care Hub have been initiated during the first 12 months of the BCF. During 15/16 we have achieved, or bettered, our targets for Admissions to Residential Care, Patients going through Reablement and the percentage of people still at home after 91 days following discharge from hospital. DToC from hospital per 100,000 population for Qtr1-Qtr 4 2016 was 4,023, compared to Plan of 4,080. The Wokingham Integration Strategic Partnership (WISP) has provided leadership and direction for our integration plans and through our participation in the Berkshire West 10 Integration Partnership, this has been consistent with the wider Berkshire West area. The BCF evaluation toolkit has enabled us to identify areas for improvement in 2016/17, particularly the need for measurement of the impact on the key metrics on a scheme-by-scheme basis, as well as in aggregate, and this will be addressed by improvements in monthly reporting, including a new dashboard report for 2016/17.

Agenda Item 11.

HEALTH AND WELLBEING BOARD

Forward Programme from June 2016

Please note that the forward programme is a 'live' document and subject to change at short notice.

The order in which items are listed at this stage may not reflect the order they subsequently appear on the agenda / are dealt with at the scrutiny meeting.

All Meetings start at 5pm in the Civic Offices, Shute End, Wokingham, unless otherwise stated.

HEALTH AND WELLBEING BOARD FORWARD PROGRAMME 2016/17

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER	CATEGORY
11 August 2016	**Performance metrics**	To receive an update on performance regarding: • Better Care Fund • Implementation of Care Act • Health and Wellbeing Strategy • NHS, Adult Social Care and Public Health Outcomes Framework	To monitor performance	Health and Wellbeing Board	Performance
	Updates from Board members	To receive an update on the work of Board members	To update on the work of Board members	Health and Wellbeing Board	Organisation and governance
	Forward Programme	Standing item.	Consider items for future consideration	Democratic Services	

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER	CATEGORY
13 October 2016	**Performance metrics**	To receive an update on performance regarding: • Better Care Fund • Implementation of Care Act • Health and Wellbeing Strategy • NHS, Adult Social Care and Public Health Outcomes Framework	To monitor performance	Health and Wellbeing Board	Performance
	Updates from Board members	To receive an update on the work of Board members	To update on the work of Board members	Health and Wellbeing Board	Organisation and governance
	Forward Programme	Standing item.	Consider items for future consideration	Democratic Services	

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER	CATEGORY
8 December 2016	**Performance metrics**	To receive an update on performance regarding: • Better Care Fund • Implementation of Care Act • Health and Wellbeing Strategy • NHS, Adult Social Care and Public Health Outcomes Framework	To monitor performance	Health and Wellbeing Board	Performance
	Updates from Board members	To receive an update on the work of Board members	To update on the work of Board members	Health and Wellbeing Board	Organisation and governance
	Forward Programme	Standing item.	Consider items for future consideration	Democratic Services	

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER	CATEGORY
9 February 2017	**Performance metrics**	To receive an update on performance regarding: • Better Care Fund • Implementation of Care Act • Health and Wellbeing Strategy • NHS, Adult Social Care and Public Health Outcomes Framework	To monitor performance	Health and Wellbeing Board	Performance
	Updates from Board members	To receive an update on the work of Board members	To update on the work of Board members	Health and Wellbeing Board	Organisation and governance
	Forward Programme	Standing item.	Consider items for future consideration	Democratic Services	

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER	CATEGORY
6 April 2017	**Performance metrics**	To receive an update on performance regarding: • Better Care Fund • Implementation of Care Act • Health and Wellbeing Strategy • NHS, Adult Social Care and Public Health Outcomes Framework	To monitor performance	Health and Wellbeing Board	Performance
	Updates from Board members	To receive an update on the work of Board members	To update on the work of Board members	Health and Wellbeing Board	Organisation and governance
	Forward Programme	Standing item.	Consider items for future consideration	Democratic Services	

Sustainability and Transformation Plan (STP)

- BOB Berks West, Oxfordshire, Bucks
- 1.8m population
- £2.5bn place based budget
- 7 CCGs
- 6 FT and NHS Trusts
- 14 local authorities
- Berks East in Frimley footprint
- BOB convenor is David Smith, Chief Officer, OCCG

Local context

- Imperatives not as great as other areas
- Rated a “low risk” system
- Recognised as having 3 distinct systems
- Collectively £0.5bn gap over 5 years in health
- Will local transformation be enough?
- What are the few “big ticket” items where there is a unique added value to be delivered at BOB level?

Governance

- Leadership Group – those with accountability to commit their organisations – usually Chief Execs
- Open to **all** partners.
- Sub group liaising directly with NHSE: David Smith (Oxon, CCG), Neil Dardis (Bucks, NHS Trust) and Rachael Wardell (West Berks, Local Govt)
- Patient and public engagement and elected member engagement through local mechanisms as far as possible – more accessible and “in tune”

April Submission

- Early view of system leaders
- Not based on any robust diagnostic
- Included known pressure points
- Tackling inefficiency, reducing variation and increasing productivity
- Urgent and emergency care
- Mental health
- Improving outcomes in cancer and maternity
- Workforce - especially GPs

May allocations

- **Indicative** place based allocations = CCG allocations as per previous guidance
- Additional allocation from the Sustainability and Transformation Fund
- Based on STP progress and providers delivering their control totals (NB emerging CCG pressures)
- NHSE will make final decision

Application of allocations

- No other funding available to NHS
- Needs to cover national transformation programmes **and** STP sustainability plans:

- General Practice Five Year Forward View and extended access
- Mental health task force, Cancer Strategy, Maternity Review, increased CAMHs capacity, and access to eating disorders
- 7 day urgent and emergency care
- Prevention: childhood obesity, Diabetes,
- Paper free NHS

BOB Allocation

- 2016/17 Place based allocation £2.518bn
- 2020/21 Place based allocation £2.831bn
- Allocation + STF £2.937bn

30th June Submission

- 3-5 critical decisions to “shift the dial”
- Anticipated benefits, health, quality and finance (FYFV triple aim)
- What actions at which level
- Activity, workforce and finance
- Reverse engineer from 2021 allocation

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