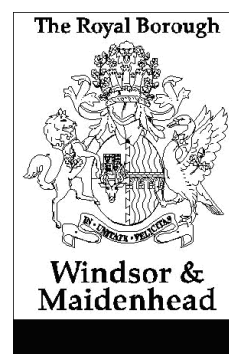


Report for: ACTION
Item Number: 9



<b>Contains Confidential or Exempt Information</b>	<b>NO – Part I</b>
<b>Title</b>	<b>Update on Better Care Fund Project Delivery.</b>
<b>Responsible Officer(s)</b>	Christabel Shawcross
<b>Contact officer, job title and phone number</b>	Nick Davies - Head of Strategic Commissioning Adults and Housing 01628 683614
<b>Member reporting</b>	Cllr David Coppinger – Lead Member for Adult Services, Health and Sustainability
<b>For Consideration By</b>	Health and Wellbeing Board
<b>Date to be Considered</b>	16 December 2014
<b>Affected Wards</b>	All
<b>Keywords/Index</b>	Integration of health and social care, improved outcomes, residents needs, pooled budget, NHS England

### Report Summary

1. This report updates the Health and Wellbeing Board on the progress of the assurance process of the Better Care Fund agreement between RBWM and Windsor and Maidenhead (WAM) and Bracknell and Ascot Clinical Commissioning Groups (CCGs). This was submitted to NHS England in October 2014.
2. The report provides an update on the progress of the projects that are focused on delivering the Non Elective Admission target of a 3.5% reduction by December 2015.
3. The report notes the potential for the transformational expansion of the Better Care fund to achieve integration in 2016-17 and beyond.
4. The report notes the progress and timetable for agreeing the pooled budget and the risk share for the financial elements of the Better Care Fund in 2015-16. This will form part of a Section 75 agreement.

<b>If recommendations are adopted, how will residents benefit?</b>	
Benefits to residents and reasons why they will benefit	Dates by which residents can expect to notice a difference
Better Care and support at home to prevent hospital admissions	April 2015

## 1. Details of Recommendations

**RECOMMENDATION: That the Health and Wellbeing Board:**

**notes the progress of the assurance process of the Better Care Fund agreement between RBWM and Windsor and Maidenhead (WAM) and Bracknell and Ascot Clinical Commissioning Groups (CCGs). This was submitted to NHS England in October 2014.**

**notes the update on the progress of the projects that are focused on delivering the Non Elective Admission target of a 3.5% reduction by December 2015.**

**notes the potential for the transformational expansion of the Better Care Fund pooled budget to achieve integration in 2016-17 and beyond.**

**notes the progress and timetable for agreeing the pooled budget and the risk share for the financial elements of the Better Care Fund in 2015-16. This will form part of a Section 75 agreement that the HWBB and Cabinet will be asked to approve in March 2015.**

## **2. Reason for Recommendation and Options Considered**

### **2.1 The Better Care Fund context.**

The Health and Wellbeing Board signed off the submission of the Better Care Fund plans for RBWM on the 11<sup>th</sup> September 2014. The submission was made to NHS England on the 19<sup>th</sup> September 2014. The plans provided details of the local ambition to integrate health and social care services. The Better Care Fund will become a reality on 1 April 2015 as a pooled budget to drive the integration of services. The overall aim is to develop integrated services and better outcomes for local people. The national BCF total for 2015/16 is £3.9B. RBWM have a BCF of £8m. The DH has now ring-fenced a proportion of the BCF, £600k locally which is the cost of 406 non elective admissions, to meeting a specific performance target. The target is to reduce the total non elective admissions to hospital by at least 3.5%, this equates to avoiding 406 admissions in 15-16. This has changed from a focus on five specific areas of performance including the avoidable emergency admissions metric. If the reduction in non-elective admissions is not met, the performance fund is not payable to the local area and is to be used in paying for those admissions.

### **2.2 The Assurance process for the Better Care Fund submission.**

Since the submission of the BCF plan on the 19<sup>th</sup> September there has been an assurance process that has been undertaken to assess how robust the plan is. On 1st October there was a teleconference review of the plan with PWC and RBWM Lead Member, Officers along with the chair of the CCG and CCG officers. On 10th October NHSE graded the submission 'Approved with Support' and asked for a 19 point action plan to be addressed by the 28 November. This was submitted to the Area Team. RBWM and WAM CCG received confirmation of provisional approval, put forward to regional moderation without further amendments

There was confirmation of approval at national level on the 10<sup>th</sup> December. The national taskforce will be taking the regional recommendations to the BCF Programme Board and NHS England EGM week commencing 8<sup>th</sup> December 2014. Thereafter a letter will be sent to chair of HWBB confirming that the WAM BCF plans are approved.

### **2.3 Delivering the RBWM/WAM Better Care Fund plan.**

Alongside the assurance process the work continues to develop and deliver practical integrated health and social care pathways and projects has continued at pace in RBWM. Since the report in September the work on the refreshed plan has the benefit of a Better Care Fund project manager. The vision and ambition for the BCF to transform services for residents in RBWM is still intact from the initial submission. There is now a firmer focus on achieving the emergency admissions target because it is a good thing to do, as well as it enabling the wider transformation. The progress of the 6 key projects that have a focus and individual targets to deliver the NEL target reduction of 3.5% the equivalent of avoiding 429 admissions between December 2014 and December 2015 is detailed in Appendix 1.

There are a wider group of services and roles that are crucial components of the potential platform for integration and wider transformation and the ability to build on the BCF agreement projects in the coming years. These include the integrated Short Term Reablement service, Outcome Based Commissioning of Homecare alongside Community Geriatricians and Dementia Advisor posts.

There are longstanding integrated teams between health and social care specifically Mental health with Berkshire Health Care Trust (BHFT) and Learning Disability team with same trust hosted by RBWM. These agreements will be updated in line with the BCF agreements for April 2015 to ensure all agreements have the same conditions and all integrated teams are working towards shared objectives for improving residents outcomes.

The biggest challenge is workforce development to embed a culture of prevention for which there is training planned. Additionally the work with the Acute trust to change the culture is crucial and will be taken forward through the Transformation Board.

#### 2.4. Ambition for Potential future Transformation.

The Better Care Fund provides the potential for wider transformation and integration. The areas of work that will be explored in 2015-16 are: The ability to pool additional health and social care resources up to £40m per annum; the opportunities for greater joint commissioning of services to deliver efficiency; the ability to integrate commissioning and operational teams across the local authority and health.

These plans will be developed during 2015-16.

<b>Option</b>	<b>Comments</b>
<p>1 To continue to deliver the Better Care Fund project plan.</p> <p><b>Recommended</b></p>	<p>This will contribute to achieving the 3.5% NEL reduction target.</p>
<p>2. To progress the agreement of the of the Section 75 risk share with Complete the BCF agreement with WAM CCG and Bracknell &amp; Ascot CCG to enter into a pooled budget to provide integrated care services.</p> <p><b>Recommended</b></p>	<p>This will ensure additional funds for Adult Social Care are available and residents will receive more and new integrated services as well as the NHS increasing the capacity of community based services.</p>
<p>1. Scope the potential for Transformational change by adding additional services to the BCF from 2016-17.</p> <p><b>Recommended</b></p>	<p>Potential for wider transformation to achieve better service and more efficient health and social care system.</p>

### 3. Key Implications

This is a unique opportunity to bring resources together with health and social care to join up services for residents. It is ambitious and requires considerable detailed work to ensure better outcomes are delivered, targets are met and residents are involved in shaping services. The investment in preventing and promoting independence for all residents is intended to release efficiencies to meet higher demand and needs over three years.

Previous papers refer to the full range of defined outcomes to be delivered by the BCF. The table below concentrates on the non elective admissions target.

<b>Defined Outcomes</b>	<b>Unmet</b>	<b>Met</b>	<b>Exceeded</b>	<b>Significantly Exceeded</b>	<b>Date they should be delivered by</b>
Reduce all emergency admissions to hospital by 3.5% or 500	Below 3.5%	3.5%	4%	4.5%	December 2015
A reduced number of residents (proportion of the population) being permanently admitted to residential or nursing care, meaning residents are living more independently for longer.	Above 135	135	134	133	March 2016
Reablement services ensure that more people are living independently 91 days after being discharged from hospital.	Less than 87.5%	87.5	88.5	89.5	March 2015
The number of delayed discharges from hospital is reduced so patients recover quicker at home.	More than 28	28	27	26	March 2015
The number	More than	490	485	480	March 2015

Defined Outcomes	Unmet	Met	Exceeded	Significantly Exceeded	Date they should be delivered by
of injuries as a result of falls in those who are 65+ is reduced and improves health and well being of vulnerable older people.	490				

#### 4. Financial Details

##### a) Financial impact on the budget

The key financial implications for the Council and CCG are that sufficient funding is available to maintain and develop services that integrate health and social care and to help with growth in demand. However it should be noted that a high risk is the new performance and risk share element which could result in a pressure of £600k on the local authority should the BCF not deliver the level of reduction in emergency admissions. This is because if the target isn't achieved then the payment will not be made but the funding will be committed to projects. This has been mitigated by the carry forward of a contingency fund into 15-16. This risk share will be formalised in the Section 75 agreement.

	2013/14	2014/15	2015/16
<b>Funding Streams to be Pooled –Revenue</b>	Revenue £000	Revenue £000	Revenue £000
<b>CCG Transfer of Core Budget</b>			
Current Transfer funds	1,705	1,705	1,705
Planned Additional Transfer		82	82
New Transfer funding to progress the Pooled Budget		397	397
Additional Transfer Funding from service reconfiguration		400	1,200
<b>Other CCG Transfers</b>			
Re-ablement grant funding of STS&R	237	237	237
Carer's Breaks funded by grant	212	212	212
<b>CCG Budgets – New Transfers to Pool (See Note 2)</b>			
Intermediate Care	822	822	822
Community Equipment	546	546	546
<b>SUB TOTAL – Aligned Better Care Fund in 2014/15 (see Note 2)</b>		<b>4401</b>	
Other CCG existing revenue budgets	2639	2639	2639

	2013/14	2014/15	2015/16**
<b>Funding Streams to be Pooled – Capital</b>	Capital £'000	Capital £'000	Capital within Pool £'000
Community Capacity Grant	256	261	265
Disabled Facility Grant – excluding RBWM contribution	312	325	380

	2013/14	2014/15	2015/16
<b>Budget Revenue &amp; Capital to transfer to Pool – Total of all above</b>	£'000	£'000	£'000
Better Care Fund 2015/16			<b>8,485</b>

NOTE 1 – these figures are shown on a cumulative basis, not incremental.

NOTE 2 – these funds lie within CCG budgets in 2013/14 & 2014/15.

The BCF funding of £8.49m is a minimum contribution. The DH is encouraging Councils and CCG to put resources into the BCF that exceed the minimum in order to deliver maximum efficiencies from close integration of Health and Social care. Consideration is currently being given by both the Council and the CCG as to whether additional resources should be put into the Pool and as to an appropriate strategy to deliver the efficiencies and improvements from integration over a number of years.

## **b) Financial Background**

4.1 The 2013 Spending Review settlement includes a national £3.8 billion pool for Health and Social Care integration; this was known as the “Integration Transformation Fund”, now the Better Care Fund (BCF). There are specific budget allocations within this for implementation of the Care Bill. The use of the BCF must be agreed with the local Clinical Commissioning Group and signed off by NHS England Area Team and a pooled budget established. The £3.8B BCF includes £1.3B of funding that should already be passed to councils through CCGs and an additional £0.25B of transfer funding in 2014/15. The BCF also includes £0.35B of capital funding currently allocated to Councils each year. The £1.9B balance of the £3.8B will be funding currently received by the CCGs that they will be required to contribute towards local Pooled Budgets. RBWM plans to receive £2.7m from these funding streams in 2013/14, rising to £3.6m in 2014/15. The BCF will commence in 2015/16 and the Councils minimum allocation is £8.49m.

## **5. Legal Implications**

The DH / LGA guidance is clear that unless local authorities and CCGs reach agreement on the BCF plans, performance outcomes and delivering the BCFs will not be available for local authorities for Adult Social Care.

## 6. Value For Money

Any service procurement or change would be subject to best value considerations, NHS or local authority procurement rules and clarity on how it will deliver better outcomes for residents.

## 7. Sustainability Impact Appraisal

N/A

## 8. Risk Management

Risks	Uncontrolled Risk	Controls	Controlled Risk
Not achieving the NEL 3.5% reduction targets by December 2015 and having to pay back up to £600k.	High	Focused projects and governance reporting to track delivery of the target are in place.  A risk share agreement is being drafted for the S75 agreement.	Medium

## 9. Links to Strategic Objectives

The Health & Well Being Strategy has as a core objective the integration of health and social care to improve outcomes for residents.

### Our Strategic Objectives are:

#### Residents First

- Support Children and Young People
- Encourage Healthy People and Lifestyles
- Improve the Environment, Economy and Transport
- Work for safer and stronger communities

#### Value for Money

- Deliver Economic Services
- Improve the use of technology
- Increase non-Council Tax Revenue
- Invest in the future

#### Delivering Together

- Enhanced Customer Services
- Deliver Effective Services
- Strengthen Partnerships



## 10. Equalities, Human Rights and Community Cohesion

New service developments or changes will be subject to EQIA and performance monitoring will target the most vulnerable and disabled groups.

## 11. Staffing/Workforce and Accommodation implications:

The need for additional capacity and changes within the NHS and Social Care will form part of the BCF plans. For example with the proposed increase in numbers of people being diverted from emergency admission more will be referred to the STS&R team which will require additional staffing.

## 12. Property and Assets

None.

## 13. Any other implications

As stated the integration of health social care and pooled budget requires a transformational change in order to meet required outcomes and benefits for residents. The NHS will have to consider different services delivering models within the community if funding is to be moved from acute trusts into the community, to ensure Adult Social Care provision is sufficient to meet the growth in demographic demand of older people and those with disabilities and long term conditions.

## 14. Consultation

The BCF submission builds on previous consultations with users, carers and stakeholders concerning the transformation of social care and integration of health and social care. The Health & Well Being Strategy reflects the ambitions for local residents. Any specific service changes, once identified, will be subject to consultation by either RBWM or the CCGs, once the changed services are identified. It is important to engage and involve patients, service users, carers and partners early on when considering service re-design.

## 15. Timetable for Implementation of S75

TIMETABLE	
Action	Date
Draft S75 and risk share with CCG	December 2014 – January 2015
Sign off S75 with Cabinet	March 2015
Better Care Fund go live	April 2015

## 16. Appendices

Appendix 1 BCF Project Progress Report- 1 December 2014

## 17. Background Information

NHS England Planning for a Sustainable NHS: Responding to the 'Call to action'  
 NHSE, LGA, Trust Development Authority, Monitor: Strategic and Operational Planning in the NHS. November: Gateway 00658 2013.  
 NHS England, LGA, Statement on the health and social care Integration Transformation Fund – August 2013  
 NHS England, LGA, Next Steps on implementing the Integration Transformation Fund – October 2013  
 DCLG – Better Care Fund guidance and templates – December 2013  
 Letter to HWB Chair – Better Care Fund - 11<sup>th</sup> July 2014

## 18. Consultation (Mandatory)

Name of consultee	Post held and Department	Date sent	Date received	See comments in paragraph:
<b>Internal</b>				
Christabel Shawcross	Deputy Managing Director and Strategic Director for Adult Services			
Alan Abrahamson	Finance partner			
Cllr Coppinger	Lead Member for Adult Services, Health & Sustainability			
<b>External</b>				
Viki Wadd	WAM CCG			

### Report History

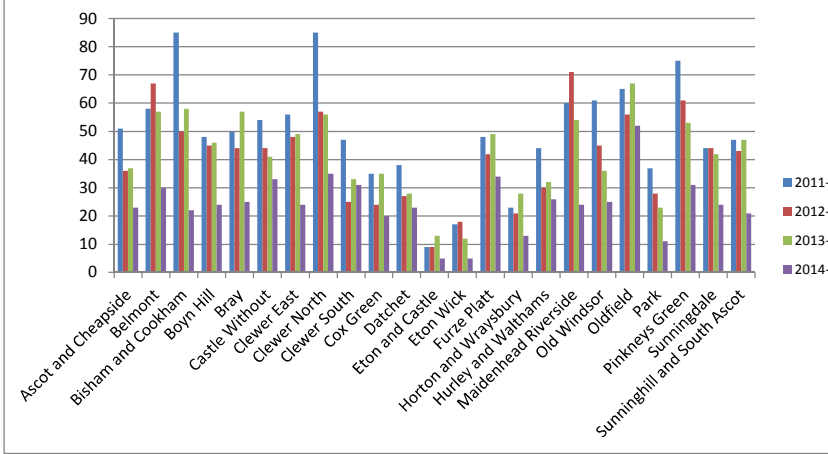
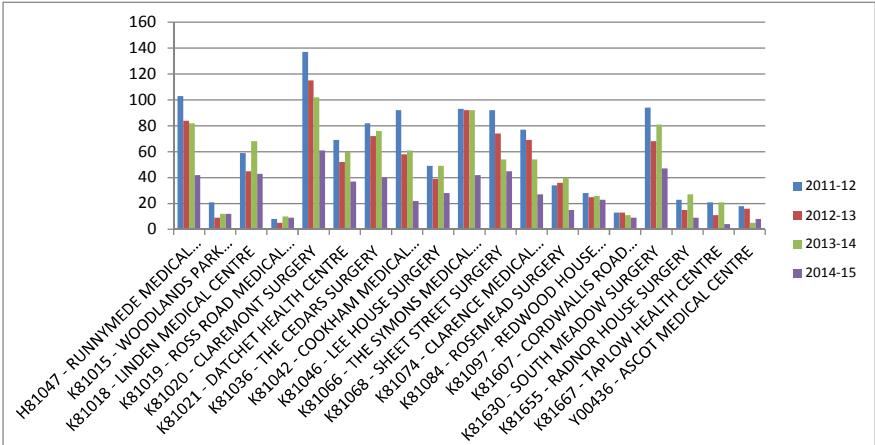
Decision type:	Urgency item?
Key decision	Yes

Full name of report author	Job title	Full contact no:
Nick Davies	Head of Strategic Commissioning Adults and Housing	01628 683614

## Appendix 1. BCF Project Progress Report- 1 December 2014

Project	Project Lead	Individual project Governance	KPIs/ monitoring	Progress update	RAG																																																												
Care Homes One going since Sept 2013	Caroline Yeoman - WAMCCG	Care Homes governance group - reviewed ToR in Nov 2014 - monthly core group meetings to continue with quarterly review of wider stakeholder group	<p>New and Established dashboard formats all agreed</p> <p>Delays in information stream and Backlog of data due to transitioning to new platform by CSU</p> <p>Latest care homes data (to Sept 2014) shows continuing downward trend of 0 and 1 day LOS NEL admission - -24% reduction YTD 2014/15 compared to 2013/14</p> <p>(See absolute numbers of NEL admissions by month figures in next column)</p>	<ul style="list-style-type: none"> <li>Pilot programme for Harm Free Care to launch in Maidenhead care home 1<sup>st</sup> week in Dec</li> <li>Reduction in offsite training and increase on the job and coaching elements to increase local ownership and cross care home shared learning in cluster groups</li> <li>Extend programme to Include dementia and EOLC to meet new NICE guidelines</li> <li></li> </ul> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="text-align: left;">Activity</th> <th colspan="3" style="text-align: center;">Year</th> </tr> <tr style="background-color: #cccccc;"> <th style="text-align: left;">Month</th> <th style="text-align: center;">2012/13</th> <th style="text-align: center;">2013/14</th> <th style="text-align: center;">2014/15</th> </tr> </thead> <tbody> <tr><td>Apr</td><td style="text-align: center;">27</td><td style="text-align: center;">11</td><td style="text-align: center;">22</td></tr> <tr><td>May</td><td style="text-align: center;">21</td><td style="text-align: center;">33</td><td style="text-align: center;">22</td></tr> <tr><td>Jun</td><td style="text-align: center;">20</td><td style="text-align: center;">26</td><td style="text-align: center;">13</td></tr> <tr><td>Jul</td><td style="text-align: center;">22</td><td style="text-align: center;">23</td><td style="text-align: center;">12</td></tr> <tr><td>Aug</td><td style="text-align: center;">13</td><td style="text-align: center;">12</td><td style="text-align: center;">14</td></tr> <tr><td>Sep</td><td style="text-align: center;">15</td><td style="text-align: center;">26</td><td style="text-align: center;">16</td></tr> <tr><td>Oct</td><td style="text-align: center;">15</td><td style="text-align: center;">13</td><td></td></tr> <tr><td>Nov</td><td style="text-align: center;">19</td><td style="text-align: center;">13</td><td></td></tr> <tr><td>Dec</td><td style="text-align: center;">18</td><td style="text-align: center;">19</td><td></td></tr> <tr><td>Jan</td><td style="text-align: center;">17</td><td style="text-align: center;">13</td><td></td></tr> <tr><td>Feb</td><td style="text-align: center;">16</td><td style="text-align: center;">9</td><td></td></tr> <tr><td>Mar</td><td style="text-align: center;">15</td><td style="text-align: center;">23</td><td></td></tr> <tr style="background-color: #cccccc;"> <td><b>Grand Total</b></td> <td style="text-align: center;"><b>218</b></td> <td style="text-align: center;"><b>221</b></td> <td style="text-align: center;"><b>99</b></td> </tr> </tbody> </table>	Activity	Year			Month	2012/13	2013/14	2014/15	Apr	27	11	22	May	21	33	22	Jun	20	26	13	Jul	22	23	12	Aug	13	12	14	Sep	15	26	16	Oct	15	13		Nov	19	13		Dec	18	19		Jan	17	13		Feb	16	9		Mar	15	23		<b>Grand Total</b>	<b>218</b>	<b>221</b>	<b>99</b>	
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Sheltered accommodation	Caroline Yeoman - WAM CCG	Working group with 3 major local providers	New dashboard shows NEL admissions by Provider, by GP practice and number of readmissions - enabling a more targeted and tailored approach to the NEL admissions and prevention agenda	<p>Sheltered accommodation programme of resident education and engagement: falls prevention, alcohol and drug awareness, wellbeing promotion campaign, health checks</p> <table border="1"> <caption>Sheltered Accommodation NEL Admissions Data</caption> <thead> <tr> <th>Year</th> <th>Unavoidable admission</th> <th>Avoidable admission</th> <th>All Admissions</th> </tr> </thead> <tbody> <tr><td>201304</td><td>13</td><td>3</td><td>16</td></tr> <tr><td>201305</td><td>9</td><td>2</td><td>11</td></tr> <tr><td>201306</td><td>9</td><td>5</td><td>14</td></tr> <tr><td>201307</td><td>8</td><td>4</td><td>12</td></tr> <tr><td>201308</td><td>12</td><td>3</td><td>15</td></tr> <tr><td>201309</td><td>9</td><td>1</td><td>10</td></tr> <tr><td>201310</td><td>17</td><td>3</td><td>20</td></tr> <tr><td>201311</td><td>9</td><td>3</td><td>12</td></tr> <tr><td>201312</td><td>11</td><td>3</td><td>14</td></tr> <tr><td>201401</td><td>10</td><td>1</td><td>11</td></tr> <tr><td>201402</td><td>13</td><td>7</td><td>20</td></tr> <tr><td>201403</td><td>13</td><td>2</td><td>15</td></tr> <tr><td>201404</td><td>12</td><td>3</td><td>15</td></tr> <tr><td>201405</td><td>11</td><td>2</td><td>13</td></tr> <tr><td>201406</td><td>7</td><td>2</td><td>9</td></tr> <tr><td>201407</td><td>11</td><td>3</td><td>14</td></tr> <tr><td>201408</td><td>10</td><td>2</td><td>12</td></tr> <tr><td>201409</td><td>11</td><td>2</td><td>13</td></tr> </tbody> </table>	Year	Unavoidable admission	Avoidable admission	All Admissions	201304	13	3	16	201305	9	2	11	201306	9	5	14	201307	8	4	12	201308	12	3	15	201309	9	1	10	201310	17	3	20	201311	9	3	12	201312	11	3	14	201401	10	1	11	201402	13	7	20	201403	13	2	15	201404	12	3	15	201405	11	2	13	201406	7	2	9	201407	11	3	14	201408	10	2	12	201409	11	2	13	
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Children's Project	Catherine Mullins - RBWM	Multidisciplinary Taskforce identified - 1 <sup>st</sup> meeting scheduled mid Dec	New dashboard format in discussion - promised for mid Dec 2014	<ul style="list-style-type: none"> <li>• New pathways all approved with exception of jaundice - further discussion with clinicians to resolve remaining concerns</li> <li>• Leaflets and advisory docs for all agreed pathways ready to circulate to all practices</li> <li>• WAMCCG OLT sign off for hard to reach children follow up with targeted practices with support of Health visitors and Sure Start. Revised up to date dashboard will set baseline and NEL objectives for all practices</li> </ul>																																																																													
Falls prevention	Nick Davies - RBWM	Falls Strategy Implementation Group - All key stakeholders (RBWM, VCCG, Falls prevention team, BHFT, SCAS and Frimley Health)	Need to verify and agree common falls dashboard across 3 east Berks CCGs - meeting on 4 Dec	<ul style="list-style-type: none"> <li>• Review and clarification workshop for urgent and non-urgent pathway - all key stakeholders - new pathway defined by end Dec</li> <li>• Remapping of patient flows in light of experience - and identification of referral routes that will reduce NEL admissions and increase use of existing community resources (link to Transfer of Care work stream)</li> <li>• Pilot in 3 GP practices of FRAT tool and referral to Keep Safe Stay Well service - linked to medicines management review of potential at risk patients (e.g. osteoporosis)</li> </ul>																																																																													

				<ul style="list-style-type: none"> <li>In discussion with Naveed Mohammed to have targeted ward-based initiatives:</li> </ul>  <p>As well as GP practice based projects:</p> 	
Integrated Care Teams	Allison Arlotte WAMCCG	Advisory sub group from WAMCCG OLT group	Dashboard elements TBA as part of practice monitoring arrangements	Integration of House of Care concepts with £5 per head proposal for enhanced services at GP practice level agreed at WAM Assembly - detailed implementation and monitoring agreement to be finalised w/c 1 Dec - for pilot launch in Windsor	

Integrated Respiratory Service	Rebecca Lester East Berks	Operational Leads for 3 East Berks CCGs	NEL admission reduction targets for each CCG TBA	Revised business case for East Berks wide service to be developed by January 2015	
Ambulatory Care Pathways	Dr Adrian Hayter	Frimley Health Transformation group	TBA	Three areas of progress: <ul style="list-style-type: none"> <li>• Frail elderly pathway - being developed in conjunction with interim COO at Frimley North, Dan Bradbury</li> <li>• DVT Pathway - preliminary findings for possible business case developed by CSU. To be discussed at WAMOLT 16 December</li> <li>• Integrated Community based pathway for EOLC - exploratory modelling by BHFT - with OBC to be available by 16 Dec 2014</li> </ul>	

### Overall Governance:

- All new projects will be logged onto the new Verto system as they come on stream. Existing projects (previously linked to QIPP) will be transferred to Verto by March 2015.
- Monthly reporting through PMO to WAM OLT against NEL admission and other targets will continue for all individual projects.
- All projects will be report on as a BCF portfolio to the Integrated Health and Social Care Commissioning Group on a monthly basis - together with updates on prevention strategies, Public health priorities, Care Act updates etc.
- Quarterly reporting against BCF metrics and their underpinning constituent projects will take place at quarterly Health and Wellbeing Board meetings.

MH

1.12.14