Public Document Pack

NOTICE

OF

MEETING

www.rbwm.gov.uk
Royal Borough of Windsor & Maidenhead

HEALTH AND WELLBEING BOARD

will meet on

TUESDAY, 25TH APRIL, 2017

At 3.00 pm

in the

COUNCIL CHAMBER - TOWN HALL, MAIDENHEAD,

TO: MEMBERS OF THE HEALTH AND WELLBEING BOARD

COUNCILLOR DAVID COPPINGER (DEPUTY CHAIRMAN OF CABINET AND LEAD MEMBER FOR ADULT SERVICES AND HEALTH) (CHAIRMAN), COUNCILLOR NATASHA AIREY (CABINET MEMBER FOR CHILDREN'S SERVICES) AND COUNCILLOR STUART CARROLL (PRINCIPAL MEMBER FOR PUBLIC HEALTH AND COMMUNICATIONS) ALISON ALEXANDER (MANAGING DIRECTOR AND STRATEGIC DIRECTOR OF ADULTS, CHILDREN AND HEALTH SERVICES), ANGELA MORRIS (DEPUTY DIRECTOR HEALTH AND ADULT SOCIAL CARE), DR LISE LLEWELLYN (STRATEGIC DIRECTOR OF PUBLIC HEALTH), DR ADRIAN HAYTER (WINDSOR, ASCOT AND MAIDENHEAD CCG CLINICAL CHAIR AND LEAD FOR WINDSOR), DR WILLIAM TONG (BRACKNELL & ASCOT CCG CLINICAL CHAIR), AND MIKE COPELAND (CHAIRMAN OF HEALTHWATCH WAM).

Karen Shepherd
Democratic Services Manager
Issued: 7 April 2017

Members of the Press and Public are welcome to attend Part I of this meeting. The agenda is available on the Council's web site at www.rbwm.gov.uk or contact the Panel Administrator **Wendy Binmore** 01628 796251

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AGENDA

PART I

ITEM	SUBJECT	PERSON	TIMING	PAGE NO
1.	APOLOGIES FOR ABSENCE To receive apologies for absence.			
2.	DECLARATIONS OF INTEREST To receive any Declarations of Interest.			5 - 6
3.	MINUTES To confirm the Part I minutes of the previous meeting.			7 - 14
4.	STP UPDATE ON THE SOCIAL CARE WORK STREAM • Confirming the workstreams • The NHS 5 year forward view update • What the workstreams are delivering that is different for residents	Alison Alexander & Dr Adrian Hayter	20 mins	
5.	THE CHANGING FACE OF GP SURGERIES To receive the above presentation.	Dr Adrian Hayter		15 - 28
6.	DEMENTIA CARE ADVISORS UPDATE To receive the above case study presented by the Dementia Care Advisor.		15 mins	29 - 36
7.	TRANSFORMING CARE PARTNERSHIPS UPDATE To receive the above presentation from Fiona Slevin Brown.	Fiona Slevin Brown	20 mins	37 - 46
8.	BCF UPDATE To receive the above presentation by Hillary Hall.	Hilary Hall	10 mins	47 - 56
9.	PUBLIC QUESTIONS To receive and answer questions from the public.		15 mins	
10.	FUTURE MEETING DATES • 8 August 2017		5 mins	

- 7 November 2017
- 13 March 2017

ITEM	SUBJECT	PERSON	TIMING	PAGE NO

MEMBERS' GUIDE TO DECLARING INTERESTS IN MEETINGS

Disclosure at Meetings

If a Member has not disclosed an interest in their Register of Interests, they **must make** the declaration of interest at the beginning of the meeting, or as soon as they are aware that they have a DPI or Prejudicial Interest. If a Member has already disclosed the interest in their Register of Interests they are still required to disclose this in the meeting if it relates to the matter being discussed.

A member with a DPI or Prejudicial Interest **may make representations at the start of the item but must not take part in discussion or vote at a meeting.** The term 'discussion' means a discussion by the members of meeting. In order to avoid any accusations of taking part in the discussion or vote, Members should move to the public area or leave the room once they have made any representations. If the interest declared has not been entered on to a Members' Register of Interests, they must notify the Monitoring Officer in writing within the next 28 days following the meeting.

Disclosable Pecuniary Interests (DPIs) (relating to the Member or their partner) include:

- Any employment, office, trade, profession or vocation carried on for profit or gain.
- Any payment or provision of any other financial benefit made in respect of any expenses occurred in carrying out member duties or election expenses.
- Any contract under which goods and services are to be provided/works to be executed which has not been fully discharged.
- Any beneficial interest in land within the area of the relevant authority.
- Any licence to occupy land in the area of the relevant authority for a month or longer.
- Any tenancy where the landlord is the relevant authority, and the tenant is a body in which the relevant person has a beneficial interest.
- Any beneficial interest in securities of a body where:
  a) that body has a piece of business or land in the area of the relevant authority, and
  b) either (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body **or** (ii) the total nominal value of the shares of any one class belonging to the relevant person exceeds one hundredth of the total issued share capital of that class.

Any Member who is unsure if their interest falls within any of the above legal definitions should seek advice from the Monitoring Officer in advance of the meeting.

A Member with a DPI should state in the meeting*: 'I declare a Disclosable Pecuniary Interest in item x because xxx. As soon as we come to that item, I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'*

*Or, if making representations on the item: **'I declare a Disclosable Pecuniary Interest in item x because xxx. As soon as we come to that item, I will make representations, then I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'***

Prejudicial Interests

Any interest which a reasonable, fair minded and informed member of the public would reasonably believe is so significant that it harms or impairs the Member's ability to judge the public interest in the item, i.e. a Member's decision making is influenced by their interest so that they are not able to impartially consider relevant issues.

A Member with a Prejudicial interest should state in the meeting*: 'I declare a Prejudicial Interest in item x because xxx. As soon as we come to that item, I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'*

Or, if making representations in the item: 'I declare a Prejudicial Interest in item x because xxx. As soon as we come to that item, I will make representations, then I will leave the room/ move to the public area for the entire duration of the discussion and not take part in the vote.'

Personal interests

Any other connection or association which a member of the public may reasonably think may influence a Member when making a decision on council matters.

Members with a Personal Interest should state at the meeting: ***'I wish to declare a Personal Interest in item x because xxx'. As this is a Personal Interest only, I will take part in the discussion and vote on the matter.***

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HEALTH AND WELLBEING BOARD
DESBOROUGH SUITE - TOWN HALL AT 3.00 PM

15 February 2017

PRESENT**:** Councillor David Coppinger (Chairman), Dr Adrian Hayter (Vice-Chairman), Councillor Natasha Airey and Councillor Stuart Carroll, Dr Lise Llewellyn, Mike Copeland and Angela Morris

Also in attendance: Darrell Gale, Dr Jackie McGlynn, Helen Single,

Officers: Wendy Binmore and Hilary Hall

PART I

78/15 APOLOGIES FOR ABSENCE

Apologies were received from Alison Alexander and Dr William Tong.

79/15 DECLARATIONS OF INTEREST

Cllr Carroll – Declared a personal interest as he works for a pharmaceutical company, Sanofi Pasteur. Cllr Carroll declared his employment in the interests of full transparency and to highlight that should for any reason during any point of the meeting, or indeed during future meetings, the HWB discussed anything directly related to Sanofi Pasteur's business he would abstain from the discussion and leave the room as required. Cllr Carroll confirmed he had no pecuniary interests or conflicts of interests for any of the agenda items under discussion.

Dr Adrian Hayter – Declared a personal interest as he is a member of a GP practice that is part of the Sustainability and Transformation Team affected by the Sustainability and Transformation Plan.

80/15 MINUTES

RESOLVED That: the minutes of the meeting held on 30 November 2016 were agreed and signed as a true and accurate record.

81/15 THE RBWM YEAR OF MENTAL HEALTH

As part of the Borough's Year of Mental Health, the Chairman agreed to amend the agenda slightly to allow a question from the public to be asked as it fit within the remit of the Year of Mental Health.

Dr Hayter responded to the question from a member of the public regarding Dementia and how treating and looking after those affected was being paid for and if funding was to be made available. Dr Hayter stated that the CCGs had been doing a lot of work around Dementia and had been looking at it as an initiative with partner agencies. Funding proposals were being worked on and the local authority and the CCG were working together. The initiatives included having two Dementia Advisors which complement other services and means the borough was

in a better position than ever when it came to looking after those with Dementia. He added that they were also working with providers in the Borough and had launched a programme for carers of those with Dementia.

Dr Hayter stated that the Borough was leading on developing programmes in 17 practices and had been working on diagnosing Dementia, they had also implemented tests to help identify those with dementia. Dr Hayter confirmed that the CCG was looking to work across the sphere for Dementia and also working on education in homes on Dementia to support nurses. He continued that it was not about one individual and that nurses were on the ground supporting programmes.

Dr Hayter confirmed that the CCG and the Borough were planning to work sustainably and long term on proposals to see how Admiral Nurses could offer wider support. He added that the CCG had also been working with younger people with a diagnosis of Dementia.

Context and overview

Cllr Carroll introduced the item on the Year of Mental Health and highlighted the following main points:

- Context – the Health and Wellbeing Board had already placed mental health as a priority within the JHWS. The priority this year was to build on initiatives.
- Local Authorities had signed up to Brighter Berkshire which was designed to create awareness and best practice.
- It was a dynamic campaign and the Borough was planning to take on an active role within the initiative.
- The initiative would use a communications platform to share ideas.
- An action plan was being implemented.

The Year of Mental Health action plan

Hilary Hall, Head of Commissioning for Adult, Children and Health stated that the Borough had put together the Year of Mental Health Plan and it was not a plan that was restricted to just one year of activity; it would be an ongoing strategy. There were three pillars to the action plan which were listed within paragraph 2.6 on page 18 of the agenda pack.

The Head of Commissioning for Adult, Children and Health stated that there was a whole series of activities undertaken and all Borough managers had taken on mental health awareness training including suicide prevention. The Borough was now more able to signpost services to residents more effectively. She added that all the relevant mental health policies were listed in the appendix and that the screening tool was just a starting point.

The draft Berkshire Suicide Prevention and Self Harm Strategy / Action Plan

Darrell Galle, FFPH gave a brief presentation on the draft Berkshire Suicide Prevention and Self Harm Strategy and highlighted the following main points:

- Berkshire had led the way in the suicide prevention and self harm action plan with work that had been ongoing for two years.
- Suicide prevention was part of the wider mental health service.
- As the new national strategy was introduced, it was likely that localised action plans would need to be updated.
- The Borough wanted a focus on self harm as a sub-section of suicide prevention
- It was well known that all suicides were preventable. However, the strategy would introduce stretch targets. The Sustainability & Transformation Plans was already working towards 0 suicides within the Berkshire area.
- 2015 total suicide figures were just published in December 2016, so it was difficult to see a smoothing of trend lines just yet. The figures would be included within the strategy.

- The local picture showed that the Berkshire area was below the level of suicides for all of England.
- Overarching recommendations included that the Berkshire Suicide Prevention Steering Group revisit their terms of reference and membership; with the aim of providing governance to the strategy and its action plans.
- That organisations represented on the Berkshire Suicide Prevention Steering Group considered nominating a suicide prevention champion from within their membership – that would enable leadership and ownership on policies and act as a spokesperson on suicide prevention.
- The recommendations for high risk groups included to implement the NICE guidelines on self-harm, specifically ensuring that people who present to Emergency Departments following self-harm receive a psychosocial assessment and also to evaluate the Berkshire CALMzone and recommission targeted suicide prevention work for younger and middle aged men.
- Recommendations for specific groups – work to provide and commission interventions which improve the public's mental health. Assist training in suicide prevention and the BHFT undertaking specific training also.
- Recommendations – reduce access: that local authority public health teams take the leadership for liaison with any escalation process in their area, and report on progress to the Steering Groups – Railtrack had introduced a programme that identified places on the railway lines where suicides occurred to see what could be done to prevent them. Another recommendation was that the Steering Group seek a named Highways England officer to act as a liaison link and group member, and to share real-time intelligence of highways network incidents; and that local authority public health teams work with other council departments such as car parks and open space services to identify local actions to prevent suicide including staff awareness training – basic reaching out could be enough to prevent suicide.
- Recommendations – support bereaved: ensure bereavement information and access to support is available to those bereaved by suicide; working with Thames Valley Police in specifically reaching out to those around the suicide person to ensure they get support.
- There were also recommendations for support media, support research and the next steps for the action plan.

Hilary Hall, the Head of Commissioning for Adult, Children and Health stated that the recommendation of the report was for a Task and Finish Group to be set up with Councillor Carroll to pull the action plan together so it is specific to activities within the Borough. Dr Hayter welcomed the strategy and queried the difference between male and female suicides. He stated that as a GP, he had two patients commit suicide and a colleague, all of which were male. He felt there was more to be done in getting men talking about suicide and thoughts that led to suicide. There had been an article in a construction news magazine titled 'Dying to Talk' which was focused on getting men to talk and promoting talking. Dr Hayter felt that was something that could work well with media reporting.

Councillor Airey said suicidal thoughts among young people were presenting regularly in universities and youth services. She added that transgender statistics of suicide were higher. Darrell Gale confirmed that CALMzone and data received was difficult to separate transgender issues. It was a male oriented group but, further evaluation would be carried out and specific questions would be asked. He had seen higher figures of transgender suicides in the UK and there were groups that could help in Reading but, more people needed to made aware of them.

Councillor Airey asked if debt issues featured in suicide statistics and if the Borough was receiving anonymised data so that services knew how to meet needs. Darrell Gale responded that the coroner picked up on that and the Borough got information from them. He added that real-time data did not always show reasons for suicide. However, coroners were getting better at more real-time information, perhaps a month after death. Some coroners did not always record deaths as suicide. The most robust information received was captured from an audit. Councillor Airey commented that she was looking to make it a holistic service and she wanted

to work together with community groups and develop a mechanism which helped prevent suicide. Darrell Gale responded that the Borough had an excellent action plan and with the Task and Finish Group, he was hoping that other Local Authorities would follow in the Borough's footsteps.

Mike Copeland, Healthwatch queried the budget for the year of mental health activities. Councillor Carroll confirmed the Borough was planning awareness events but, there were no other budget implications at that time. He added he had been in touch with Crossrail who said they would provide a response on suicide prevention.

RESOLVED UNANIMOUSLY: That the Health & Wellbeing Board noted the report and:

i. **Recognised the Brighter Berkshire Campaign and collaborative role played by the Royal Borough in supporting the partnership**
ii. **Endorsed the Royal Borough's Year of Mental Health plan.**
iii. **Endorsed parity of esteem between mental health and physical health and the need to raise awareness and reduce stigma.**

82/15 END OF LIFE CARE

Councillor Carroll explained to the Board that the Borough received a letter from David Mowat MP, Parliamentary Under Secretary of State for Community Health and Care on 14 December 2016 regarding end of life care and he had brought the letter to the Health and Wellbeing Board for a broader discussion.

Dr Hayter stated the letter outlined the context of commissioning plans. CCGs in East Berkshire were involved in working through end of life care plans and work was ongoing to change and provide better access to advice for end of life care decisions and make services available seven days a week. He added the CCGs were working with community trusts to deliver the work and in terms of the Sustainability and Transformation Plan, there were initiatives looking at shared care and that was embedded in to the vision of care work. Dr Hayter stated that with shared care work, there were better choices at the end of life and a better provision of care. However, his CCG needed to work with other CCGs and partners so people could have a death in a place of choice.

Dr McGlynn stated there had been a significant programme of work to increase education of professionals across the three CCGs and that Frimley Health had been doing a lot of work on end of life care, including a care home package so that those in care homes did not get admitted to hospital when it was not in the best interests of the patient. Dr Llewellyn stated there was a challenge and it was the promotion of conversation between families and carers. Cancer patients often got to have those conversations but, they were less common for those with heart failure or diabetes complications. She added that families needed to have those conversations with older family members to encourage people to find out what they want at the end of their lives. Elder people might not be able to have those conversations when the time came so it was necessary to have them much earlier.

The Chairman stated he would respond to the Minister setting out the work the Borough and CCGs were doing regarding end of life care.

83/15 SUSTAINABILITY AND TRANSFORMATION PLAN - UPDATE ON PROGRESS

Dr Hayter stated that the plan was submitted to NHS England and received positive feedback. The CCG had been doing a lot of work on how organisations worked together on all aspects of care. There were leaders all across the Sustainability and Transformation Plan footprint looking at how to develop and improve together on a local basis. Dr Hayter said it was a good news story and he wanted to think about governance and working relations that could be

embedded in the Plan. He added that work had started on each of the seven work streams, and he would be reporting back to the Board on progress in the future.

The Chairman stated that from residents' perspectives, Frimley STP was in the top five and that was great news. There had been investment into a new hospital and investment in A&E also. He added he was pleased with progress and looked forward to the next update.

84/15 DELIVERING DIFFERENTLY - UPDATE ON THE LOCAL CHANGES

Hilary Hall, Head of Commissioning for Adult, Children and Health stated the Borough had agreed to enter into a partnership with Richmond and Kingston councils to deliver children's services through Achieving for Children; and a partnership with Wokingham Borough Council to deliver adult services through Optalis. The target date for transfer was April 2017 and the Borough was on schedule with the transfers. The Borough wanted to ensure there was no impact on service delivery and a lot of work had been done to ensure a smooth transfer. The Head of Commissioning for Adult, Children and Health added that all the Human Resources implications were being worked on and there would be further information on that aspect in March 2017. An information leaflet on the changes to the service was being sent out to all residents with their council tax letters.

Angela Morris, Deputy Director Health and Adult Social Care stated the project team was looking at key elements to ensure the services transfer safely. It was very much a partnership with CCGS and the police, ensuring continuation of services and work was being done to ensure customers were reassured of the changes and that service levels were not going to dip.

Councillor Airey stated it was just to improve service delivery as the Borough was a small authority and it wanted to grow and deliver a better service. Nothing was changing as staff would still be there and questions from residents were welcomed.

The Head of Commissioning for Adult, Children and Health confirmed there were very minimal staff turnover as staff had been very engaged with the transfer. There was only a single figure of staff not wanting to transfer over to the new service delivery model. The Chairman commented that he had attended drop-in sessions for staff and had seen the benefits for them and for residents.

85/15 BETTER CARE FUND

Hilary Hall, Head of Commissioning for Adult, Children and Health stated that Non-elective Admissions were very close to target but, the target had not been achieved. The messages nationally were that the Better Care Fund initiative was not working; however, it had been of huge benefit in the Borough. The BCF meant that the Borough could do campaigns that it would not have been able to do were it not for the BCF being in place.

Other key points noted by the Board included:

- 0 – 4 year old non-elective admissions – not done as well as last year (2016).
- Continuing with same campaigns and proactive work – that had paid dividends previously but not as much this year (2017).
- Delayed transfer of care – the Borough was a midway performer, local care homes had a number of issues and was an area of focus:
    - Residents at home 90 days after discharge from hospital
    - Residents moving into care homes was positive
    - Integrated carers delivery plan – the strategy was being reviewed and needed to understand the definition of a carer.

Dr Hayter welcomed the confidence around the STSTR work and added that could be a good opportunity to get the Health and Wellbeing Board to highlight the work of people being supported in their own homes. That could be something for a future Board meeting.

Angela Morris, Deputy Director Health and Adult Social Care said she was going to organise a team meeting to what else could be done about potential discharges and then weekly meetings would follow to facilitate discharges by identifying spaces and by looking at how independent a person was. She stated they constantly had to see if there were any spaces available on a daily basis. By way of example, she stated that the team met every Thursday where there could be three delayed discharges, and by the Friday, that would go down to one delay but then early the following week, the delays start climbing up again. The Deputy Director Health and Adult Social Care said it was a fluctuating picture and they were always looking to increase capacity and work with CCGs and care home providers so they can increase the right capacity but, nationally, it was a very challenging situation.

86/15 ANY OTHER BUSINESS

Mike Copeland, Healthwatch stated that Healthwatch had held an emergency general meeting that morning to discuss the intention for Healthwatch to be managed as a joint service across Windsor and Maidenhead and Bracknell. They had received good representations from the public but no one from the Royal Borough attended. Following the merge, it was decided that any residual funding should be used for charitable causes. Mike Copeland said there had been a lack of consultation to wind up Windsor and Maidenhead Healthwatch and residents were not too happy. He added he had not been given an option to carry on valuable work and he did not feel Bracknell could serve the needs of Windsor, Maidenhead and Ascot in the way Healthwatch did when based in the area.

The Chairman stated he was not sure where any residual funding could go and he took on board Mike Copeland's points and would respond in due course.

87/15 QUESTIONS FROM THE PUBLIC

The Chairman opened the item referring to an article on the front page of the Maidenhead Advertiser which might have been of concern to residents. The statement said there was a £13m black hole in the finances to run adult social care services. He confirmed that headline was incorrect and that budget monitoring took place for every service area and was a necessary document required to ensure there was funding for every service area. The Chairman added that there was no need for any of the Borough's residents to be concerned. There was no issue and the Council had to balance the budget by law.

Sheila Holmes of the Older Persons Partnership Board stated she found it interesting how the Health and Wellbeing Board never targeted older people specifically. She felt very strongly that older people don't have a role within the Older Persons Partnership Board (OPPB) to report back and inform the Health and Wellbeing Board. Sheila stated the OPPB had a very good publication on end of life care which was informative and encouraged people to speak to family members on the issue. The OPPB had a lot of input from other services and they, as a group, wanted to contribute. The Chairman stated the Board would discuss it and look at ways the Board could include the OPPB.

Sheila Holmes stated the members of the OPPB had no idea about Windsor and Maidenhead Healthwatch being merged with the Bracknell branch and they were not asked opinions on plans for Healthwatch.

George Fussey asked if there was any room for the voluntary sector to have a role in families

realising burdens placed on the system in Accident and Emergency Departments. Dr Llewellyn replied that yes, there were roles in explaining what to expect, how long things could take and filling those roles by volunteers would be very helpful. Dr Hayter stated there was a role in supporting mental health and wellbeing within the NHS.

The Chairman said he had received a query on social media asking why all the Health and Wellbeing Board meetings took place during the day. He asked the Board for a view on that and asked if they wanted to consider holding the occasional meeting in the evening. Dr Llewellyn stated that the evening meetings of the Health and Wellbeing Board in Wokingham were the least attended by members of the public. The Chairman stated he would check across Berkshire and see how well other authorities Board meetings were attended in the evenings and consider a response. Dr Hayter stated the Council used Periscope regularly and suggested that could be a solution. Councillor Carroll said he was happy to take that back and see what could be done to arrange Periscope at Health and Wellbeing Board meetings.

A member of the public said that Royal Berks Hospital had a disability liaison nurse and asked if there would be one within the Frimley Trust. Dr Llewellyn confirmed there would be a disability liaison nurse or the equivalent within the Frimley Hospitals Trust.

88/15 FUTURE MEETING DATES

Members noted the following dates of future Health and Wellbeing Board meetings:

- 25 April 2017
- 8 August 2017
- 7 November 2017
- 13 March 2018

The meeting, which began at 3.00 pm, ended at 4.40 pm

CHAIRMAN…….

DATE…….....

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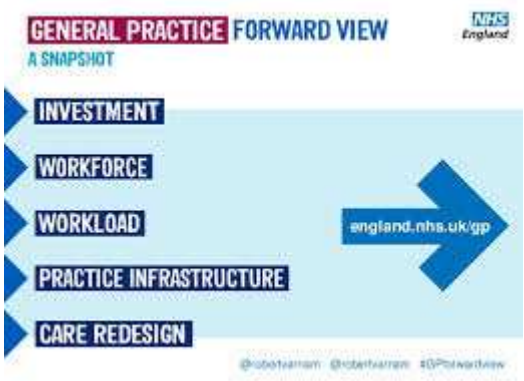
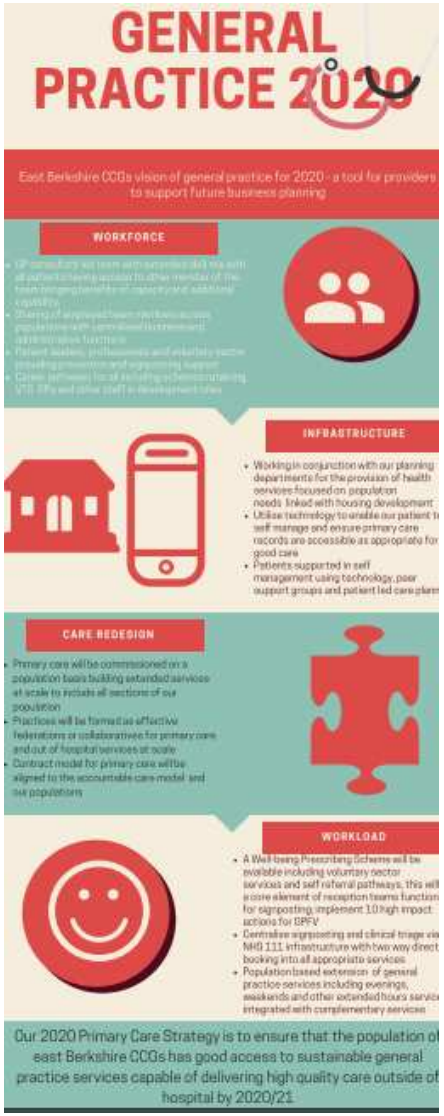
The Changing Face of General Practice

GP Forward View

https://youtu.be/B5CFUPJ7ajs



Local GP Practices
our vision for the future



Federation WAM

STOP PRESS ……..

Provider Federation launches 26.4.17

Dr Mick Watts, from Datchet, said: “The Federation is such a very positive step and demonstrates that this area is at the forefront of change – responding to a real need for practices to work together at a scale.”

He added: “Working as a larger organisation will also let us to offer better career opportunities and greater job security to GPs, nurses and other practice staff, helping us to attract the very best healthcare professionals to the area and address issues around recruitment.”

Patients registered with a F-WAM surgeries will experience little immediate difference. The individual practices will remain independent and continue to manage all day to day running of the local GP service. They will still be able to see the same staff, in the same buildings and receive the same quality of care.

However, behind the scenes there will be steady change. Access to services is expected to improve, with schemes making practices more efficient. Surgeries will also start to work in closer collaboration.

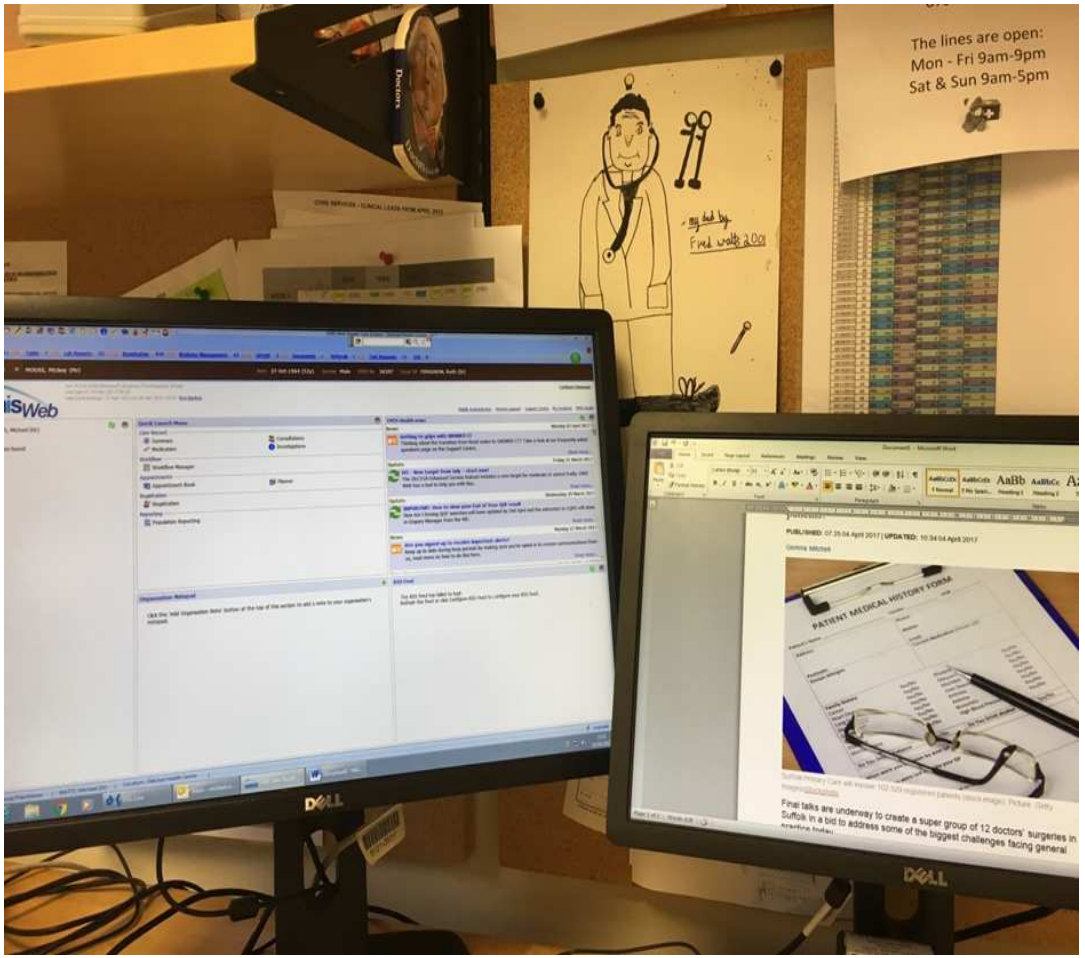
Longer term, more services will be provided within a local setting to avoid unnecessary trips to the hospital.

There are also hopes the Federation with ensure more flexibility for patients so they can get help quicker - for example on the day appointments, telephone consultations, online access and advance booking.

Dr Jonathan Holliday from Eton said: “If general practice is to continue to deliver the high level of care that patients quite rightly expect then we must find new and innovative ways of working.

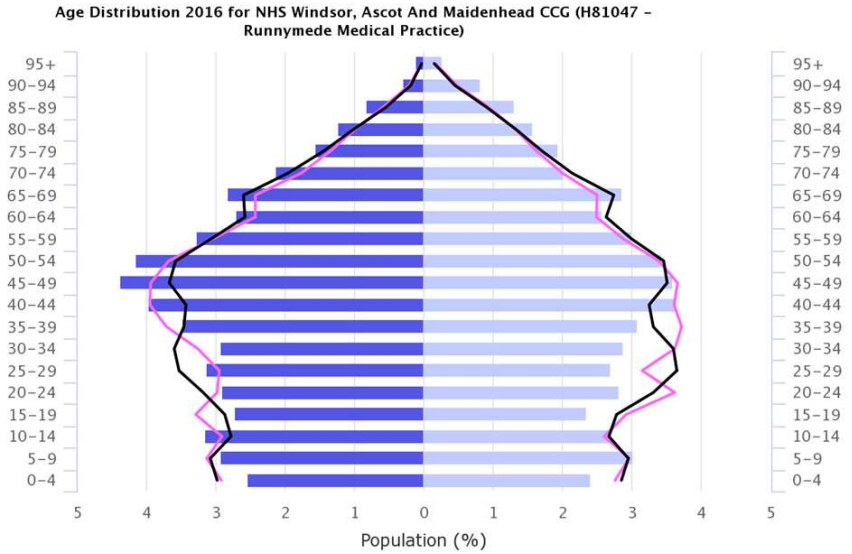
“As a part of F-WAM we will have more influence and we will be able to shape the future of healthcare in the area much more effectively.”

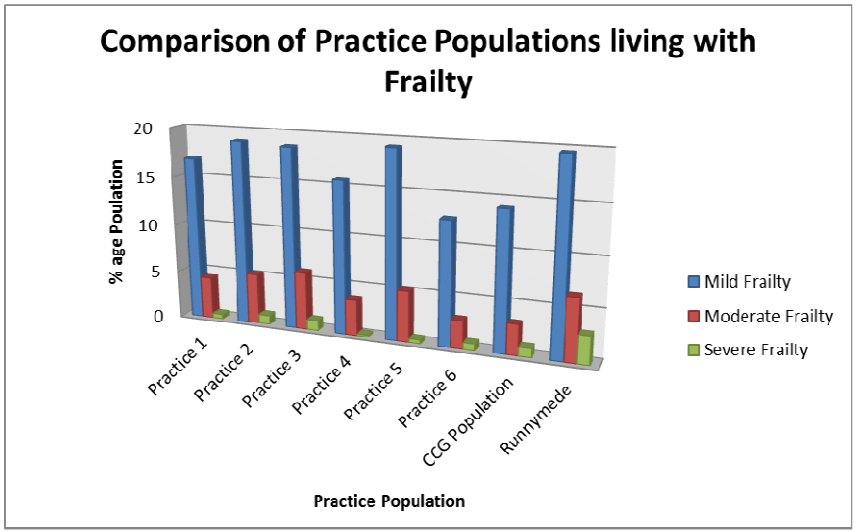
Sue Paterson (F-WAM’s Business Consultant) said “This is an exciting development which will enable more services to be delivered locally, and bring about improvements and efficiencies for the local health economy and for patients, GPs and their staff, by working at larger scale. In the first year, we aim to ensure that patients have continued and better access to extended surgery hours, develop new community services such as physio and scanning, Deep Vein Thrombosis clinics and also introduce clinical pharmacists into surgery teams”



Runnymede Medical Practice

Caring for Your Health and Wellbeing





Support for Carers

Key findings

Community

3 in 4 carers don't feel their caring role is understood and valued by their community

Health

Carers identified the main barriers to maintaining their health:

- **My GP practice hasn't informed me about how to get practical support as a carer (55%).**
- **My GP practice doesn't offer an annual health check for carers (45%).**
- **I haven't received any training or information to help keep me well (42%).**

Of carers who faced barriers to their health:

6

51% have let a health problem go untreated

50% said their mental health got worse

31% only get help when it is an emergency

Employment

Carers identified the main barrier to balancing work and care

- **A third of carers (33%) say their employer doesn't have policies in place to support them.**

Of carers whose employers don't have policies in place to support them:

72% have given up work or reduced their hours

57% are more stressed about being able to care well

55% have struggled financially

I haven't received any training or information to keep me well

My GP Practice hasn't informed us how to get practical support as a carer

My GP Practice doesn't offer an annual healthcheck for carers

You care …… WE CARE


you care …… WE CARE

Runnymede Medical Practice

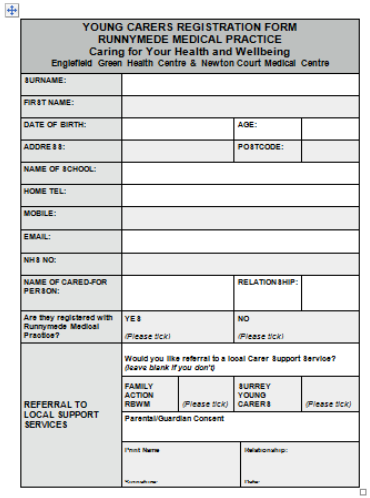
CARERS EVENT

Networking … support … advice … sharing …

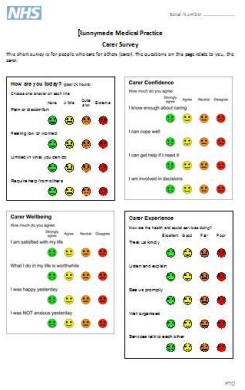
Wednesday 1st March 2017
1 pm to 3:30 pm

Runnymede Medical Practice invites all patients who are carers from Englefield Green and Old Windsor to this free event. Refreshments will be available. Come along and meet other carers, chat to advisors and share your experiences.

The Village Centre
Victoria Street, Englefield Green, TW20 0QX

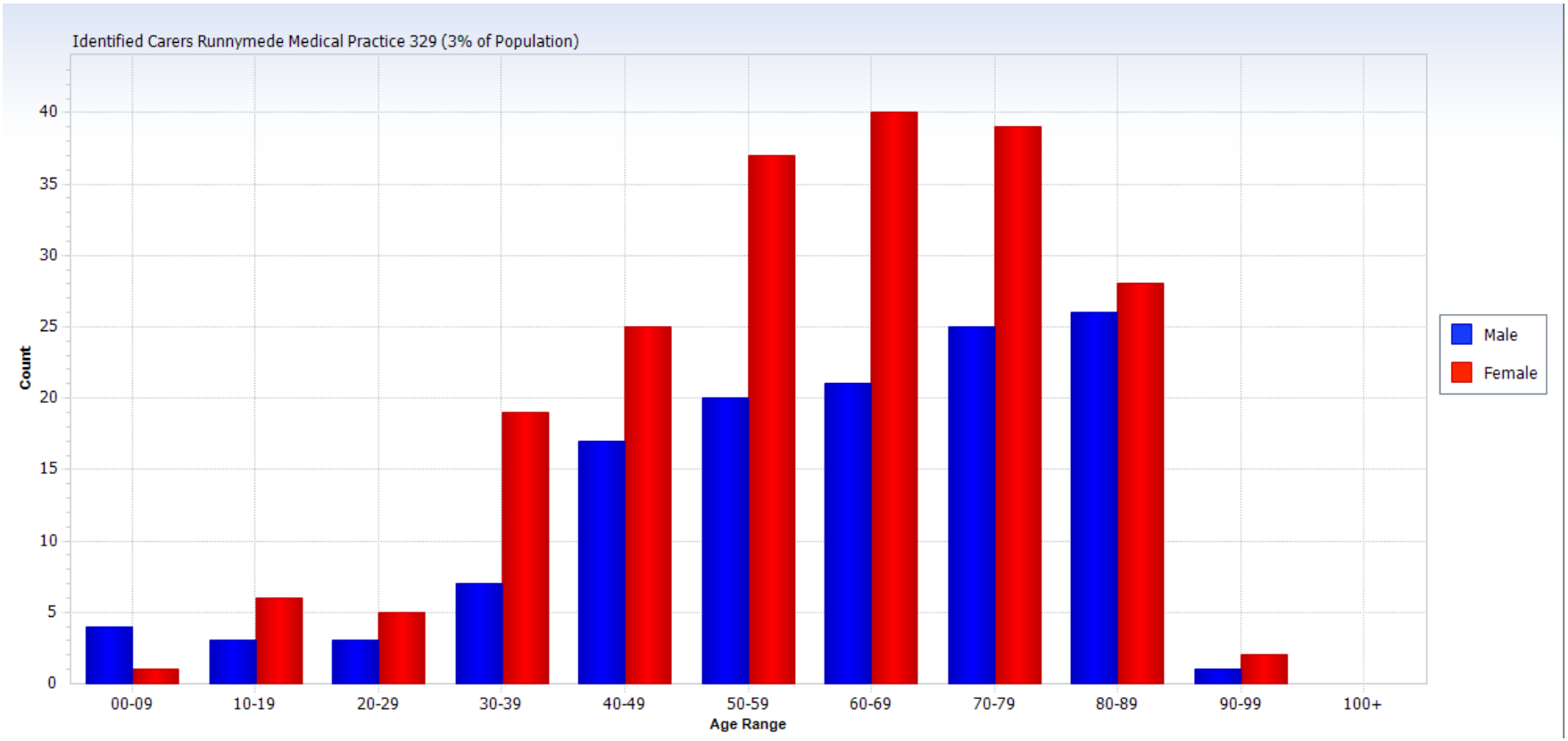


YOUNG CARERS REGISTRATION FORM RUNNYMEDE MEDICAL PRACTICE Caring for Your Health and Wellbeing Englefield Green Health Centre & Newton Court Medical Centre			
SURNAME:			
FIRST NAME:			
DATE OF BIRTH:		AGE:	
ADDRESS:		POSTCODE:	
NAME OF SCHOOL:			
HOME TEL:			
MOBILE:			
EMAIL:			
NHS NO:			
NAME OF CARED-FOR PERSON:		RELATIONSHIP:	
Are they registered with Runnymede Medical Practice?	YES (Please tick)	NO (Please tick)	
REFERRAL TO LOCAL SUPPORT SERVICES	Would you like referral to a local Carer Support Service? (leave blank if you don't)		
	FAMILY ACTION RBWM (Please tick)	SURREY YOUNG CARERS (Please tick)	
	Parental/Guardian Consent		
	Print Name	Relationship:	

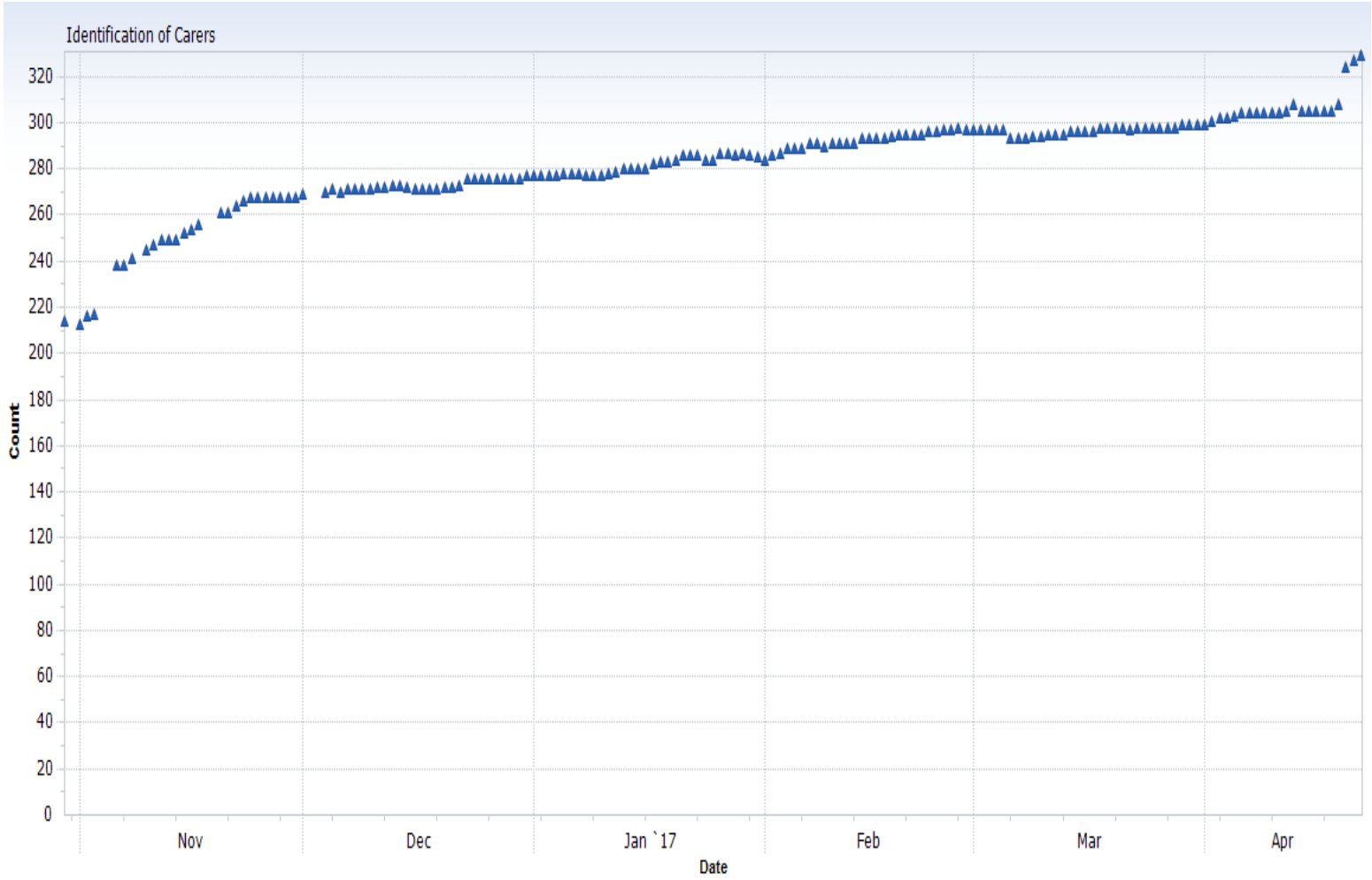


Runnymede Medical Practice Caring for our Patients Health and Well-being

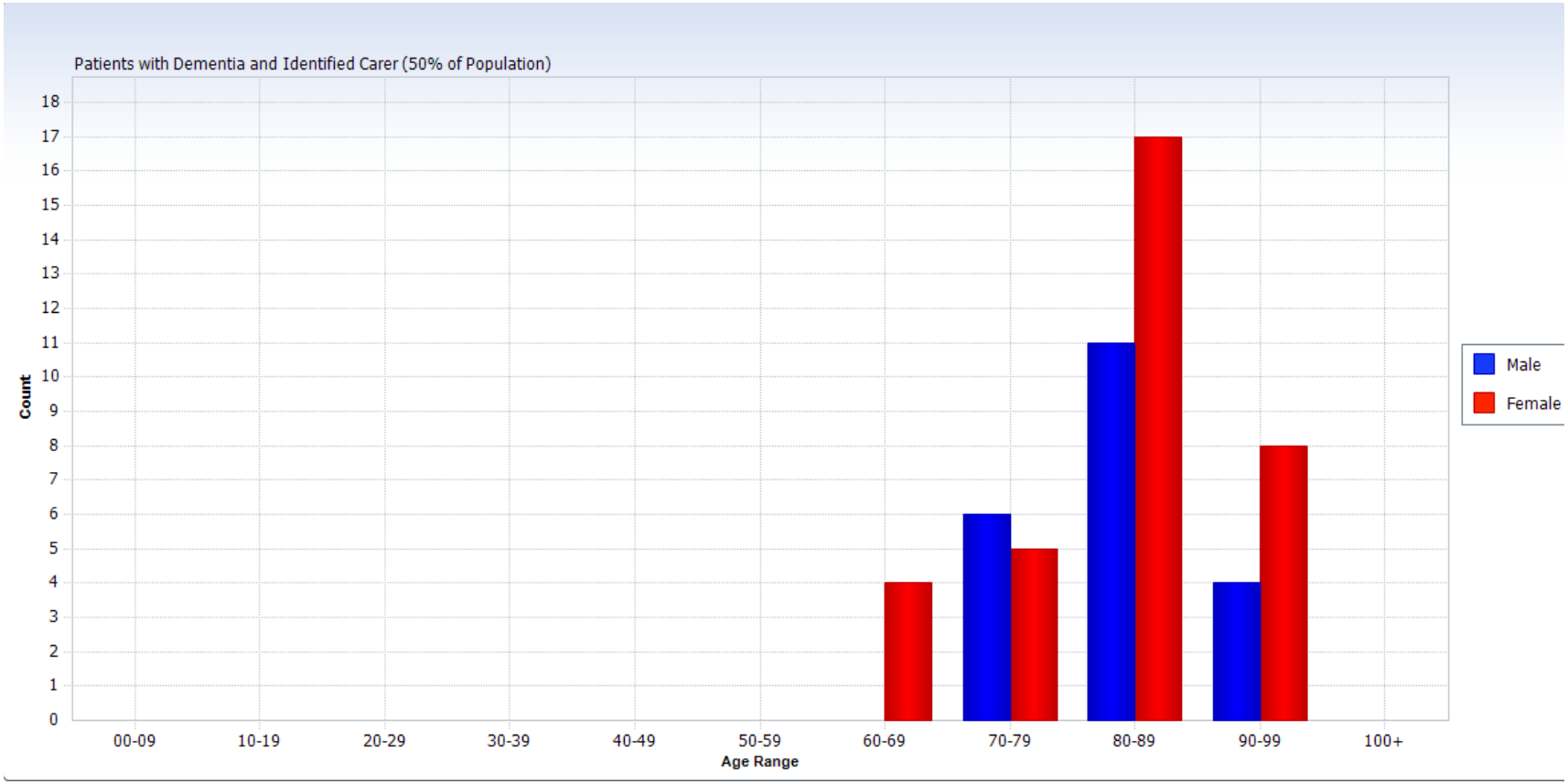
Carers


Identified Carers Runnymede Medical Practice 329 (3% of Population)
Count
0
5
10
15
20
25
30
35
40
00-09
10-19
20-29
30-39
40-49
50-59
60-69
70-79
80-89
90-99
100+
Age Range
Male
Female

Carer Identification



Patients living with Dementia



Health Checks for Carers

Carer Survey

NHS

EMIS Number .....

Runnymede Medical Practice

Carer Survey

This short survey is for people who care for others (carer). The questions on this page relate to you, the carer.

How are you today? (past 24 hours)

How do you feel and how much can you do?

Choose one answer for each question

	None	A little	Quite a lot	Extreme
Pain or discomfort				
Feeling low or worried				
Limited in what you can do				
Require help from others				

Carer Confidence

How do you feel about being a carer?

How much do you agree?

	Strongly agree	Agree	Neutral	Disagree
I know enough about caring				
I can cope well				
I can get help if I need it				
I am involved in decisions				

Carer Wellbeing

What do you think about being a carer?

How much do you agree?

	Strongly agree	Agree	Neutral	Disagree
I am satisfied with my life				
What I do in my life is worthwhile				
I was happy yesterday				
I was NOT anxious yesterday				

PTO

This question is your assessment of the needs of the person being cared for

How are they?

Assess the needs of the person you care for

Choose one answer on each line

	None	A little	Quite a lot*	Extreme§
Physical care needs				
Pain and/or distress				
Unpredictable needs				
Behaviour problems				

*needs 1 person §needs 2 people

The following questions are about you, the carer.

1. **Carer age group**

○ Under 20	○ 20-29	○ 30-39	○ 40-49
○ 50-59	○ 60-69	○ 70-79	○ 80-89
○ 90-99	○ 100 +		

2. **Gender**

○ Male ○ Female

3. **Usual surgery**

○ Englefield Green ○ Old Windsor

Please add any comments to explain your answers (optional):

Cared For Survey

EMIS Number.....

Patient Survey

These questions are to be answered by the patient (the person being cared for).

How are you today? (past 24 hours)
How do you feel and how much can you do?
Choose one answer for each question

	None	A little	Quite a lot	Extreme
Pain or discomfort				
Feeling low or worried				
Limited in what you can do				
Require help from others				

Personal Wellbeing
What do you think about aspects of your life?
How much do you agree?

	Strongly agree	Agree	Neutral	Disagree
I am satisfied with my life				
What I do in my life is worthwhile				
I was happy yesterday				
I was NOT anxious yesterday				

In this question "we" relates to NHS services.

Health Confidence
What do you think about caring for your health?
How much do you agree?

	Strongly agree	Agree	Neutral	Disagree
I know enough about my health				
I can look after my health				
I can get the right help if I need it				
I am involved in decisions about me				

How are we doing?
What do you think about our service?
Choose one answer on each line

	Excellent	Good	Fair	Poor
Treat you kindly				
Listen and explain				
See you promptly				
Well organised				
I don't have to repeat my story				
Services talk to each other				

1. How many types of medication do you take each day

○ None ○ 1 or 2 ○ 3 to 5 ○ 6 to 9 ○ 10 or more

2. Patient age group

○ Under 20 ○ 20-29 ○ 30-39 ○ 40-49
○ 50-59 ○ 60-69 ○ 70-79 ○ 80-89
○ 90-99 ○ 100 +

3. Gender

○ Male ○ Female

4. Whose ratings are these?

○ Patient ○ Proxy on behalf of patient

Please add any comments to explain your answers (optional):

Thank you, this is the end. Your response is very important to us.

Old Windsor

- Social Worker 16 hrs a week
- Started in January
- Has been supporting 40 people in Old Windsor mainly over 70s but also Carers.
- What does this mean for our Patients ?

Dementia Care Advisers

25 April 2017

Context

- Role originally established in 2014 – supportive advice and signposting for all newly diagnosed residents – linked to Memory clinic, and 3rd sector dementia support services

- Role well established and valued by all stakeholders over 2 years

- 2014-16 Period of growth and change
  - As dementia diagnosis rates increased – increased demand for services
  - Profile of dementia raised as a specific condition and as part of complex needs with other long term needs
  - Care Act implementation – more focus on carers needs
  - Additional network of supportive services and liaison – through Older person as Mental Health subgroup
  - Launch of Each Step Together programme

- Maternity leave offered opportunity to take stock, review and absorb learning form other models of DCA support – nationally and across Berkshire

Activities September 2016 – to date

- Increased staffing to 1.2 wte - two DCAs with complementary and different skills and experience to widen scope of role
- One Nurse and one specialist in Cognitive Stimulation therapy
- 136 new referrals in 7 months with a wide spectrum of neurological conditions
- Refresh all promotional information and proactive engagement with all contact points across wider H&SC system eg practice nurses, public Daily Living Made Easy Event in October.
- Speedy response and onward referral to targeted community support- EST approach
- Proactive relationship with Memory clinic - DCAs involved in last week of Introductory Course for better client/carer face to face contact
- Holistic and sustained support to dementia patient and family – better carer identification and support
- Targetted advice on acquisition of relevant equipment and use of assistive technology (with demonstrable impact on falls related NEL admissions) Telephone triaging to identify those near crisis and offer immediate pre-emptive support with immediate access to other health and social care specialist advice

Impact – resident stories

- More joined up information sharing (RIO/CCG/PARIS) reinforces the "Tell your story once" objectives for residents and targetted support without repeating historical information
- More timely and creative interventions to promote independence and reduce risk of crisis
- Tailored support for different types of dementia diagnosis – and links to other long term conditions
- Shorter waiting times for referral implementation eg reduced 6 week waiting time for Day Centre referrals to 1 week- EST
- Whole person – lifelong support – not just at initial diagnosis – gateway to ongoing advice and support throughout patient journey
- Patient and Carer – supported individually and together – multigenerational households
- Better/ increased use of other dementia related services

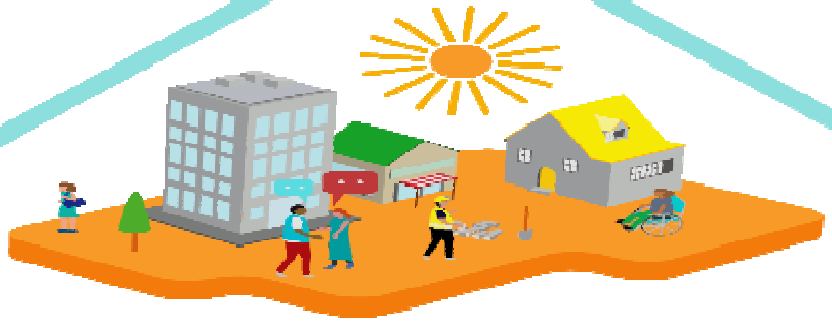
EST.

1 Conversation 1 : Listen & Connect

Listen hard. Understand what really matters. Connect to resources and supports that help someone get on with their chosen life, independently.

2 Conversation 2 : Work intensively with people in crisis

What needs to change urgently to help someone regain control of their life? Put these into an emergency plan and, with colleagues, stick like glue to help make the most important things happen.



3 Conversation 3 : Build a good life

For some people, support in building a good life will be required.

What does 'a good life' look like? What resources, connections and support will enable the person to live that chosen life? How do these need to be organized?

Mr S

Mr S is an 81 year old with Alzheimer's Disease.
He was diagnosed in 2015 but he has difficulty accepting it and his family have decided not to speak about it with him as it upsets him so much. They describe him as having a Peter Pan personality.
Unable to discuss as he refuses to have a conversation about being "old person".
Dgter lives nearby and is concerned as he is not eating and has been losing weight.
Developed leg pain and can not access his local coffee shop.
Now taken to his bed
Dirty crockery now building up, so Dgter called DCA for advise.

EST actions
DCA visited, needs discussed;
Refused POC in the past, did not want to attend any groups
DCA discussed using a personal assistant with Mr S and his Dgter.
Same person coming in he would be more relaxed and accepting.
Work on personal care, go in late and encourage him to get up.
Encourage meals- Breakfast, coffee, etc.
Encourage outdoor mobility
Accompany him out- re-establish routine
Support plan completed.

Outcome;
PA- via CareBank, number of C.V's able to choose. Developing rapport and daily routine due to review in 2 mth's. Mr S Dgter- thanked DCA for giving them this option and Mr S is delighted with his new P.A.

Questions.

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Berkshire Transforming Care Partnership

Keeping people well and out of hospital

Introduction

The Berkshire Transforming Care Partnership Board hold a shared vision and commitment to support the implementation of the national service model to ensure that children, young people and adults with learning disabilities, behaviour that challenges and those with mental health and autism receive services to lead meaningful lives through tailored care plans and subsequent bespoke services to meet individual needs.

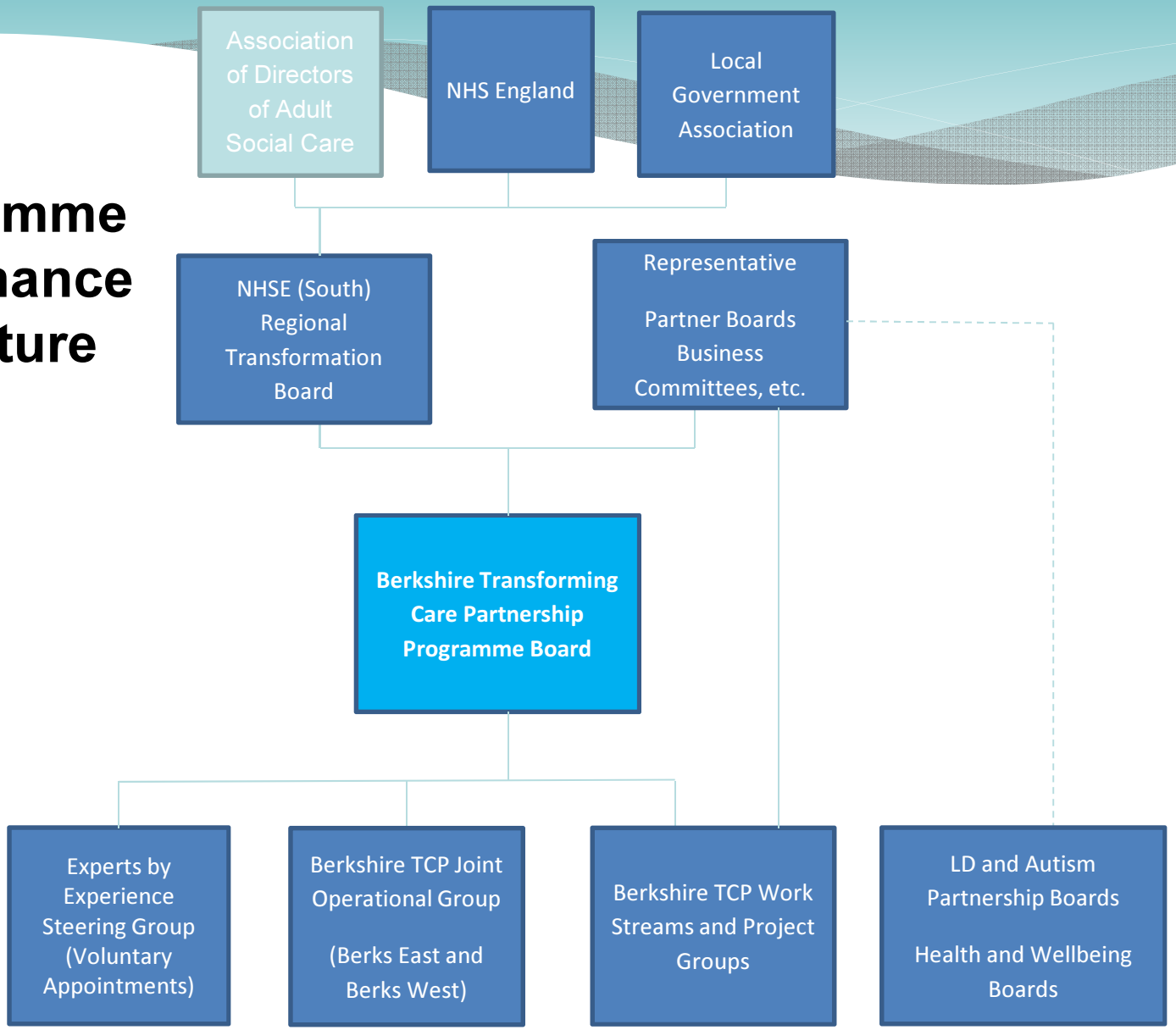
Berkshire Transforming Care Plan has 4 big aims:

1. Making sure less people are in hospitals by having better services in the community.
2. Making sure people do not stay in hospitals longer than they need to
3. Making sure people get good quality care and the right support in hospital and in the community
4. To avoid admissions to and support discharge from hospital, people will receive and be involved in a Care and Treatment Review (CTR)

Dedicated web page with links to the TCP plan and Easy Read version - http://www.wokinghamccg.nhs.uk/component/edocman/berkshire-tcp-easy-read-june16


Berkshire's Easy Read Transforming Care Plan
June 2016
What is Transforming Care?
Transforming Care is about improving the care and support for children, young people and adults who have a learning disability and/or autism and with either or both:
behaviour that challenges (people who hurt themselves or others, or might damage things because they find it hard to communicate)
mental health conditions
Transforming Care started after the report Sir Stephen Bubb wrote following the bad treatment of people who lived at Winterbourne View.
Transforming Care is a national plan which means across the country. Locally there will be different organisations working together to make the plan happen - for example, local authorities, CCGs and Learning Disability Partnership Boards. Berkshire is made up of these 6 local authorities:
West Berkshire
Reading
Wokingham
Windsor & Maidenhead
Slough
Bracknell Forest
When we talk about people in this document, we are talking about those who have been or may need to go to a specialist hospital because of their mental health problems or behaviour that is challenging. It is about helping them get the right support and services in their local community.
2

Programme Governance Structure



Work streams and Project Groups

Work Streams (Themes)

1. Demand and Capacity
2. Market Shaping – Housing and Care Providers
3. Inpatients
4. Intensive Support Team
5. Communications and engagement
6. Children and Young People
7. Workforce Development and Culture
8. Co-Production
9. Joint Commissioning and Integration
10. Risk Management
11. Programme management
12. High Impact Actions

Project Groups:

1. Finance and Activity
2. Housing and Accommodation
3. Autism
4. Intensive Intervention Service
5. Occupation and Employment
6. Community workforce
7. Berks East Capital 'Home' Project
8. Co-production (People's Voice Service)
9. Experts by Experience Steering Group
10. Communications and Engagement

2016 TCP Achievements

- Regular TCP Briefings to all partners and communication teams to keep them up to date with national and local news
- Secured
  - 2016 – 2017 funding from NHS England for Shared Housing provision in Royal Borough of Windsor and Maidenhead for up to three individuals from across Berkshire with complex LD and challenging behaviours
  - 2016 – 2018 from Department of Health for 10 x Hold Ownership Schemes for people with Long Term disability
  - 2017 – 2018 national funding for interim intensive support service and respite
- Co-opted Carer and Family Experts by Experience into the programme on Voluntary Appointment Contracts, as members of the Finance and Activity Project Group, Capital 'Home' Project Group, and TCP Board, with further appointments planned in 2017
- Commenced Experience Based Co-Design Project with Point of Care Foundation – weekly BHFT led group with service users
- Undertaken a desk top gap analysis of local authority LD and ASD strategies and, reviewed capacity and demand projections until 2019, to inform prioritizing of the work plan for 2017/18
- Started to map local authority and CCG work streams already in place for Children and Young People, to avoid duplication in work
- Developed a repatriation timetable for NHS England specialist commissioned patients and Clinical Commissioning Group (CCG) out of area placements

(1) 2017/18 TCP Programme Plan Overview

Work streams and group responsible for leading the work	2017/18 Q1	Q2	Q3	Q4
Finance & Activity (Project Group)	• Review inpatient block contract and IST financial model • New opportunities for joint Commissioning arrangements defined and plans developed to implement, and cascaded to TCP Partners for consideration and feedback	• New opportunities for pooled budget arrangements developed and cascaded to TCP Partners for consideration and feedback • Capacity and Demand Stock take of TCP projections completed	• New joint commissioning arrangements implemented ready for 2018/19 • Reduce the number of separate funding streams that users have to access	• New opportunities for pooled budgets arrangements implement ready for 2018/19 • Capacity and Demand Stock take review
Heath & Social Workforce (Joint Operational Group)	• Agree core LD and ASD workforce structures in local authorities to retain expertise • Standardise local workforce tool kits across all local authorities • Start recruitment of shared lives staff and carers in Berks East (subject to business case approval)	• Hold workforce event with health and wellbeing partners and providers to develop new ways to recruit and retain LD and ASD skilled and specialist staff • TCP Carers by Experience (Expert by Experience Steering Group) partner with two care providers and use Berks TCP Workforce Assurance Framework to check staff competencies and behaviours	• Start training of Shared Lives Carers in Berks East • Match Service Users and Shared Lives Carers • Start to develop career progression structures for public sector staff in line with private sector	• Develop training modules for primary care and third sector staff on LD and ASD. Linked to Autism and CYP work streams • TCP Carers by Experience (Expert by Experience Steering Group) partner with two care providers and use Berks TCP Workforce Assurance Framework to check staff competencies and behaviours
Housing & Accommodation (Joint Operational Group)	• Transition of up to three clients into RBWM Secured Tenancy Property as part of Berkshire East Capital Home Project • Share learning from Capital Home Project Berkshire wide to inform 2017/18 capital bid submissions	• Establish Berkshire wide housing list for people with short, medium and long term LD needs • Share learning from Reading and Slough local authority HOLD Schemes to roll out to other localities to enable up to 6 people to buy their own home	• Share learning from Slough local authority housing technology schemes to roll out to other localities to enable more people to access technology grants in 2018/19	• Review and align local authority strategies and build capital business cases to access NHSE and DoH grants in 2018/19
Autism (including Children and Young People) (Project Group)	• Develop joint commissioning standards around age. Cascade to TCP Partners for consideration and feedback. • Align work stream objectives with Thames Valley Network, Future in Mind and SEND Groups to avoid duplication on priorities	• Develop informational sharing criteria across education and health for LD and ASD people at high risk of admission . Cascade to TCP Partners for consideration and feedback. • Implement joint commissioning standards Berkshire wide	• Develop training and support tools for: Health Visitors, GPs, Paediatrics, Perinatal Mental Health- SPA (CPE) • Implement informing sharing standards Berkshire wide across health and education	• Increase access to Pre-Assessment Specialist Support

(1) 2017/18 TCP Programme Plan continued

Work streams and group responsible for leading the work	2017/18 Q1	Q2	Q3	Q4
Market Shaping (Joint Operational Group)	• Review results of ADASS South marking scoping exercise to inform the development of a range of marketing management exercises across TCP partners to increase the utilisation of local authority and CCG resources • Establish links with Thames Valley Network for Forensic Pathways to ensure alignment • Develop programme plan for High Impact Actions: Respite Care, Day Centres, Residential Living Accommodation, Independent Living Schemes	Undertake a strengths based review of LD and ASD provision with providers to identify where 'high needs register' of service users needs are not matched to local supply (sharing the results with all TCP partners and groups)	Review CYP in transition plans Cascade recommendations to TCP Partners for opportunities to implement joint procurement exercise for housing and workforce providers for consideration and feedback	• Implement joint procurement exercises ready for 2018/19
Inpatients (TCP Board and BHFT Board)	• Ongoing monthly review throughout year for: • Specialist Commissioning Care and Treatment Review Timetable and outcomes • CCG commissioned beds in Berkshire and Out of Area – timetable and outcomes • BHFT Assurance reports on admissions and discharge planning • Children and Young People in 52 week placements and transition	• Reduce OOA adult placements to 25 • Community transition arrangements in place to avoid inappropriate admission to hospital and support timely discharge from hospital	• Reduce OOA adult placements to 20 • Community transition arrangements in place to avoid inappropriate admission to hospital and support timely discharge from hospital	• Reduce OOA adult placements to 18 • Community transition arrangements in place to avoid inappropriate admission to hospital and support timely discharge from hospital
Intensive Intervention an d Support (CCG Commissioners and Joint Operational Group)	• Monitor and manage transition arrangements in the community due to the consolidation of inpatient services at Campion Unit, Prospect Park from March 2017 • Decommissioning of beds at Little House as part of block contract • Commissioning of new • Phased recruitment of staff to the Intensive Support Team Service • Phased roll out of Intensive support team by milestone date October 2017 (TCP Board ambition)			
Employment & Occupation (Project Group)	• Project Group established with • Undertake stock take to review employment and occupational opportunities Berkshire wide • Identified barriers and solutions to remove those practical barriers that disabled people face in work, such as provision of specialist aids and equipment in the workplace, a communicator, support worker, travelling costs, etc.	• Work with service user advocacy groups and Partnership Boards to identify where there are gaps in service provision • Create Berkshire wide on-line directory for work-based supported employment, work preparation training and work related job experience	• Align local authority strategies to increase social inclusion and skills • Hold an event for voluntary services to promote a directory of services	• Build infrastructure in local authorities to support employers and disabled people accessing employment of > 16 hours • Build support to enable people to undertake work trails in actual job vacancies
Communications & Engagement (TCP Board)	• Commission 'People's Voice Service' (Co-production) • Commission Communications and Engagement resources to support programme • Publish quarterly TCP briefing to partners • Expert by Experience Steering Group established, chaired by Service User and LD and ASD Clinician(s)	• Experts by Experience Steering Group review progress against the milestone plan and make recommendations to the TCP Board on behalf of service users of where improvements need to be made • Steering Group uses to Benefit Realistion criteria to monitor health and quality outcomes of service users during the changes		
Primary Care (Joint Operational Group)	• Workstream established with PHE and Carer Expert by Experience involvement • Undertake stocktake to make sure all people with LD and ASD have annual physical health check; and quality of checks improved • Align project group with CYP and SEND work streams Berkshire wide	• Campaign to promote STOMPwLD best practice started	• Campaign to reduce inequalities in access to oral care started	• Campaign to reduce inequalities in access to diabetes services started

(1) 2018/19 TCP Programme Plan Overview

Work streams and group responsible for leading the work	2018/19 Q1	Q2	Q3	Q4
Finance & Activity	Identify opportunities for pooling commissioning resources across health and social care	Capacity and Demand Stock take		Capacity and Demand Stock take
Heath & Social Workforce	Expand Shared Lives Scheme to local authorities Berkshire wide	Facilitate providers in developing an 24/7 occupational health model and peer support network for staff	Facilitate providers in developing a 'salary retention incentive' to reduce turnover/sickness absence rates	tbc
Housing & Accommodation	Shape private rented sector market place	Identifying sites for new purpose built units	Expand domiciliary care and short stay residential breaks provision	tbc
Autism	Introduce Autism Support Navigators in health and education	Establish social communication and friendship groups for all ages	Increased access to ADS services for youth offending providers	tbc
Market Shaping	Align milestones to activities in workforce, housing accommodation and employment and occupation work streams		tbc	tbc
Inpatients	Repatriation Programme continues	Reduce OOA placements to 16	Reduce OOA placements to 14	Reduce OOA placements to 12
Intensive Support Team	Intensive Support Team in place Monday to Friday 0900 – 1700hrs	Start to implement plans to increase services 24/7 in line with capacity and demand projections forecast by Finance and Activity Group	tbc	tbc
Employment & Occupation	Implement supported employment models in partner organisations with partners leading by example	tbc	tbc	tbc
Communications & Engagement	• Experts by Experience Steering Group review progress against the milestone plan and make recommendations to the TCP Board on behalf of service users of where improvements need to be made • Steering Group uses to Benefit Realistion criteria to monitor health and quality outcomes of service users during the changes			
Primary Care	Campaign to reduce inequalities in access to nutrition education and sport activities	Campaign to promote access to cancer services	tbc	tbc

(1) TCP Programme Outcomes

(approved by TCP Board November 2016)

Outcomes: Benefit realisation

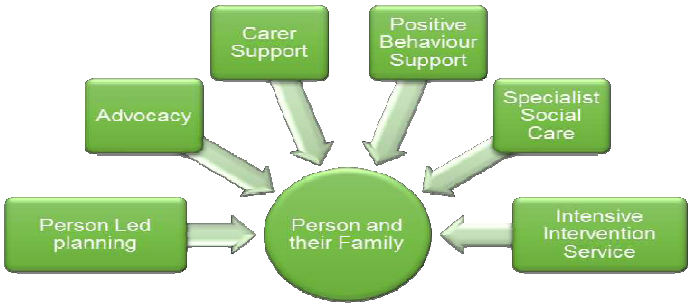
Activity	Financial and Operational Outcomes	Health and Quality Outcomes
Improve capacity and demand	✓ Reduction in High Cost placements ✓ Reduction in ATU beds purchased ✓ Pooled resources ✓ Increase in the number of people receiving direct payments or personal managed budget ✓ Reduced waiting times for psychiatric referrals	✓ Placements near families and communities ✓ Improved care planning for CYP in transition ✓ Users and carers in control of their plans
Prevent Hospital admissions	✓ Reduction in High Cost placements ✓ Reduction in ATU beds purchased ✓ Pooled resources	✓ Reduced length of stay ✓ Reduction in avoidable admissions ✓ Reduced readmissions
Shape the Housing Market Shape the Care Market	✓ Increased competition, increased VFM ✓ Repatriation of high cost OOA placements ✓ Increased Shared Ownership models ✓ Secured tenancy arrangements ✓ Pooled budgets arrangements ✓ Sustainability of providers ✓ Pooled resources for market management activities ✓ Sustainable workforce models ✓ Increased pool of specialised skills	✓ Placements near families and communities ✓ Engagement in community activities ✓ Reduction in avoidable admissions ✓ Improved access to crisis and respite care ✓ Improved physical health and wellbeing
Improve Care Standards	✓ Reduction in OOA placements to specialist units ✓ Reduced admission to ATU beds	✓ 100% of people have an up to date personalised care plan ✓ Improvements in life skills ✓ Engagement in community activities ✓ Improved physical health and wellbeing ✓ Reduction in placement breakdowns
Increase and promote community based support	✓ Reductions in ATU admissions ✓ Practices, care and support pathways within mainstream primary and secondary NHS services are 'reasonably adjusted' ✓ Reduction in healthcare costs	✓ Improved user and carer experience ✓ Improvements in life skills ✓ Interactions and improved friendships and networks ✓ Improvements in physical and mental health and wellbeing ✓ Reductions in anti-social or 'offending' behaviour
Greater access to autism services	✓ Reduction in High Cost placements ✓ Reduction in ATU beds purchased ✓ Pooled resources	✓ Improvements in physical and mental health and wellbeing ✓ Improvements in access to specialist
Strengthen the role of Primary Care	✓ Increased number of people on GP LD and ASD registers ✓ Improved education and training of staff ✓ Reduction in long term health care costs ✓ Increased capacity in Home from Hospital provision	✓ 100% of people with LD have annual health plan ✓ Reduction in diabetes, heart condition, cancer services, etc. ✓ Improved access to health services

Intensive Support Team

All TCPs nationally are looking to commission a new service model in the community called an Intensive Support Team (IST) or Intensive Intervention Service.

An Intensive Support Team will provide proactive community based support for people with a learning disability and/or autism who have associated mental health needs and/or present with behaviour that can challenge. Offering support to people in their own homes and preventing in-patient admissions where possible, the IST will provide access to specialist health and social care support.

The service will use intensive, safe, responsive and non-invasive strategies, including Positive Behaviour Support (PBS).



Focusing on improving a person's quality of life and reducing behaviours that pose a risk to self and others, the Team will provide intensive support that is person-cantered on the needs of the individual and their families.

In conjunction with social care teams, the IST will minimise the risk of people with learning disabilities being taken into specialist inpatient health services for assessment and treatment (unless clinically warranted).

The TCP Board is currently in the process of drafting a service specification for the IST. The TCP Board will update partners on progress following the January Board meeting.

NHS
Windsor, Ascot and Maidenhead
Clinical Commissioning Group

www.rbwm.gov.uk
Royal Borough of Windsor & Maidenhead

Better Care Fund update for Health and Wellbeing Board

April 2017

National context
Admissions and delayed transfers of care

- **Accident and Emergency attendances** in 2016 have been 5% higher than in 2015.
- The number of **emergency admissions** rose by 4.5%. This rate is currently 10% higher than raw population increase.
- In 2016, each month's total admissions have been higher than the same month in each previous year.

Build up of pressure in the national "system"

- 21% of patients spent more than four hours in major Accident and Emergency departments in December 2016, compared with 13% in December 2015 and 6% in December 2011.
- Long waits for emergency admission were 58% higher in 2016 than in 2015, and five times higher than 2011.

Emphasises the need for integrated approach to managing front and back door in acute trusts reflected in Better Care Fund targets

- Delayed transfers of care have increased substantially over the past three years.
- There were 23% more delayed transfers of care in 2016 than in 2015.
- Compared with 2015, delays where NHS was at least partially responsible rose by 17% whereas social care delays rose by 37%.

Source: Extracts from House of Common briefing paper on NHS Indicators Feb 2017 (next update due May 2017)

This data shows that most of the increase nationally over the past year is because of people awaiting a care package in their own home, or awaiting nursing home placements.

Table A: Delayed transfers of care by reason

Total delayed days in 2016 compared with 2015

Reason for delay	Total delayed days	Year-on-year change
Awaiting care package in own home	420,428	+45%
Awaiting further non-acute NHS care	368,562	+10%
Awaiting completion of assessment	362,162	+19%
Awaiting nursing home placement or availability	327,856	+41%
Patient or family choice	248,350	+12%
Awaiting residential home placement or availability	221,481	+21%
Awaiting public funding	78,059	+15%
Housing – patients not covered by NHS & Community Care Act	54,553	+10%
Awaiting community equipment and adaptations	51,365	+18%
Disputes	24,339	+19%

Delays in both of these categories have risen by over 40% in the last year alone, and have more than doubled over the last four years.

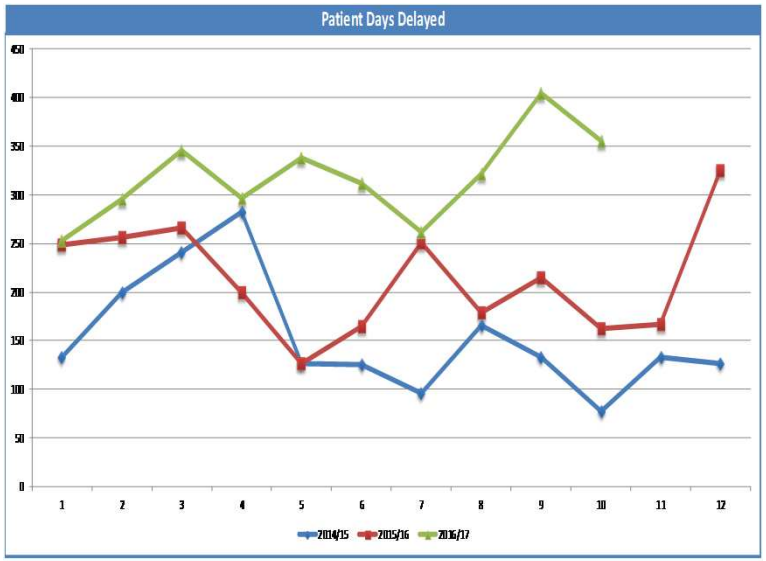
Delayed transfers of care

Out of the 150 authorities listed in the national data to December 2016, with one being worst performer and 150th being best performer, local performance is:

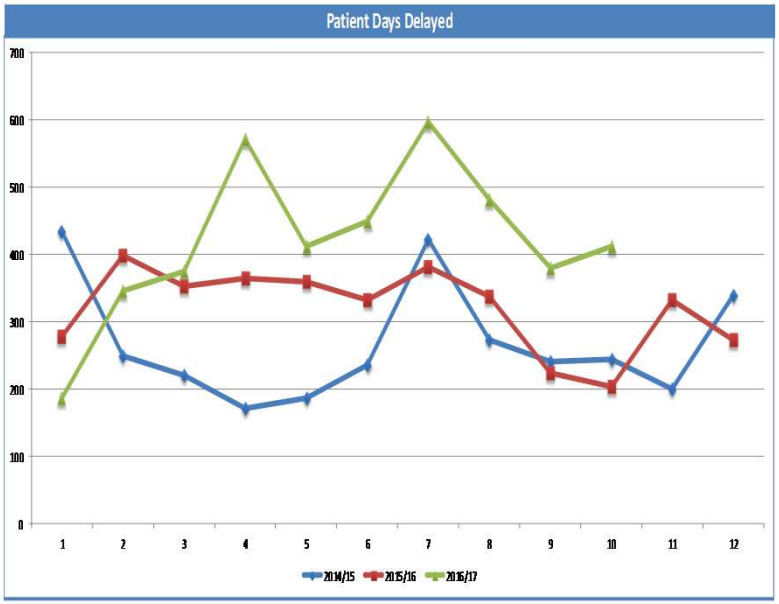
- Bracknell 76
- Windsor, Ascot and Maidenhead 101
- Slough 136
- Buckinghamshire 144

So we are not performing badly compared to national performance – but there is still at higher rate of delayed transfers of care for all East Berkshire local authorities than in previous years. There are higher trends (in green) and pace of increase is a concern.

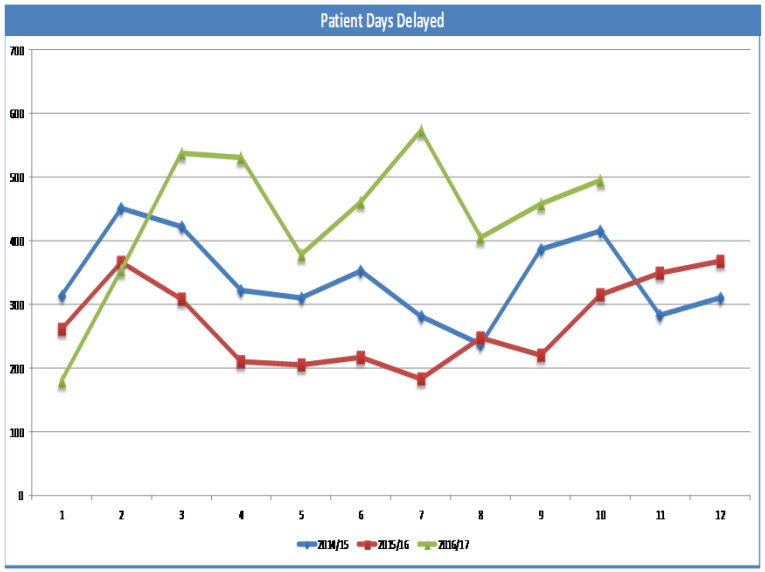
Slough



Bracknell



RBWM



Local actions to address Delayed Transfers of Care

- Integrated weekly meetings with Wexham, Royal Borough Hospital team, Short Term Support and Rehabilitation Team and Carewatch to review individual cases and agree packages of support.

- Support from GP practices to identify and support frail patients using new electronic Frailty index.

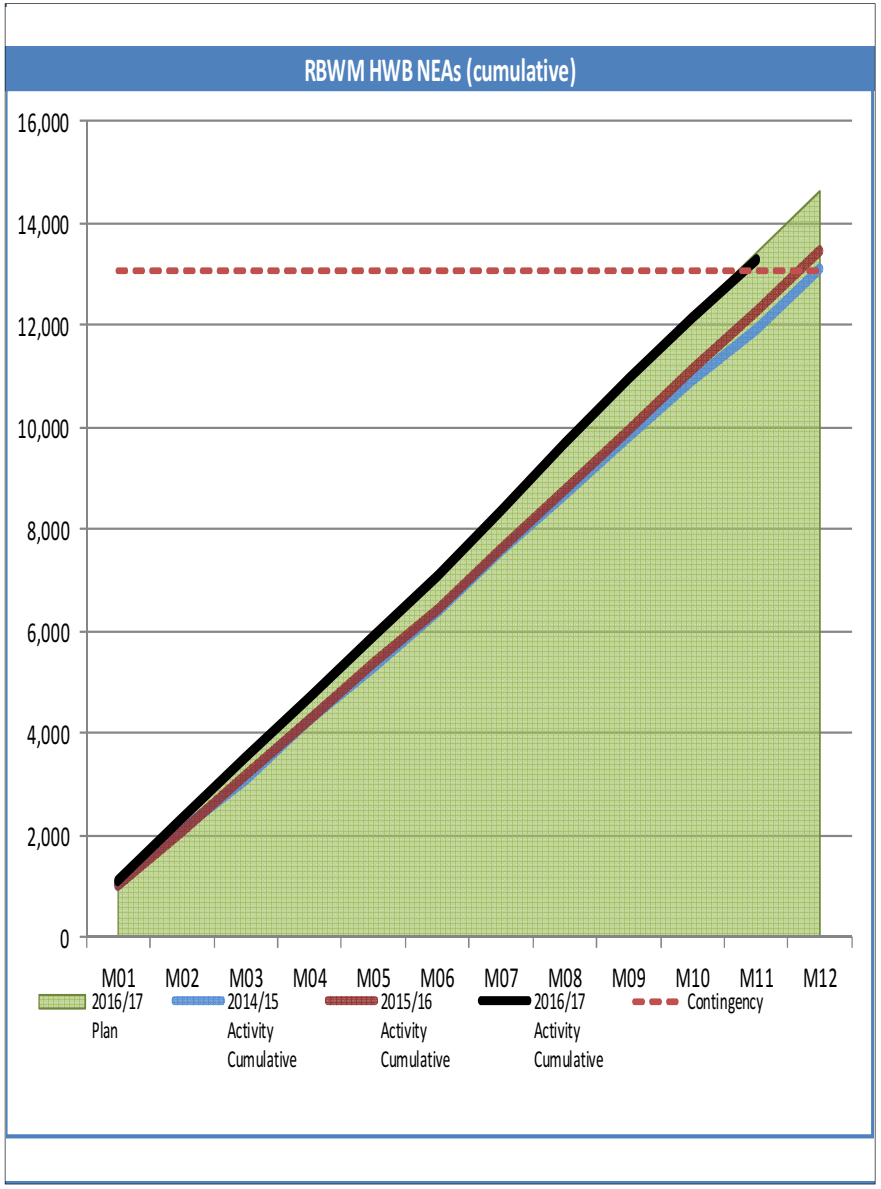
- Pilot in Old Windsor with support of parish council to identify those who live alone or are vulnerable – and offer them proactive support and advice.

- Focus on choice - proactive support for carers via SIGNAL and Dementia Advisers to enable residents to continue to live at home where possible .

- Review of third sector support from Red Cross to ensure that Royal Borough residents have access to the home from hospital service, eg milk in fridge, settling in, prescriptions etc.

- Proactive engagement with wider East Berkshire programme, including:
  - Monitoring patient flow - daily telephone calls with Wexham and partners to identify patients “fit for discharge” and use of Alamac data set.
  - Pilot of Discharge to Assess model in new Windsor Care Home for East Berkshire residents.
  - Review/mapping of service pathways between Optalis and Berkshire Healthcare Foundation Trust to meet resident needs – June 2017.

Non-elective admissions - RBWM performance to Month 11 2016/17

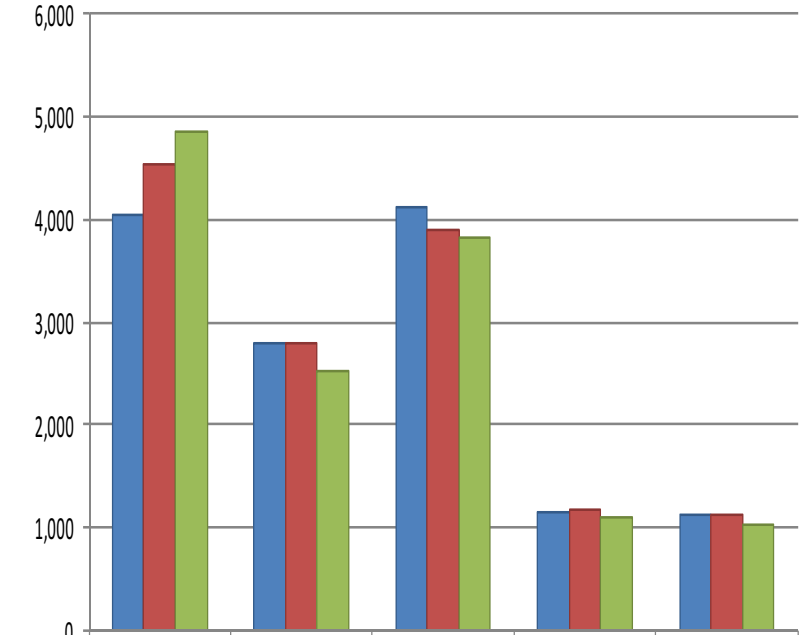


No of admissions in Plan for 2016/17	14,631
Actual to Month 11	13,291
Estimated outturn for year end at average of monthly levels of admissions	14,499
WAM BCF target to achieve contingency savings	13,064
Estimated over performance against contingency target (10.98% over target)	**1435**

For all Windsor, Ascot and Maidenhead patients , average length of stay overall, following non-elective admission, is decreasing.
Number of zero length of stay patients is increasing year on year – need to prioritise the avoidable non-elective admissions and frequent flyers.

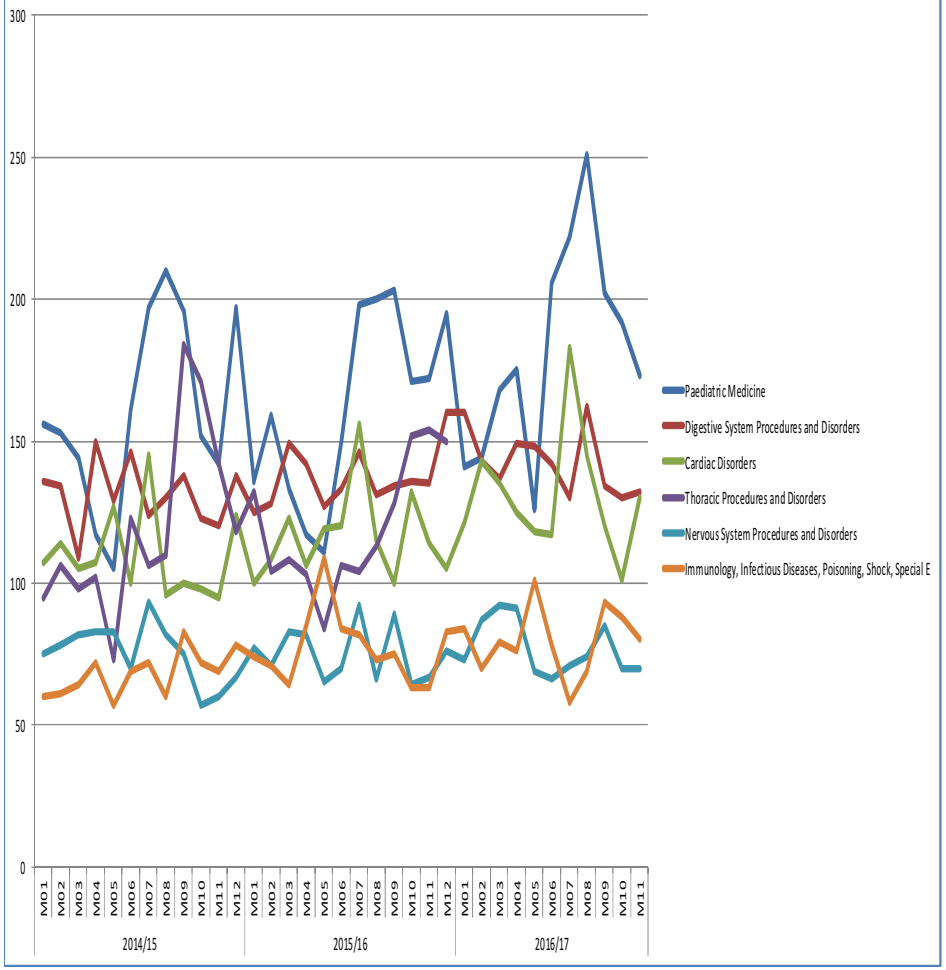
Month 11 data shows sharp downturn in paediatric admissions which is adversely affected overall local non-elective admission performance all year – A&E delivery board plans to address East Berkshire non-elective admission reduction priorities.

Non-Elective Activity per Length of Stay Band



	0 days	1 day	2-7 days	8-14 days	15+ days
2014/15	4,041	2,785	4,125	1,158	1,118
2015/16	4,541	2,785	3,888	1,176	1,128
2016/17	4,852	2,521	3,822	1,109	1,018

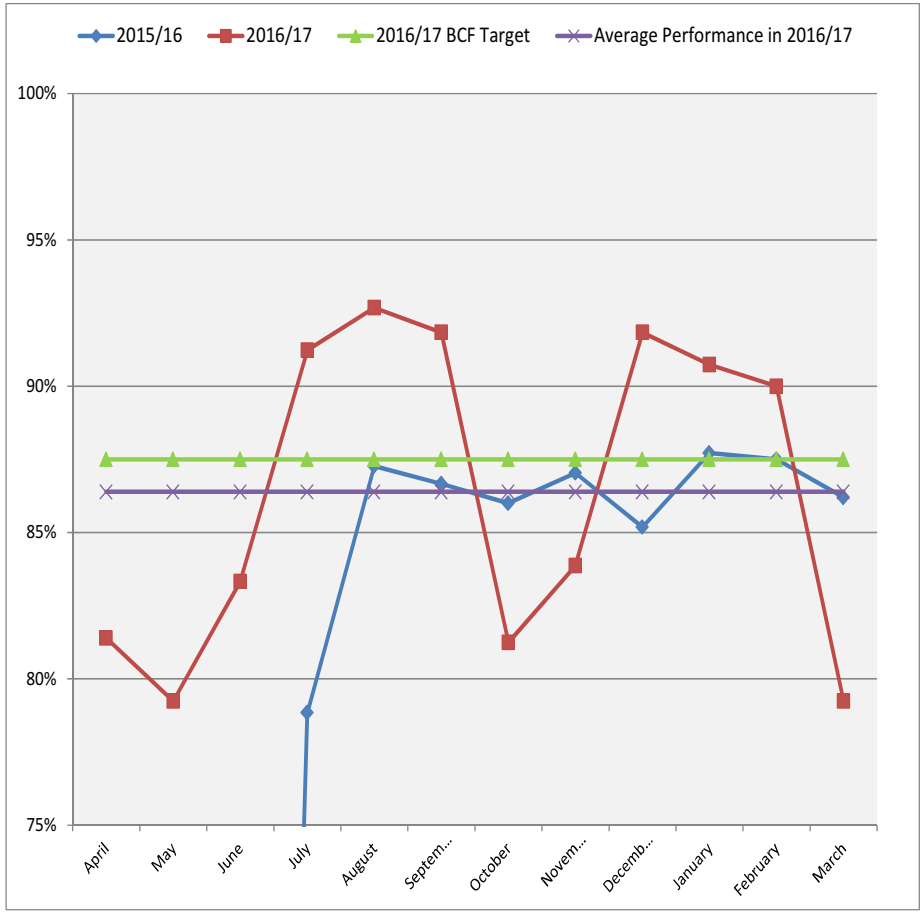
Top Six Acute HRG Subchapters (LA NEAs using postcode)



Average Non-Elective Length of Stay per Electoral Ward

Proportion of adults (65+) who are home 91 days after discharge from hospital

The data shows the proportion of people who are at home 91 days after discharge from hospital from April 2015 onwards. This excludes those residents who have passed away. The target for the year is 87.5% and performance is currently at **87.09%.**



- Significant increase in referrals direct from acute rather than community discharges - these are often more frail residents who need more support and recovery time.
- Increase in falls related referrals and service users with long term/complex conditions .
- Slight increase in older age groups 85-94.
- More remaining in need of continuing support for longer at home due to having more complex needs and longer recovery times.

New placements in residential and nursing homes – RBWM 2016/17 performance including data to end March 2017

Nursing & Residential					
2016/17	Q1	Q2	Q3	Q4	Total
New placements	**37**	**51**	**52**	**30**	**170**
Transfers out	-39	-44	-49	-53	-185
Net placements	-2	7	3	-23	-15

Target for 2016/17 for new placements = 160

Draft figures for 2016/17 = 170

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