

NOTICE  
OF  
MEETING

**HEALTH AND WELLBEING BOARD**



will meet on

**WEDNESDAY, 30TH NOVEMBER, 2016**

at

**3.00 pm**

in the

**DANCE STUDIO (DOWNSTAIRS), MAGNET LEISURE CENTRE,  
HOLMANLEAZE, MAIDENHEAD SL6 8AW,**

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: 22 November 2016

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](http://www.rbwm.gov.uk) or contact the Panel Administrator **Wendy Binmore** 01628 796 251

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## AGENDA

### PART I

<u>ITEM</u>	<u>SUBJECT</u>	<u>PERSON</u>	<u>TIMING</u>	<u>PAGE NO</u>
1.	<u>APOLOGIES FOR ABSENCE</u> To receive apologies for absence.			
2.	<u>DECLARATIONS OF INTEREST</u> To receive any Declarations of Interest.		5 mins	5 - 6
3.	<u>MINUTES</u> To confirm the Part I minutes of the previous meeting.			7 - 12
4.	<u>PUBLIC QUESTIONS</u> To receive and answer any questions from members of the public.		5 mins	
5.	<u>SUSTAINABILITY AND TRANSFORMATION PLAN</u> To receive the above presentation.		20 mins	13 - 26
6.	<u>CONNECTED CARE - INTEROPERABILITY AND THE PATIENT PORTAL</u> To receive the above presentation.		20 mins	27 - 32
7.	<u>CCG COMMISSIONING INTENTIONS AND OPERATING PLAN</u> To receive the above presentation.		25 mins	33 - 40
8.	<u>DELIVERING DIFFERENTLY - DELIVERING ADULT AND CHILDRENS SERVICES IN RBWM</u> To receive the above verbal report.		15 mins	
9.	<u>ANTIMICROBIAL RESISTANCE</u> To receive the above verbal update.		15 mins	
10.	<u>TRANSFORMING CARE PARTNERSHIPS</u> To receive the above information.		10 mins	41 - 58
11.	<u>BETTER CARE FUND</u>		10 mins	59 - 72

To receive the above report.

12. AOB - ADDITIONAL INFORMATION FOR THE HWB

5 mins

13. FUTURE MEETING DATES

5 mins

For Members to note the next meeting of the Health and Wellbeing Board:

- 15 February 2017

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## MEMBERS' GUIDANCE NOTE

### DECLARING INTERESTS IN MEETINGS

#### **DISCLOSABLE PECUNIARY INTERESTS (DPIs)**

DPIs 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 license 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.

#### **PREJUDICIAL INTERESTS**

This is an interest which a reasonable fair minded and informed member of the public would reasonably believe is so significant that it harms or impairs your ability to judge the public interest. That is, your decision making is influenced by your interest that you are not able to impartially consider only relevant issues.

#### **DECLARING INTERESTS**

If you have not disclosed your interest in the register, you **must make** the declaration of interest at the beginning of the meeting, or as soon as you are aware that you have a DPI or Prejudicial Interest. If you have already disclosed the interest in your Register of Interests you 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' has been taken to mean a discussion by the members of the committee or other body determining the issue. You should notify Democratic Services before the meeting of your intention to speak. In order to avoid any accusations of taking part in the discussion or vote, you must move to the public area, having made your representations.

If you have any queries then you should obtain advice from the Legal or Democratic Services Officer before participating in the meeting.

If the interest declared has not been entered on to your Register of Interests, you must notify the Monitoring Officer in writing within the next 28 days following the meeting.

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# Agenda Item 3

Health and Wellbeing Board - 31.08.16

**HEALTH AND WELLBEING BOARD**  
**NEW WINDSOR COMMUNITY CENTRE, HANOVER WAY, WINDSOR,**  
**BERKSHIRE, SL4 5NW AT 3.00 PM**

**31 August 2016**

PRESENT: Councillors David Coppinger (Chairman), Natasha Airey and Stuart Carroll, Dr Jackie McGlynn, Geraldine Richardson, Dr Lise Llewellyn, Dr Adrian Hayter, Alex Tilley,

Also Present: Colin Mapperley, Director of Estates and Facilities for Frimley Health Foundation Trust.

Officers: Angela Morris, Catherine Mullins, Hilary Hall and Andy Carswell

## **PART I**

### **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Alison Alexander, Mike Copeland, Mary Purnell and Dr William Tong.

### **DECLARATIONS OF INTEREST**

**Cllr Carroll** declared a personal interest as he works for a pharmaceutical company, Biogen. 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 the HWB discussed anything directly related to Biogen's business he would abstain from the discussion and leave the room as required.

### **MINUTES**

The Minutes of the meeting of June 8<sup>th</sup> were agreed and signed as a true and accurate record.

### **PUBLIC QUESTIONS**

There were no Public Questions.

The Chairman expressed his disappointment that there were no members of the public present and stated that the Board should investigate ways of publicising future meetings. Informing local surgeries and community associations was suggested as a way of publicising meetings.

### **FRIMLEY HEALTH NHS FOUNDATION TRUST - HEATHERWOOD HOSPITAL DEVELOPMENT PLANS**

Colin Mapperley, Director of Estates and Facilities for Frimley Health Foundation Trust gave a presentation to the Board to remind Members of the proposed redevelopment at Heatherwood Hospital. He:

- Said the current mental health building would remain and be used as an administration hub and for GP surgeries, with 700 square metres being set aside for GPs
- Said a bus stop near to the entrance of the new building had been proposed and around half of the bus companies to be approached had indicated a willingness to run services to it
- Explained the layouts of each of the floors of the proposed new building and which services would be provided on each one
- Reiterated that all services currently provided at the hospital would still be provided at the redeveloped facility
- Explained that a Suitable Alternative of Natural Greenspace would be created next to the hospital, to account for the use of designated Green Belt land. He said that a footpath to the hospital from Ascot railway station would be created running through the SANG, with a view to possibly also including a cycle path

Dr Hayter said he was concerned that the future capacity for GPs could be restricted, and asked if the proposed amount of space was fixed or whether it could be readjusted. Mr Mapperley said there was scope to increase the amount of space for Primary Care, but the details of it would need to be agreed between the Trust and the CCG. Dr Hayter stated the question of future capacity should be raised as early as possible.

**Resolved unanimously: That Members note the contents of the presentation.**

#### THE FUTURE ROLE OF CHILDREN'S CENTRES IN DELIVERING HEALTH AND WELLBEING - RESPONSE TO THE ALL-PARTY PARLIAMENTARY ENQUIRY.

The Head of Commissioning for Adults, Children and Health informed Members that the Council is considering providing a greater number of services at Children's Centres. She stated that proposals to integrate a greater number of family services, not just in relation to children's services, was something that was being supported by the Council. She explained that the proposals are still at the development stage, with informal discussions taking place, and that a full campaign strategy would follow by April next year.

The Head of Commissioning for Adults, Children and Health stated that the informal discussions related to a willingness to explore the proposals. She said that more formal discussions with the CCG are now likely to take place.

Dr McGlynn said that a similar integration of Primary Care services was also currently being considered. She said there was a large amount of support for the proposals as it allowed service providers to be joined up.

Dr Llewellyn stated her belief that victims of domestic abuse would feel more comfortable attending a Family Hub which provided a range of services, rather than, for example, a charity or drop-in centre that is specifically for abuse victims.

The All Party Parliamentary Group Report Recommendations were noted in Appendix 1 of the report. Cllr Carroll said he questioned the rationale of recommendation 6, which stated that local authorities should be required to record family breakdown statistics on a statutory basis. Dr Hayter stated that data such as school attendance and contact with the police would help to identify families that are at high risk of breakdown.

**Resolved unanimously: That Members note the direction of travel for Children's Centres to develop into Family Hubs and invite Council partners to explore how their services can be aligned to support the developing model.**

#### UNDERREPORTING OF FEMALE GENITAL MUTILATION ACROSS THE THAMES VALLEY - RESPONSE TO THE LETTER FROM THE POLICE CRIME



COMMISSIONER

The Head of Commissioning for Adults, Children and Health told Members that there is a mandatory yes/no question relating to Female Genital Mutilation on referral forms that are sent to the multi agency safeguarding hub, and that identifying FGM formed part of standard training to level 1 and 2. She stated that a safeguarding audit of all schools within the Royal Borough had recently been carried out and the feedback was currently being analysed. The Head of Commissioning for Adults, Children and Health stated that although a number of procedures, policies and training was in place in relation to FGM, the abuse is difficult to identify.

Dr Llewellyn stated that obstetricians had not hitherto reported cases of FGM, but known cases were now being reported. She said that as a result, any daughters in a family where FGM was known to have taken place were being assessed to identify the level of risk they were subject to. Dr Llewellyn acknowledged that there had been an under reporting of FGM in the past, but steps were now being taken to address this.

Ms Richardson queried if the Council had had any contact with leaders from communities that had been identified as being at high risk of FGM. She stated that this had been the case in Reading and Slough.

Dr Hayter said there was more training available to hospital staff and consultants and awareness around FGM was increasing. However he noted that cases were not being progressed to the point where people were being prosecuted.

**Resolved unanimously: That the Board note the letter from the Police and Crime Commissioner.**

HEALTHWATCH WINDSOR, ASCOT AND MAIDENHEAD - ANNUAL REPORT AND INFORMATION FROM THE STAKEHOLDER EVENT FOR FUTURE SERVICE DEVELOPMENTS

Geraldine Richardson gave a presentation and verbal update to the Board on Healthwatch WAM. She said that it hosted an open forum of community groups and other Healthwatches on July 28<sup>th</sup>, which was attended by around 60 people. Healthwatch WAM asked for views on the services currently provided and those that people wanted to be provided, and how they could be provided. Those findings had been collated into an interim report, which had provided a list of priorities to be actioned over the next six months. A plan of action based on the feedback was being put together and would be ready by April next year.

Ms Richardson said the top three concerns that WAM had received since January related to GP appointments, discharge from hospital, and mental health services.

She said that WAM had prioritised working collaboratively with neighbouring Healthwatches. A joint meeting to discuss this further will take place within the next few weeks. She said there was a feeling that more needed to be done to publicise the work of Healthwatches.

Ms Richardson said that WAM was four weeks into a programme of visiting care homes within the Royal Borough. Around 100-120 hours of volunteer work had been undertaken so far. A report on the visits' findings will be written by the beginning of October and will be passed in the first instance to WAM's commissioners. The programme was commenced following numerous comments that WAM received from members of the public and was organised by a former CQC inspector. It was hoped that good practice could be identified from the inspections.

**RESOLVED UNANIMOUSLY: That Members noted the contents of the presentation.**

THE JOINT HEALTH AND WELLBEING STRATEGY (JHWS) - WORKING ON OUR PRIORITY AREAS 2016-2020

Catherine Mullins gave a presentation to update Members on the priorities of the Health and Wellbeing Strategy. Three themes – supporting a healthy population, prevention and early intervention, and enabling residents to maximise their capabilities and life chances – were identified, as were four priority areas for each theme, making a total of 12. The proposal is to have a rolling programme for each of the 12 priority areas with different focuses depending on the time of year.

The plan is for the Health and Wellbeing Board to oversee the context in which services are delivered to meet the priorities, rather than manage the actions directly.

Cllr Carroll stated that Officers had done an excellent job in compiling the priority areas. He said the Council was working to digitalise the materials it had for the public to use, in order to centralise resources and make it easier for members of the public to access. Efforts were being made to make the material easier to understand. Cllr Carroll said that the Council's YouTube channel was in the process of being reactivated, with a view to uploading an informational video on the JHWS. All Council partners would then be informed of where the material could be found, instead of just one focus group being targeted.

**RESOLVED UNANIMOUSLY: That Members note the contents of the presentation.**

BETTER CARE FUND

The Head of Commissioning for Adults, Children and Health told the Panel that following an externally-led review of intermediate care it had been agreed to fully progress the Better Care Fund. It was felt the BCF would help to clarify what the Council provides in terms of intermediate care. A large increase in demand for services had been noted.

The Deputy Director of Health and Adult Social Care said there had been two surges in the last six weeks, which had caused delays to service users. The reasons for the surges and subsequent delays had been identified and solutions to this were being sought in conjunction with the CCG, but it was acknowledged that this was a necessarily slow process.

**RESOLVED UNANIMOUSLY: That Members note the update on BCF governance and progress on activity.**

THE AUTISM SELF ASSESSMENT RESPONSE - OUR LOCAL PERFORMANCE

The Head of Commissioning for Adults, Children and Health said responses to the Self Assessment needed to be submitted to Public Health England by October 17<sup>th</sup>. She said that representatives from Council would be visiting public health partners to give guidance on how to complete the Self Assessments before the deadline.

**Resolved unanimously: That Members note the update.**

TERMS OF REFERENCE FOR THE HWB - ANNUAL REFRESH

Members were provided with an updated set of Terms of Reference. The Board was told that it was being proposed that the Terms of Reference are reviewed on an annual basis.

**RESOLVED UNANIMOUSLY: That the Board agree the updated Terms of Reference.**

AOB - ADDITIONAL INFORMATION FOR THE HWB

Dr Llewellyn said that she wanted the Connected Care Programme and Patient Portal to be discussed at a future meeting.

FUTURE MEETING DATES

The future meeting dates of 30<sup>th</sup> November 2016 and 15<sup>th</sup> February 2017 were noted by Members.

The meeting, which began at 3.05 pm, ended at 4.52 pm

CHAIRMAN.....

DATE.....

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# **Frimley Health and Care System Sustainability and Transformation Plan**

13

Alison Alexander – Managing Director  
Dr Adrian Hayter – NHS Windsor, Ascot &  
Maidenhead CCG

Agenda Item 5

# The STP will provide benefits to the communities and individuals will:

- Be supported to remain as healthy, active, independent and happy.
  - Receive better coordination of health & social care system - a 'no wrong door' approach.
  - Know who to contact if they need help and be offered care and support in their home that is well organised, only having to tell their story once.
  - Work in partnership with their care and support team to plan and manage their own care, leading to improved health, confidence and wellbeing.
  - Find it easy to navigate the urgent and emergency care system and most of their care will be easily accessed close to where they live.
  - Have confidence that the treatment they are offered is evidence based and results in high quality outcomes wherever they live - reduced variation through delivery of evidence based care and support.
  - Increase their skills and confidence to take responsibility for their own health and care in their communities.
  - Benefit from a greater use of technology, gives easier access to information & services.
  - As taxpayers, be assured that care is provided in an efficient and integrated way.
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# The Frimley Health & Care STP

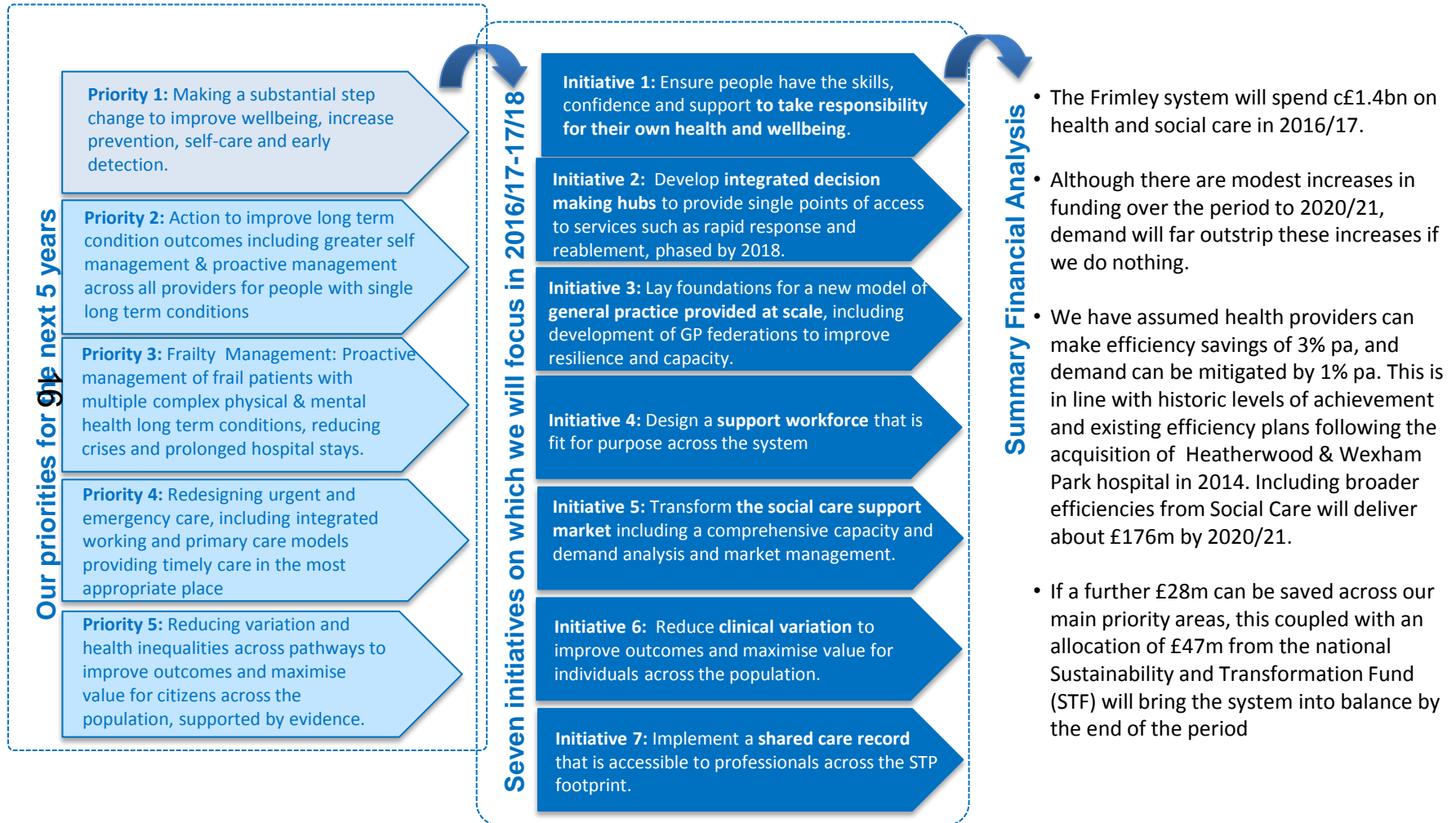
Many of our residents have the skills, confidence and support **to take responsibility for their own health** and wellbeing. We can do more to assist them in this and are committed to developing **integrated decision making hubs** with phased implementation across our area by 2018. Integrated hubs provide a foundation for a new model of **general practice, provided at scale**.

This includes development of GP federations to improve resilience and capacity and provides the space for our GPs to serve their residents in a hub that has the support of a fit for purpose **support workforce**. Delivering services direct to residents in locations that suit them, at times that suit them, supports our ambition to transform the **'social care support market'**. Through a personalised yet systematic approach to delivery of health and social care we have the possibility of reducing **clinical variation**. Change will be delivered through advances in technology and we will implement a **shared care record**.

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# The Frimley Health & Care STP





**Initiative 1:** Ensure people have the **skills, confidence and support to take responsibility for their own health and wellbeing.**

Lead: Lise Llewellyn

Joint Strategic Needs Assessment used to identify shared challenges across footprint, and as basis for prioritising local commissioning intentions and operating plan.

Key local initiatives:

- Detection of raised blood pressure.
- Diabetes prevention programme.
- Smoking cessation support for those awaiting elective procedures.
- Obesity reduction.
- Development of digital programmes to support healthy lifestyles.

Broader approach to complex case management and implementation of “House of Care” model.

Culture change in social care - Each Step Together, a community based whole system of support. Aims to help residents stay in their homes with the right support in the community, known as 3 Conversation Model. First Innovation Site in Old Windsor and currently being developed across the Borough in partnership.

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**Initiative 2:** Develop **integrated decision making hubs** to provide single points of access to services such as rapid response and reablement, phased by 2018.

Lead: Fiona Slevin-Brown

Re-development of St Marks as an integrated hub for Maidenhead:  
Engaging with NHS PropCo regarding possibilities.

Integrated hub in Windsor

∞

Local initiatives:

- MDT co-ordination of complex care planning and frailty, shared frailty index.
- 75% of those identified as frail to have a proactive plan in place led through the hub.
- Expansion of social prescribing options.
- Aligning crisis response, rehabilitation and reablement.

**Initiative 3:** Lay foundations for a new model of **general practice provided at scale**, including development of GP federations to improve resilience and capacity.

Lead: Nicola Airey, Surrey Heath

Development of quality bundle for GP enhanced services:

- Outcomes-based.
- Gathers multiple contract fragments.
- Aim to provide at scale, to avoid inequality 'dark spots'.

Improving practice resilience: identification of vulnerable practices and support package:

- Workforce
- Quality
- Financial

Support for federated working across practices:

- Cross-practice approaches to home visits and, potentially, urgent appointments.
- Opportunity for 111 direct booking pilot.

**Initiative 4:** Design a **support workforce** that is fit for purpose across the system

Lead:

Challenges in GPs, paramedics, nurses, non-regulated workforce domiciliary care workers.

Local initiatives:

- Map current provision and gaps including use of agency.
- Establish career development track for bands 1-4 and into first registered position.
- Develop cross-trained Healthcare Assistants (HCAs)/ Domiciliary Care Workers that operate both in hospital and community: rotational apprenticeships.

Underpinning work on IT conformity to support cross-system transfers.

**Initiative 5:** Transform **the social care support market** including a comprehensive capacity and demand analysis and market management.

Lead: Alan Sinclair

Local initiatives:

- Collaborative approach to placement procurement and market management.
- Development of Discharge to Assess model.
- Development of system-owned capacity for hard to find placements for example, high end mental health.
- Rapid implementation of Airedale remote support model.
- Development of an integrated enhanced Care Home support package; lead homes identified for 7/7 discharge.
- Review of all complex needs placements.

Integration opportunities:

- Review of s117 with view to budget pooling.
- Shared Mental Health commissioning.
- Single Safeguarding Board.

**Initiative 6:** Reduce **clinical variation** to improve outcomes and maximise value for individuals across the population.

Lead: Ros Hartley, NEH&F CCG

Focus areas identified through the Joint Strategic Needs Assessment and Rightcare analysis

Local initiatives:

- Respiratory – underway now.
- MSK – underway now.
- 23 Circulation – planned autumn 2017.
- Genito-urinary – planned autumn 2017.

Practice level data now provided:

- Peer and locality review against benchmarks.

**Initiative 7:** Implement a **shared care record** that is accessible to professionals across the STP footprint.

Lead: Jane Hogg, FHFT

Consolidated view of key patient information shared across system at point of care delivery.

Development of a patient portal to support self-care and prevention.

Local milestones:

- East Berkshire Connected Care Programme go-live (November 16).
- Phased implementation roll out across STP footprint (June 17).

# Programme of transformational enablers

- Becoming a system collective focus on the whole population.
- Developing communities and social networks so that people have the skills and confidence to take responsibility for their own health and care in their communities.
- <sup>24</sup>• Developing the workforce across our system so that it is able to deliver our new models of care.
- Using technology to enable patients and our workforce to improve wellbeing, care, outcomes and efficiency.
- Developing the Estate.



# Finance & efficiency

STP 2020/21 Summary			
	Do Nothing	Solutions	Do Something
	£m	£m	£m
Commissioner Surplus / (Deficit)	(100)	89	(11)
Provider Surplus / (Deficit)	(87)	80	(7)
<b>Footprint NHS Surplus / (Deficit)</b>	<b>(187)</b>	<b>169</b>	<b>(18)</b>
Indicative STF Allocation 2020/21	-	-	47
<b>Surplus / (Deficit) after STF Allocation</b>	<b>(187)</b>	<b>169</b>	<b>29</b>
Social Care Surplus / (Deficit)	(49)	27	(22)
<b>Total Surplus / (Deficit)</b>	<b>(236)</b>	<b>197</b>	<b>7</b>



[www.rbwm.gov.uk](http://www.rbwm.gov.uk)

26

[www.windsorcotmaidenheadccg.nhs.uk](http://www.windsorcotmaidenheadccg.nhs.uk)



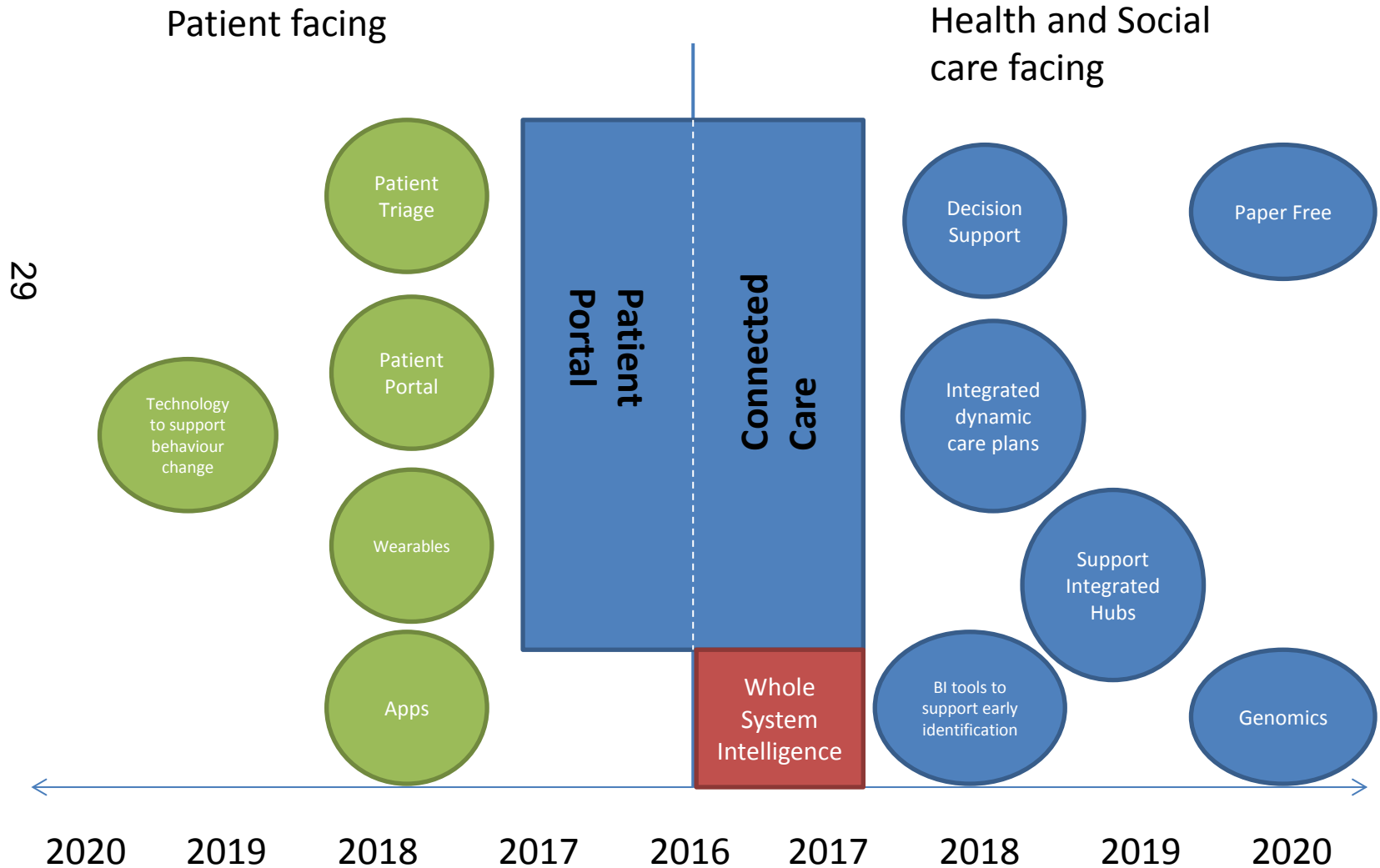
# Local Digital Roadmap

## Health and Wellbeing Board update

# Local Digital Roadmap

- Brings together health and social care organisations to have a system-wide digital strategy
- Makes best use of limited resources by utilising scale, sharing best practice and reducing duplication
- Provides digital support to the Frimley Sustainability and Transformation Plan
- Key enabler is Connected Care

# High Level Vision



# Connected Care

- Started from residents feedback- “I only want to tell my story once”
- Provides a care portal that provides access to key information for health and social care professionals with the consent of the resident
- 18 organisations across Berkshire are participating to create a holistic record
- Going live over the next few weeks with staggered rollout over the next 6 months

# Connected Care Benefits

## Patient Experience

- Smoother assessments due to less repetition of health history every time treatment (also time saving) is accessed in different organisations, as up to date information will be available
- Lower risk of clinical errors for conflicts of treatments prescribed
- Care is co-ordinated between providers across health and social care giving patients greater reassurance, confidence and trust in the clinicians treating them

## Increased Efficiency

- Better and faster decisions based on richer and timelier information
- Productivity improvements as patients and service users are seen as a result of faster assessment and better coordination
- Reduction of clinical errors through access to patient history
- Reduction in duplication of efforts as up to date information will be available
- Improved communication between referrers and service providers across organisations
- Improved continuity of care across provider organisations

## Clinical Quality & Improving Outcomes

- Reduced prescribing errors
- Better informed Out of Hours and emergency services
- Increased safety and reduced risk in relation to vulnerable individuals and children
- Time saved- not having to wait for surgery opening hours to access GP information, not waiting for faxes or searching paper documents

# Patient/Citizen Portal

- Next key deliverable is to give residents access to the record
- Planned go live in late 2017 early 2018
- Substantial opportunity to support residents:
  - manage conditions
  - interact with health and social care professionals
  - Use online services for those who want to e.g. managing appointments
  - Receive more care at home
  - Support carers
- Work in progress and looking to develop and design with as much input from residents as possible



# CCG Commissioning Intentions and Operational Planning 2017 - 19

33



# Our commissioning intentions – what are they?

- Set out what changes we intend to make to the services we commission from our providers
- Give us a starting point for our contract negotiations with providers
- 34 • Provide an opportunity to discuss these intentions with all stakeholder groups
- Set the scene for the CCG Operational Plan



# What do our Commissioning Intentions say?

The main headings focus on our key areas of work. These are:

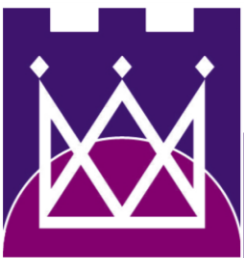
- Urgent and Emergency Care
- Integrated Care
- Mental health, learning disability and/or autism
- 35 • Childrens and maternity services
- Planned care
- Primary care
- Specialised care

The full published document is on our CCG website  
<http://www.windsorascotmaidenheadccg.nhs.uk/>



# Planning Guidance for the Operational Plan

- 2 year plan, 2 year allocations, two year contracts.
- Submission of final plan 23/12/16 and contracts signed by 23/12/16
- Needs to be a clear link to trajectories and milestones in the STP



# 9 Must Dos

- Alignment of the Operational Plan to the STP
- Financial Sustainability
- Primary care (General Practice)
- Urgent and Emergency care
- 37 • Referral to treatment and elective care
- Cancer
- Mental health
- Learning disability
- Improving quality



# Development of initiatives

Windsor, Ascot and Maidenhead  
Clinical Commissioning Group

- Reviewed where there is variation in outcomes and spend
- Considered areas where we know there are quality issues
- Worked with clinical leads for areas to develop proposals
- Discussed at Programme Boards
- Discussion at BCF Boards
- QIPP workshop to consider areas to develop further

38



# Examples of developments

*Windsor, Ascot and Maidenhead  
Clinical Commissioning Group*

- Mental health services for new mothers and children and young people
- Improved cancer diagnosis treatment times
- New ways of supporting people at the end of their lives
- ⚙️ Seven day services
- Development of GP hubs and integrated services
- Improved cardiology and diabetes services
- Personal health budgets



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Bringing you the Latest News and Achievements from the Berkshire Transforming Care Partnership (TCP) Programme



## Welcome to the TCP Programme Briefing

For more information on the national TCP, please refer to: <https://www.england.nhs.uk/learningdisabilities/care/>

If you have any feedback on this Briefing, please contact Interim Programme Manager, Sarah Rowland on: [sarah.rowland5@nhs.net](mailto:sarah.rowland5@nhs.net)

Seven CCG's, six Local Authorities and Berkshire Healthcare NHS Foundation Trust are working together to run the local Transforming Care Partnership. Together, they have agreed a plan to implement system-wide changes across Berkshire.

This briefing has been created to provide an update to partners on what is happening across the TCP programme, both locally and nationally. Packed full of links and information, it is a resource for our partners, so please feel free to provide us with feedback so we can make it as useful as possible.

Local Berkshire TCP plans (and Easy Read Version)

<http://www.wokinghamccg.nhs.uk/berkshire-transforming-care-partnership>

## What is Transforming Care about?

In 2014, NHS England, commissioned a report to identify how services could do more for people with learning disabilities and/or autism, who display behaviour that challenges.

Following this report, NHS England, together with the Association of Adult Social Services, the Care Quality Commission, Local Government Association, Health Education England and the Department of Health, published a programme of work, outlining the Transforming Care Programme (TCP). These plans focus on addressing long-standing issues, with the aim of creating:

- More care in the community, with personalised support provided by multi-disciplinary health and care teams
- More innovative services to give people a range of care options, with personal budgets, so that care meets individuals' needs
- Early, more intensive support for those who need it, so that people can stay in the community, close to home
- Inpatient care, but only for as long as is needed and necessary

Further information can be found at: <https://www.england.nhs.uk/learningdisabilities/care/>

## A message from Gabrielle Alford, Chair of the Berkshire Transforming Care Partnership

### Managing Financials in the TCPs

“ The national report, Building the Right Support, summarises some of the key financial underpinnings we must consider as part of the Berkshire TCP.

For your information, some of these key areas are:

- A new financial framework will underpin and enable transformation
- The costs of the future model of care will be taken from the entire spend from health and social care for people with learning disabilities, which could mean a shift of funding from one service to another
- Specialised commissioning budgets for secure learning disabilities and autism services will be aligned to TCPs, with CCGs encouraged to pool budgets with Local Authorities (whilst recognising responsibilities for NHS Continuing Healthcare). NHS England will support this kind of integration to happen where possible (including assistance with governance and mechanisms to manage financial risk where possible)
- Dowries will be paid by the NHS to local authorities for people leaving



South Reading Clinical Commissioning Group  
Newbury and District Clinical Commissioning Group  
Windsor, Ascot and Maidenhead Clinical Commissioning Group  
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Wokingham Clinical Commissioning Group  
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Slough Clinical Commissioning Group  
Berkshire Healthcare NHS Foundation Trust



hospital after continuous spells in inpatient care of five years or more at the point of discharge (see more information on dowries later on in the newsletter)

- Who Pays Guidance will be revised to help with people discharging from hospital in one CCG area into another
- As part of these developments, a use of personalised funding streams (eg personal health budgets) is expected to increase

Following the first meeting of the Finance and Activity Project Group, whose members represent the 13 commissioning organisations in the partnership, the group is developing a programme of work to consider and address the matters outlined above. The TCP Board is also exploring the appetite for risk-sharing arrangements and working with members to develop an approach to joint social care/health Personal Budgets/PHBs. If you wish to inform this piece of work, please contact your partner representative (details at the back of the briefing) who can connect you with your finance and activity representative.

In the next edition I look forward to sign posting you to the updated TCP Programme Plan and milestones for 2017. ”

## Key Programme Achievements since September

- Grant applications secured and project group established for Shared Housing provision in Royal Borough of Windsor and Maidenhead for three individuals from across Berkshire with complex LD and challenging behaviours
- Developed a health-focused Shared Lives Programme Plan for roll out across Berkshire over the next three years. Further information on the roll

out will follow in the next edition following consideration by the Berkshire East Business Development Committee in late November

- Berkshire Healthcare NHS Foundation Trust (BHFT) has completed a staff consultation and service user engagement exercise on the suspension of inpatient services at Little House from 1 November 2016. Further information to follow on the service in the next edition
- TCP Programme Board has reviewed BHFT plans for the reduction in inpatient capacity and the roll out of an Intensive Support Team. Working with finance and activity partners, the Board will now work on a specification of the future pathway/care model
- Berks East and West TCP Operational Groups have merged to create resource efficiencies
- 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
- High action priorities agreed by Joint Operational Group – autism, substance misuse and personality disorders. Action plans will be drawn up by the group and published in January.
- Established a partner engagement network of CCG and local authority communications and media teams to support local partners in delivering service change. Contact your local teams for more information
- Finalised the specification to go to market for a co-production service and communications and engagement resources (with the funding streams yet to be identified by local authorities and CCGs)
- Started to undertake a desktop gap analysis of local authority LD and ASD strategies and review capacity and demand projections until 2019, to inform prioritising of TCP work

plan for 2017/18 and financial plans

## TCP Activities planned before December

- Update the Berkshire Transforming Care Plan and [publish our timetable on the web](#).
- Formally engage a care and housing provider for the RBWM Capital ‘Home’ Project and secure additional funding from Department of Health (DoH) for property adaptations for the two clients identified as suitable for the home
- Finalise the repatriation timetable for 2017/18 for NHS England specialist commissioned clients and out of area placements; with the timetable shared as soon as possible with local authority and CCG teams
- Establish a Forensic Pathway Project Group aligned to the NHS Sustainability Transformation Plan footprints
- Align the Joint Operational Group work with local Substance Misuse and Personality Disorder strategies
- Continue with the recruitment campaign for more Carer and Family Experts by Experience to join the programme on Voluntary Appointment Contracts
- The Autism Project Group to work towards developing joint commissioning standards around age and a timetabled programme of work
- Finalise PIDs for the Housing and Accommodation and Employment and Occupation Project Groups
- Joint Operational Group to:
  - Adopt an information governance agreement across partners (a draft is currently with partner representatives for consideration)
  - Build a Berkshire-wide high risk register of people at risk of admission to an Assessment and Treatment Unit
- Finalise the review of capacity and demand projections
- Draft market management strategies and standardise outcome



## Events

### Supporting Carers

For those involved in leading work to support carers, there is an event coming up which may be of interest. Caring Together; an integrated approach to carer health and wellbeing is organised by NHS England and the Association of Directors of Adult Social Services in England (ADASS). Running from 10am - 4pm and on Tuesday 22nd November in Central London, the objectives are:

- To bring together carer leads to progress the Commitment to Carers agenda through the NHS England Carers Toolkit
- To share best practice and identify how to locally implement solutions to support delivery of CCG/ LA strategic carer objectives for 2016/17
- To amplify the carers voice through participation and involvement
- To find out more or to book a place, email [ramjihasu@gmail.com](mailto:ramjihasu@gmail.com)

### Learning Disability England (LDE) Conference - November 22 2016 Manchester

This year's conference will be co-hosted with LDE associate members, Association for Quality Checkers, NDTi and Paradigm. It is themed around supported living and the challenges we face to make sure people are in control of what happens in their lives and ensuring rights are central to how people live. [For more information, click this link.](#)

measures for:

- Respite Care
- Day Centres
- Residential Living Accommodation
- Independent Living Schemes

## Housing and Accommodation

Currently the range of supported housing in Berkshire is limited. There has been limited development of and growth in housing and support options for people with learning disabilities and challenging behaviours across the county. There has been an over-reliance on residential care as the default position for people not living with their parents/families.

Although the numbers of people with challenging behaviours are relatively small compared to other counties, we know that housing provision for people with LD and challenging behaviour can be difficult to commission in the localities. If we are to achieve our transforming care aim of enabling more people to be supported in the community, we will need to enhance the range of available housing options.

We know the population of Berkshire

is ethnically diverse. Providing community-based housing, tailored to an individual's ethnicity and based within communities whose customs and traditions match is a fundamental element of improving an individual's quality of life. So, the Joint Operational Group will start work in November on developing a Berkshire TCP Housing and Accommodation Strategy. The work will be informed by the Joint Strategic Needs Assessments and housing strategies from each local authority. The aim will be to build on the range of independent housing options already available for people with learning disabilities.

## Housing and Technology Capital Fund for People with Learning Disabilities

In October the Department of Health advertised for project bids for a £25 million fund aimed at helping more people with a learning disability live as independently as possible with the best care and support.

The Department was looking for bids that:

- Made use of new technologies and other bespoke adaptations to improve and adapt existing

accommodation

- Prevented unnecessary in-patient admissions
- Provided solutions for people who required urgent housing and are at risk of entering inappropriate services like hospital or residential care
- Encouraged a move towards community-based solutions which promotes independence and choice over housing (e.g. shared ownership)
- Provide specially-adapted housing

The Berkshire TCP Partners that applied for this fund were:

- TCP Programme Board (two bid applications). One was for modernisation, special adaptations and technology installations to a property in the geographical catchment area of Royal Borough of Windsor, Ascot and Maidenhead to meet the complex physical and safeguarding needs of a small number of individuals. The other was for mortgage support for a number of individuals to buy their own homes, through a Home Ownership Scheme for people with Long-term Disabilities (HOLD). (See our article on HOLD schemes in this briefing)
- Slough Borough Council (two bid applications) for people with learning disabilities. One was for technology to increase independence skills, and



the other to enhance access to a training resource for people with an additional physical impairment

- Reading Borough Council. Submitted a bid for independent living units that will enable a number of people to have their own tenancies and achieve a degree of independent living, with 24/7 care support if required, assisted by technology
- Lastly, Royal Borough of Windsor, Ascot and Maidenhead made an application for funding to refurbish two services supported by social care staff, with housing managed by a local housing association

We will keep you updated on the progress of these bids, and hope to hear the outcome by the end of November 2016.

### **HOLD (Home Ownership for people with Long-term Disabilities) – Giving Independence and Stability to People with Learning Disabilities and/or Autism**

This scheme is one part of a 'building block' of options the TCP Joint Operational Group is looking to expand across Berkshire.

HOLD is a unique Government approved and funded shared ownership model that helps people with Learning Disabilities and/or Autism buy a home of their own. It's facilitated by MySafeHome, a specialist provider of help and support to people with disabilities who dream of making their journey to home ownership and independence. Using the model, MySafeHome works closely with Local Authorities, Housing Associations and Mortgage Providers to help people do just that.

The model works through the purchase of a property of the individual's choice by a Housing Association (subject to both the buyer and property meeting a number of strict qualifying criteria), then immediately selling a share of it to the buyer who pays for it using a special interest only mortgage. The buyer's able to pay the mortgage interest and rent on the Housing Associations share using their benefit entitlement, whilst repairs and maintenance are carried out by the Housing Association in return for a modest monthly service charge.

"The results, for the right people, of owning their own home are tremendous," adds David. "On top

of being able to choose where they live and the type of property they're going to live in, people have previously purchased health and housing together, buying from a health or social care provider that also has a building from which to offer those services from. This would mean that if the health or social care support broke down for any reason, or the person was deemed not to require such support anymore, they would have to move locations to a new provider. This can be deeply unsettling and traumatic. By separating bricks and mortar from health and social care, if the care breaks down or needs to change, another provider is found but the person with a disability obviously doesn't have to move. This stability can have a huge impact. So, as you can see, the benefits of owning a home for some people can mean a massive difference in the way that they manage their daily lives."

To find out more about HOLD contact David Abbey on 02476 402211 or visit [www.mysafehome.info](http://www.mysafehome.info)

### **MySafeHome - A Parent's Perspective**

"Ten years ago, as part of \*Peter's transition planning, we attended

### **Films for experience based co-design (EBCD)**

Following on from articles in the last edition, there are some videos available that focus on a range of challenging areas of care and can be used in 'accelerated' EBCD projects. The 'trigger films', so called because they can be used to trigger a discussion, cover subject areas including maternity, young people, carers, intensive care and

also disease specific areas such as asthma, diabetes and cancer. They have been produced by the Health Experiences Research Group at the University of Oxford and Healthtalk. [To view these videos, click here.](#)

The Health Foundation has also published a series of films that show what can be achieved when people working in the health service are supported to develop new ways of working. From introducing telehealth with a hu44 touch,

to supporting patients with mental health issues to become actively involved in their recovery, these films present new approaches that have changed the lives of both people receiving care and the people caring for them. [To view these films, click here.](#)



a presentation about the My Safe Home scheme. We were impressed by the scheme and how it was presented and took away business cards, like many parents there. When we got home, we talked about it in detail, and decided that this was something we would progress further.

Peter has severe autism and problems with speech processing. He also has epilepsy, so requires 24-hour care. Until this time, my wife and I were his primary carers, doing what I can only assume most family members do – working tirelessly to support as best we can, and fighting to get the best support. A lot of people in similar situations to us have had to travel hundreds of miles to see their children, as they were in residential housing, which was scattered across the country. We wanted to avoid that if possible for our son - we wanted him to have a choice in where he lived, and in a place suitable for him and his needs. Also, as we are getting older and more vulnerable to things like illnesses, we were very aware that if something happened to one of us, it would be incredibly difficult for the other to care for him alone whilst the other was in hospital, for example.

After a number of years had passed (so that Peter had become old enough to qualify for the scheme) we followed up on our initial interest. We had an assessment by My Safe Home, which established that Peter qualified for the scheme and we started looking for a suitable property. We were incredibly lucky to find the flat we did for Peter – most of the properties in our area are very expensive, but after much hard work, we managed to get an early look at a flat before it went on the market and it was perfect. After securing an appropriate package of care

alongside this, things started moving and Peter finally moved into his flat in May 2014.

He absolutely loves it – and, being only about a mile away from us, we still get to maintain the same relationship we had before, which has always been a strong one. The development he is in is quiet and calm, and the carers looking after Peter know they are entering his home when they come to see him, so they respect his wishes and things happen when he wants them to, in the way that he wants them to – proper person-centred care. That's made a big difference. For example, he isn't sharing his home with other people -so if he wants the television volume low, it stays low. That makes his behaviour better. It's his self-contained space, geared up to him and the way he wants it.

Having full-time care also means that he has the full attention of his carers when they visit him, and we have an active programme of targeted activities to aid his development. So with everything even more centred around him, we have noticed some big changes. Many people in his position stay static – progression isn't something that happens that often. But in Peter's case, he is moving forward. One example is diet. He is eating a wider range of foods than he has ever done before and more healthily – e.g. six to eight portions of fruit a day and he now even eats out with us in cafes and restaurants. His improved diet has almost eradicated some health issues he had. We're so proud of what he has done.

Whilst the new flat has made an enormous difference to Peter, I'd like to add that another big factor has been behaviour management around effective progression planning. Through looking specifically

at Peter's behaviours, we (carers, parents & support professionals) work out his needs as an individual. We then develop and execute a very highly structured and monitored behavioural management programme to help him develop in a range of ways. The people that care for Peter are specifically trained in this programme and closely monitor him to help maximise the opportunities he has in life, which is all we've ever wanted. I cannot emphasise enough the importance of doing this for each individual, and I believe that the potential for that individual is far greater through this approach."

\*names changed to protect identity

### Interesting Thought-Leadership Piece on Co-Production

David McNally, Head of Experience of Care at NHS England, talks about a new, simple model to help health and care organisations embed co-production into their day-to-day work, and about working with patient leaders. [You can read this here.](#)

### Reading Joint Health and Wellbeing Strategy Update

The Reading Joint Health and Wellbeing strategy consultation is now live at: [www.reading.gov.uk/hwbstrategy](http://www.reading.gov.uk/hwbstrategy)

The draft strategy has been co-produced following a period of stakeholder engagement with local partners, including those from the NHS, voluntary and community sectors. The draft strategy focuses on health and wellbeing being about the whole person – giving physical, emotional and social aspects equal attention. To improve people's chances of living well for longer into the future, as well as about how they



feel and function today.

Reading Borough Council is holding various meetings to present the draft strategy and work with local residents on developing an Action Plan to bring it to life. This includes a public event on the afternoon of 21 November 2016 in the Council Chamber. If local representatives and partners would like to help present or attend, please get in touch with [Janette Searle from the Wellbeing Team](#).

Please pass this information to any service user / patient / community groups. The council is happy to collate feedback received in any form.

### **Young People's Pathways – NHS England Update**

NHS England is continuing to work with partners to develop an all-age pathway, which addresses the specific needs of children and young people. To strengthen and broaden the governance of the workstream, negotiations have begun with the Department for Education to create a sub group as part of the national Transforming Care Partnership Board.

### **Public Health England Learning Disabilities Observatory Updates**

The Learning Disability Self-Assessment Framework (SAF) is an annual collection and reporting of information from data sources and local areas that gives us information about how well local services are meeting the needs of people with a learning disability. It is currently going through a process of being redesigned. [An update on progress is available here](#). There is also an Autism SAF information collection for this year's round underway. [More information about this and links to previous reports can be found here](#).

The Observatory has published two reports. Firstly, 'Making reasonable adjustments to obesity and weight management services for people with learning disabilities', [which can be found here](#). It is targeted at public health staff, commissioning or people running weight management services, as well as family carers, social care staff and learning disabilities professionals.

The second report is about constipation and details information on resources, work currently happening and stories on the impact this can have on people's lives. So far this report has been downloaded over 2,000 times in the first week of publication, indicating a strong need for information on the topic. [Download the report here](#).

The national team is currently looking for examples of good practice and resources around support to help people with learning disabilities cope with blood tests or injections. For more information, including who to send examples to, [visit this webpage](#).

### **Mencap and Down's Syndrome**

On the subject of ambition and believing in what can be achieved, I urge you all to pause for one minute to [watch this incredible film](#) which Mencap has produced as part of their 'Here I am' campaign, starring DJ Dude, who has Down's Syndrome.

### **'It is so easy to miss the person and see a stereotype instead'**

Some of you may already have seen in the national press an article on fashion photographer Rankin, who shoots stunning portraits of people with learning disabilities in

a bid to raise awareness and ensure they are seen as people rather than 'stereotypes'. [Here is more information if you haven't heard about it yet](#).

### **Dowry Funding**

Updated financial FAQ information has now been published on the concept of a Transforming Care dowry. A Dowry is focused on providing financial support to the local authority for social care costs for eligible dowry patients. Any agreed dowry amount will be passed to the local authority as a contribution to their costs. The local authority will use the dowry funds to pay for their element of a care package. It can be used to fund the local authority contribution to a S117 package. [Follow this link for more information](#).

### **TCP Workforce market shaping guidance**

Workforce market shaping guidance has been commissioned by NHSE and will be available in March 2017. The guidance sets out to provide an evidence base for developing a resilient supply of high quality workers. It will offer a potential solution by identifying best practice, how to promote a healthy market place focusing on personalisation and how to promote working with people with learning disabilities and/or autism, who display behaviour described as challenging.

In the meantime, the Berkshire TCP Joint Operational Group has developed a Workforce Provider Assurance Framework that partners can use to assess the competencies and culture of a care provider's workforce. Over the next few months, the framework will be tabled by TCP Partners at their respective committees and forums to gather feedback. The aim is for



each partner organisation to use the tool as one of the ways in which to test the skills and knowledge of staff working with people with learning disabilities and/or autism. The Framework guides people in what to ask staff directly, to find out what they think 'good' care is, and how they deliver it. The framework also provides commissioners with an opportunity to involve service users and families as part of an assessment team. Ultimately, helping everyone understand what better care should mean for all.

[The draft of the framework can be found here.](#)

### **Empowering People and Families**

An empowerment steering group has been set up to ensure that Experts by Experience are central to the work of the Transforming Care programme. The group is facilitated by the Local Government Association. [The terms of reference and minutes of the meetings can be found here.](#)

### **Local Government Association (LGA) and NHS England (NHSE) peer review for learning disability and autism and findings from commissioner survey**

The Local Government Association is developing a peer review as part of its sector-led improvement approach. This will be specific to learning disability and autism and is due to be piloted in 2017. The LGA and NHSE are also looking at the principles of Care and Treatment Reviews and how these might apply to individuals who are funding in residential care through Continuing Healthcare Funding (CHC).

The LGA carried out a survey of

local authority learning disability commissioners about delivery of the Transforming Care programme. Headlines findings have been published, with more detailed analysis underway and due for publication in early November. [For more information, click here.](#)

### **New NHS England Senior Clinical appointments to the Learning Disability Programme**

NHS England has welcomed three senior clinical colleagues to the TCP learning disability programme, marking a significant step in their commitment to reduce the health inequalities experienced by people with a learning disability, and significantly improve their health outcomes.

Dr Jean O'Hara and Dr Roger Banks are both senior psychiatrists focusing on the development of clinical leadership, skills and support across the system and Peter Pratt is Chief Pharmacist for the mental health and learning disabilities medicines strategy.

### **Caring for carers**

NHS England and its partners have developed a toolkit to help health and social care organisations work together in identifying, assessing and supporting the wellbeing of carers and their families. The toolkit covers new duties on NHS organisations brought about by the Care Act 2014 and the Children and Families Act 2014, and includes numerous examples of positive practice. [To view the toolkit click here.](#)



### Contact List of Partner Representatives

Gabrielle Alford – SRO	Berkshire West CCGs	<a href="mailto:Gabrielle.alford@nhs.net">Gabrielle.alford@nhs.net</a>
Colin Archer	BHFT	<a href="mailto:Colin.archer@berkshire.nhs.uk">Colin.archer@berkshire.nhs.uk</a>
Nadia Barakat	Berkshire East CCGs	<a href="mailto:Nadiabarakat@nhs.net">Nadiabarakat@nhs.net</a>
Simon Broad	Slough Borough Council	<a href="mailto:Simon.broad@slough.gov.uk">Simon.broad@slough.gov.uk</a>
Paul Coe	West Berkshire Council	<a href="mailto:Paul.Coe@westberks.gov.uk">Paul.Coe@westberks.gov.uk</a>
Hannah Doherty	Bracknell Borough Council	<a href="mailto:Hannah.doherty@bracknell-forest.gov.uk">Hannah.doherty@bracknell-forest.gov.uk</a>
Karen Felgate	West Berkshire Council	<a href="mailto:karen.felgate@westberks.gov.uk">karen.felgate@westberks.gov.uk</a>
Alex Gild	BHFT	<a href="mailto:Alex.gild@berkshire.nhs.uk">Alex.gild@berkshire.nhs.uk</a>
Neil Haddock	Bracknell Forest Council	<a href="mailto:Neil.Haddock@bracknell-forest.gov.uk">Neil.Haddock@bracknell-forest.gov.uk</a>
Roz Haines	West Berkshire Council	<a href="mailto:Roz.Haines@westberks.gov.uk">Roz.Haines@westberks.gov.uk</a>
Louise Kerfoot	RBWM Borough Council	<a href="mailto:Louise.kerfoot@rbwm.gov.uk">Louise.kerfoot@rbwm.gov.uk</a>
Perry Lewis	Berkshire West 10 Integration Programme	<a href="mailto:perrylewis@nhs.net">perrylewis@nhs.net</a>
Isla Middleton	BHFT	<a href="mailto:Isla.middleton@berkshire.nhs.uk">Isla.middleton@berkshire.nhs.uk</a>
Jennifer Miller	BHFT	<a href="mailto:Jennifer.miller@reading.gov.uk">Jennifer.miller@reading.gov.uk</a>
Neil Murton	BHFT	<a href="mailto:Neil.murton@berkshire.nhs.uk">Neil.murton@berkshire.nhs.uk</a>
Sarita Rakhra	Berkshire West CCGs	<a href="mailto:Sarita.rakhra@nhs.net">Sarita.rakhra@nhs.net</a>
Sarah Rowland	Interim TCP Program Manager	<a href="mailto:Sarah.rowland5@nhs.net">Sarah.rowland5@nhs.net</a>
Alan Sinclair – Dep. SRO	Slough Borough Council	<a href="mailto:Alan.sinclair@slough.gov.uk">Alan.sinclair@slough.gov.uk</a>
Fiona Slevin-Brown	Berkshire East CCGs	<a href="mailto:f.slevin-brown@nhs.net">f.slevin-brown@nhs.net</a>
Julie Stevens	Wokingham Borough Council	<a href="mailto:Julie.Stevens@wokingham.gov.uk">Julie.Stevens@wokingham.gov.uk</a>
Carol Valentine	Reading Borough Council	<a href="mailto:Carol.Valentine@reading.gov.uk">Carol.Valentine@reading.gov.uk</a>

### Other Formats

If you would like this in another format, please contact Nadia Barakat or Sarita Rakhra (details in table above) who will be able to direct you to the right services to help you do that.



Bringing you the Latest News and Achievements from the Berkshire Transforming Care Partnership (TCP) Programme



## Welcome to the TCP Programme Briefing

For more information on the national TCP, please refer to: <https://www.england.nhs.uk/learningdisabilities/care/>

If you have any feedback on this Briefing, please contact Interim Programme Manager, Sarah Rowland on: [sarah.rowland5@nhs.net](mailto:sarah.rowland5@nhs.net)

Seven CCG's, six Local Authorities and Berkshire Healthcare NHS Foundation Trust are working together to run the local Transforming Care Partnership. Together, they have agreed a plan to implement system-wide changes across Berkshire.

This briefing has been created to provide an update to partners on what is happening across the TCP programme, both locally and nationally. Packed full of links and information, it is a resource for our partners, so please feel free to provide us with feedback so we can make it as useful as possible.

Local Berkshire TCP plans (and Easy Read Version)

<http://www.wokinghamccg.nhs.uk/berkshire-transforming-care-partnership>

## What is Transforming Care about?

In 2014, NHS England, commissioned a report to identify how services could do more for people with learning disabilities and/or autism, who display behaviour that challenges.

Following this report, NHS England, together with the Association of Adult Social Services, the Care Quality Commission, Local Government Association, Health Education England and the Department of Health, published a programme of work, outlining the Transforming Care Programme (TCP). These plans focus on addressing long-standing issues, with the aim of creating:

- More care in the community, with personalised support provided by multi-disciplinary health and care teams
- More innovative services to give people a range of care options, with personal budgets, so that care meets individuals' needs
- Early, more intensive support for those who need it, so that people can stay in the community, close to home
- Inpatient care, but only for as long as is needed and necessary

## A message from Gabrielle Alford, Chair of the Berkshire Transforming Care Partnership (TCP)

Co-production – Are we Truly Involving People in Service Change?

“As TCP partners, we hear about the term ‘co-production’, but the challenge is how we make this happen in practice, particularly when dealing with major service change.

Co-production (delivering services through the equal involvement of providers, service users, families and carers) from my perspective is all about the mindset that we use when considering service change. We need to shift our thinking to see people as ‘assets’ and ‘producers of change’. Co-production for me means embracing the question of how the service change makes sense to the people who use those services.

Assets-based Commissioning should start with all of us looking at the good areas of community care, such as skills, resources, people and places that achieve positive outcomes as opposed to looking at the problem, or what's not working. In essence, viewing the ‘assets’ of the service.

As well as people, our assets are



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also things like: the independent community café, the church crèche, the person willing to run a street party or cook a meal for someone. What if these people and places could come together to solve outcomes that your organisation can't meet with money alone? The answers may uncover a different way of thinking.

In our area, some good examples of where assets-based co-production is working are the Talking Weekly Group (run by Berkshire Healthcare NHS Foundation Trust), and the Reading Talkback Group – you can find out more about it in this briefing. I urge all partners to feed into the TCP Programme Board to share best practice, thoughts and work on co-production so we can feature it in future briefings.

I came across a You Tube Video called, '[The Parable of the Blobs and Squares](#)', which I feel really demonstrates the principles of co-production. Happy watching. 🍷

## TCP Board Priorities for Next Month

- Initiate a recruitment campaign with the NHS England Patient Public Voice Team for experts by experience members to support programme workstreams
- Work towards engaging a Co-Production Lead to support co-production activities until March 2019
- Work closely with the national teams from Health Education England, Skills for Health and Skills for Care to build a sustainable and viable local workforce plan and shape the community provider market place

- Refresh the activity and financial modelling done by partners in April this year to scope what community services might look like in the future

## 'We Need to Give People the Best Opportunities to Fulfil their Potential' – Interview with Maria Bee, our Carer Expert by Experience

We are pleased to introduce Maria Bee, who has been appointed in a voluntary capacity to the TCP Board as our carer expert by experience. Her role is to be the service user and carer voice on the Board, providing effective feedback, challenge and perspective. But who is she? We spoke to Maria to find out more about her.

"I bring a range of perspectives to this role," she told us. "Having a 22 year-old son with learning disabilities, mental health needs and at times, extremely challenging behaviour, I have experienced such a range of services and funding applications, both acute and in the community. Basically, I have been through situations similar to those I believe the TCP is attempting to avoid. In addition, I work for a pharmaceutical company, so have experience of how the NHS works. I feel that I have both the views of a parent and also of someone who understands the issues and constraints the NHS is working in - so, an ideal role for me.

I am a passionate believer in the power of bespoke services, particularly in the community and my son, Joe is testament to the fantastic things that someone can do when they have the right care around them. Through a combination of positive risk taking, and looking at the 95% of the person that is positive

as well as the 5% that experiences challenging, negative behaviour, I do believe that the NHS has a big opportunity to facilitate proactive change that can change lives for the better. [For those that are interested, this link is evidence of how far Joe has come.](#)

I'm very much looking forward to having a significant role in the continued development of these TCP plans."

## Talkback and the TCP

In August, Talkback in Reading held a meeting to discuss the Transforming Care Plan. Talkback is focused upon supporting and developing self-advocacy, participation and involvement through the borough. The group raise issues and concerns about their lives, their services or their communities [For more information, visit this link.](#)

The August meeting was well attended by people from day services, supported living and people who are independent of services. The meeting developed an outline Job Description for a Support Worker, which will inform the Transforming Care Positive Living Model work across Berkshire. For further information, [please contact Sue Pigott.](#)

## 'Talking Weekly Group' – Experience-based Co-Design in Practice

The Talking Weekly Group, whose members have learning disabilities, is a project run by Berkshire Healthcare NHS Foundation Trust. It joined forces with the Point of Care Foundation and NHS England to look at whether Experience Based Co-Design (EBCD) is a good way of working in partnership



## Events

[New Event by The King's Fund, 1 November 2016, London – How to involve and co-produce with patients and communities, implementing the six principles](#) - This event focuses on six principles which will help deliver the NHS's Five Year Forward View vision, for a new relationship with patients and the community. For those interested in attending, click on the title link.

[Find out how other TCPs have progressed one year on from publication of the National Plan](#) - NHS England is running an event, called 'Building the right support for people with a learning disability and/or autism: one year on'. Find out how other services are developing, experience practical workshops on key delivery areas and find out what further support is available to help transform services in your area. The event will be held on 8 November 2016, between 10.30am – 3.30pm in London. If you are interested in attending, please follow the title link where you can register and find out more.

with people with a learning disability to co-design services.

The work has the potential to be influential for the TCP programme by informing inpatient service changes in Berkshire.

The Talking Weekly Group plans to hold interviews with people with a learning disability who have used local services to find out about what could have helped them stay out of hospital, what can be done to make hospital services better and what helps someone to be discharged successfully if they have been in hospital. Insight from this work will be fed back into the TCP Joint Operational Group to inform the development of new community services models.

For more information [contact Becky Chester](#).

## Update on TCP Finance and Activity Project Group

Learning lessons from the integration work already taking place across Berkshire, the group membership is made up of finance and commissioning leads from each

partner organisation. Its priorities will be:

- Establishing a set of agreed service user, care and provision definitions and criteria across all partner organisations. This will enable standardisation of data capture, reporting and analysis
- Refreshing activity and financial data for inpatient and community provision that was submitted by the partners to NHS England in April 2016, which forecast trajectories to 2020/21
- Exploring and, where appropriate, developing a range of pooled budget 'arrangement' options for the financial management and risk sharing of aggregate budgets at either service, locality or county level. These options will then be issued to the TCP Programme Board, partners' statutory bodies and cabinets for due consideration before any further work is undertaken
- Establishing an understanding between commissioning partner agencies on how different resources are currently being used, the degree of duplication and the opportunities to deploy resources more effectively

to secure better outcomes for service users

The group is jointly chaired by Neil Haddock, Chief Officer for Commissioning and Resources, Bracknell Forest Council and Perry Lewis, Finance Lead for the Berkshire West 10 Integration Programme. Starting in October, the group will meet monthly, to develop and feed in recommendations to the TCP Board, CCGs, and Unitary Authorities' constituent and governance forums. The group does not have the authority to take decisions on behalf of any partner.

## Personal health budgets: support for CCGs

Since September 2015, NHS England has provided a support programme aimed at helping partners to plan and manage personal health budgets locally. Tools and resources for professionals are available on the Personal Health Budget Learning Network (membership only). [Queries can be directed here](#).

## Useful Resources Around Autism Care

[Health Education England has published a wealth of resources on autism care](#). Featuring training materials developed by a range of organisations within the health, social care and voluntary sector, the resources aim to increase awareness and understanding of autism and help frontline staff to respond more effectively to the needs of adults with autism.



## Berkshire Healthcare NHS Foundation Trust's Autism Assessment Services

The Autism Assessment Team is an experienced multi-disciplinary team, which assess young people aged of 1-17½ (West Berkshire), and 5-17½ (East Berkshire) who present with complex social communication difficulties and/or may have an Autism Spectrum Condition. It is an assessment-only team. However, once an assessment is complete, parents will be given information about support services at home and at school, including information about autism specific parenting workshops and groups in their area and signposting to specialist advisory teachers where possible. Parents will also be invited

to join an online support network.

There are a number of conditions that can cause social communication difficulties for children and young people. Before making a referral, it is important that the relevant pre-referral checklists have been followed, as a referral to the service isn't possible without confirmation that the steps have been followed. Anyone unsure can also complete a screening questionnaire called the AQ-10 (or Q-CHAT for children 18-24 months) (best done by a professional who knows the child best, such as their teacher, SENCO or health visitor).

If the information does not support an assessment for Autism, the team will advise the referrer about what support or assessment may be more

appropriate. This reduces the chance of a child or young person attending an assessment they do not need and will allow them to access the right support quicker.

For more information, [email CYPF](#).

## TCP Autism Project Group

During August, the Joint Operational Group scoped the function of the TCP Autism Project Group. Chaired by Hannah Doherty, Head of Learning Disabilities and Autistic Spectrum Disorder Adult Social Care at Bracknell Forest Council, the group will be established from November and focus on:

- Mapping gaps in service provision across health, social care and the voluntary sector

## New Reports

### Healthwatch report: the power of the network

Three years on from the Francis Inquiry report and the launch of Healthwatch, the Patient Experience Library has produced an independent review of the potential power of a network of local Healthwatch.

The report suggests that Healthwatch is the biggest single contributor to the qualitative evidence base on patient experience, but also highlights that local reports could have a greater strategic value and impact if available collectively. To view the report, please contact Sarah Rowland.

### Launch of Core Skills Education and Training Framework

Developed by Health Education England (HEE), Skills for Health and Skills for Care, the framework sets out the core skills and knowledge that are common and transferable across different types of service provision for people with learning disabilities. It also provides guidance and standards for the delivery of training to develop required skills and knowledge, and achieve desired learning outcomes.

### Institute of Public Care – Joint Market Shaping Resources

Useful documents which discuss the benefits of working with others on market shaping activities. The papers, checklists and databases provide resources

to support good market shaping activities.

These reports are particularly useful around the integration work happening in each partner organisation. They provide loads of questions and principles to help you think differently about integration, personalisation and needs-based commissioning

The Place-based Market Shaping: Co-coordinating health and social care paper is for health and social care commissioners and discusses 'place-based' care systems, as opposed to individual organisations, working together on service models.



- Reviewing and aligning autism strategies to build working relationships between education, health and social care commissioners and providers

- Drafting joint commissioning standards around parity of esteem for children and young people with autism and those in transition to adult services, linked into the Future in Mind national framework

- Working towards standardising the triaging and prioritisation of cases, supported by joint information sharing protocols

- Looking at opportunities to expand successful youth pilot projects to more local areas

The group will not have the authority to take decisions on behalf of any of our partners. However, it is this group who will develop and feed in recommendations on improving autism services to the TCP Board, CCGs and Unitary Authorities' decision-making forums. If you or anyone of your colleagues would be interested in being a member of this workstream, please send your details to Sarah Rowland.

## Apply to be on NHS England's Learning Disability and Autism Group!

NHS England is looking for people to be involved in a new Advisory Group, which aims to help it in its work on learning disability and/or autism. They are looking for people with a learning disability, people with Autism or family carers to be part of the group. Please pass this information onto your Learning Disability and Autism Partnership Boards and advocacy groups. If anyone is interested, or would like

more information on the group, the Learning Disability Engagement Team can be contacted by email or by phone on: 01138 249 686.

## New South East Regional Workforce Plan

The 18 councils in the South East have developed a plan for how they will work together to help lead improvement in adult social care services. This regional plan outlines what councils will be doing with adult social care providers to:

- Improve retention and recruitment (there is a high staff turnover for all groups)

- Raise skills, knowledge and competencies

- Work effectively with partners – providers of adult social care, health and other stakeholders

To view the plan, please contact Sarah Rowland.

## Care Homes, Housing and Health and Social Care – New Network from The Kings Fund

The King's Fund and My Home Life have created a learning network for care home providers, commissioners and local NHS partners. The network will support collaboration through a critical learning and development space and is designed for anyone working at the interface with home care. For more information, click on this link.

## NHS England Clinical Reference Group and the Berkshire TCP

NHS England has established a group to provide proactive and reactive clinical advice to support the successful delivery of the national programme for Transforming Care across the South of England. Once appointed, the Berkshire TCP clinical lead will become a member of the group - a unique position as not all TCP areas in the South are represented. We are definitely being noticed at a national level for the work happening in Berkshire. We will keep partners updated on this group's progress in forthcoming briefings.

## Integrated Personal Commissioning (IPC) Programme

The IPC is a partnership between NHS England, the Local Government Association, Think Local Act Personal and the Association of Directors of Adult Social Services and is an excellent resource to help support our TCP partners in their thinking around integrated funding for individuals. To help with aligning the objectives of this programme with the Children's and Families Act and the TCP, the IPC national team has produced a simple diagram which helps illustrate the join up between health, social care and other services at the level of the individual. This can be found on its website, along with useful articles and tools to support the process of enabling people, carers and families to blend and control resources and 'commission' their own care through personalised care planning and personal budgets. For more information, click on this link.



### Contact List of Partner Representatives

Gabrielle Alford – SRO	Berkshire West CCGs	<a href="mailto:Gabrielle.alford@nhs.net">Gabrielle.alford@nhs.net</a>
Colin Archer	BHFT	<a href="mailto:Colin.archer@berkshire.nhs.uk">Colin.archer@berkshire.nhs.uk</a>
Nadia Barakat	Berkshire East CCGs	<a href="mailto:Nadiabarakat@nhs.net">Nadiabarakat@nhs.net</a>
Simon Broad	Slough Borough Council	<a href="mailto:Simon.broad@slough.gov.uk">Simon.broad@slough.gov.uk</a>
Paul Coe	West Berkshire Council	<a href="mailto:Paul.Coe@westberks.gov.uk">Paul.Coe@westberks.gov.uk</a>
Hannah Doherty	Bracknell Borough Council	<a href="mailto:Hannah.doherty@bracknell-forest.gov.uk">Hannah.doherty@bracknell-forest.gov.uk</a>
Karen Felgate	West Berkshire Council	<a href="mailto:karen.felgate@westberks.gov.uk">karen.felgate@westberks.gov.uk</a>
Alex Gild	BHFT	<a href="mailto:Alex.gild@berkshire.nhs.uk">Alex.gild@berkshire.nhs.uk</a>
Roz Haines	West Berkshire Council	<a href="mailto:Roz.Haines@westberks.gov.uk">Roz.Haines@westberks.gov.uk</a>
Louise Kerfoot	RBWM Borough Council	<a href="mailto:Louise.kerfoot@rbwm.gov.uk">Louise.kerfoot@rbwm.gov.uk</a>
Jennifer Miller	Reading Borough Council	<a href="mailto:Jennifer.miller@reading.gov.uk">Jennifer.miller@reading.gov.uk</a>
Isla Middleton	BHFT	<a href="mailto:Isla.middleton@berkshire.nhs.uk">Isla.middleton@berkshire.nhs.uk</a>
Neil Murton	BHFT	<a href="mailto:Neil.murton@berkshire.nhs.uk">Neil.murton@berkshire.nhs.uk</a>
Sarita Rakhra	Berkshire West CCGs	<a href="mailto:Sarita.rakhra@nhs.net">Sarita.rakhra@nhs.net</a>
Sarah Rowland	Interim TCP Program Manager	<a href="mailto:Sarah.rowland5@nhs.net">Sarah.rowland5@nhs.net</a>
Alan Sinclair – Dep. SRO	Slough Borough Council	<a href="mailto:Alan.sinclair@slough.gov.uk">Alan.sinclair@slough.gov.uk</a>
Fiona Slevin-Brown	Berkshire East CCGs	<a href="mailto:f.slevin-brown@nhs.net">f.slevin-brown@nhs.net</a>
Mike Stillman	Wokingham Borough Council	<a href="mailto:Mike.Stillman@wokingham.gov.uk">Mike.Stillman@wokingham.gov.uk</a>
Jacqueline Weise	Reading Borough Council	<a href="mailto:Jacqueline.weise@reading.gov.uk">Jacqueline.weise@reading.gov.uk</a>

### Other Formats

If you would like this in another format, please contact Nadia Barakat or Sarita Rakhra (details in table above) who will be able to direct you to the right services to help you do that.

Bringing you the Latest News and Achievements from the Berkshire Transforming Care Partnership (TCP) Programme



## Welcome to the first TCP Programme Briefing.

For more information on the national TCP, please refer to: <https://www.england.nhs.uk/learningdisabilities/care/>

If you have any feedback on this Briefing, please contact Interim Programme Manager, Sarah Rowland on: [sarah.rowland5@nhs.net](mailto:sarah.rowland5@nhs.net)

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## Local Berkshire TCP plans (and Easy Read Version)

<http://www.wokinghamccg.nhs.uk/berkshire-transforming-care-partnership>

## Transforming Care in Berkshire

Transforming Care is a national plan 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/or autism receive services to lead meaningful lives through tailored care plans and subsequent bespoke services to meet individual needs.

The Berkshire Transforming Care Partnership Board submitted a local version of the plan in April this year. Over the next three years, different organisations will be working together in partnership to make the plan happen - for example, local authorities, clinical commissioning groups, hospitals, and learning disability and autism partnership boards.

The Berkshire Transforming Care Plan has four big aims:

1. Making sure less people are in hospitals by having better services in the community. This means reducing the 16 hospital beds down to 11 beds by March 2019
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. Making sure everyone who comes out of hospital has a Care and Treatment Review (CTR).

## A message from Gabrielle Alford, Senior Responsible Officer and Chair of the Berkshire TCP

“ This briefing has been created to provide an update to Berkshire partners on what is happening across the TCP project, both locally and nationally. Packed full of links and information, please feel free to provide us with feedback so we can make it as useful as possible.

Future briefings will also include key dates of service changes, and updates from workstreams – all stemming from the programme plan owned by the TCP Programme Board and partners.

This month, the Local Government Association, the Association of Directors of Adult Social Services and NHS England issued a press briefing on progress towards ‘Building the Right Support’ (the national programme to transform Learning Disability and Autism services locally).



South Reading Clinical Commissioning Group  
Newbury and District Clinical Commissioning Group  
Windsor, Ascot and Maidenhead Clinical Commissioning Group  
Bracknell and Ascot Clinical Commissioning Group  
Wokingham Clinical Commissioning Group  
55 North and West Reading Clinical Commissioning Group  
Slough Clinical Commissioning Group  
Berkshire Healthcare NHS Foundation Trust



The briefing highlights that NHS England has made available up to £30 million of transformation funding over the next three years to support local commissioning of new community support. Our local TCP Programme Board submitted a bid for some of that funding this year. Unfortunately we were unsuccessful, as Berkshire was unable to match funding locally; a key requirements in the bid evaluation process.

However, we have submitted another bid for capital money for the provision of a personally-adapted shared 'own home' environment for up to three individuals with learning disabilities and/or autism needs and challenging behaviours. We are awaiting the outcome of the evaluation process for that.

The TCP Programme Board will continue to be sighted on opportunities over the next three years to tap into NHS England funding streams as both health and social care commissioners will increasingly find the financial climate challenging. »

## Key Programme Achievements for July

- Submitted Phase 2 of a Grant Application to NHS England for a Capital Bid for Shared Housing provision in the Royal Borough of Windsor and Maidenhead, for three individuals from Berkshire with complex LD and challenging behaviour
- To ensure the provision of a safe and effective service for people with learning disabilities in need of inpatient care, Berkshire Healthcare NHS Foundation Trust started staff and service user engagement exercises on a proposal to relocate inpatient services to a single location at the Campion Unit, Reading during September. Engagement with patients and carers remains a priority and care plans will be confirmed for those affected. These changes will also enable resources to be directed into providing the new Intensive Intervention Team - a team which develops services in the community to support individuals to remain as close to their home as possible

- Started to build a library of service user stories to help us work with advocacy services, users, their families and carers to design, test and cost the new services models

## Key Focus Areas for the Next Month

- Finalise with NHS England the formal engagement process for Carer Experts by Experience to become members of the TCP Programme Board and workstreams
- Initiating the Activity and Finance workstream and building the scope for the Autism workstream so it is aligned to health and social care strategies

## Financial Arrangements

Nationally and locally, as we remodel services, there will be a need to shift money from some services (such as inpatient care) into others (such as community health services or social care packages of support). This will require a significant amount of preliminary work by Berkshire partners during the course of this programme.

Ensuring the quality and care of service users remains paramount, we will need to work collaboratively to build robust, transparent risk sharing arrangements between organisations. The TCP Programme Board will be initiating a workstream to start this process and partner representatives will be contacted in the next few weeks with further information.

One of the issues that the workstream will focus on is dowries. For people who have been an inpatient for five years or more and who are ready for discharge into a more suitable home, the money will

## New Reports

### Patients as partners: building collaborative relationships among professionals, patients, carers and communities

Calls for NHS organisations working with service users to meet the requirements set out in the NHS five year forward view. One of its recommendations states that investment should be made into developing service users, carers and health professionals to work as collaborative partners in

the health system. The TCP Programme Board will be keen to see the adoption of these recommendations across the programme.

### SeeAbility

Examining current evidence and examples of good practice about what is important to people with learning disabilities in the provision of eye care and sight test. The report recommends that there should be better training for health and social care staff.





## Health Topics

### Kings Fund: Health and

Wellbeing Boards - The role that health and wellbeing boards could play in emerging policy developments such as integrated commissioning and place-based systems of care.

### LGA: Children's and Young

People mental health and wellbeing - Early intervention to

help children and young people form strong positive attachments and build and maintain good mental health can deliver huge benefits.

Health Foundation - An accessible collection of essays setting out the current and emerging threats to health and wellbeing and what we know about what works to address them.

follow the person from the NHS to local authorities as dowries.

Dowries will operate in shadow form in 2016/17, will be recurrent, and will be linked to individual patients. Dowries will cease on the death of the individual. An annual confirmation of dowry qualifying individuals will need to be undertaken jointly by local authorities and clinical commissioning groups. This is to ensure that the costs of a future model of care fits within the existing funding envelope.

NHS England and the Local Government Association are finalising the financial principles and mechanisms underpinning this funding change, including a proposal for Hub Budgets. Details will be sent out to partners as and when the TCP Board receives them.

Further information can be found at: <https://www.england.nhs.uk/learningdisabilities>.

## Councillor's Briefing on TCP

The Local Government Association has [published a briefing for councillors on the TCP](#) – a useful link.

## New health and care integration toolkit by LGA, ADASS and NHS clinical commissioners

[A health and care integration toolkit](#) has been published, aimed at helping local areas assess their readiness for integration. It's designed for Health and Wellbeing Boards and local health and care systems.

## New Briefing on Housing Benefit Changes

The Government is reforming the housing benefit system. The relevant reforms include:

- The capping of social housing rents at Local Housing Allowance levels
- A required 1% rent reduction per year in the social housing sector for the next four years

More information can be found at: [www.local.gov.uk/welfare-reform](http://www.local.gov.uk/welfare-reform).

NHS England has developed a briefing to explain these changes, which can be accessed by emailing: [england.learning.disability@nhs.net](mailto:england.learning.disability@nhs.net).

## Workforce and Skills for Care

Workforce Partners is working in collaboration with NHS England to develop person-centered and interactive Care and Treatment Review (CTR) Training. Skills for Care has also launched a Transforming Care web page ([www.skillsforcare.org.uk/topics/learning-disability/transforming-care/transforming-care.aspx](http://www.skillsforcare.org.uk/topics/learning-disability/transforming-care/transforming-care.aspx)). It outlines support for the programme and relevant resources.

Lastly, the Department of Health has developed The Learning Disabilities Core Skills Education and Training Framework, which sets out the expected learning outcomes and minimum standards for the delivery of education and training-related core skills. [Click here to download the framework](#).

An online forum is available to share good practice, if you would like to join please contact: [HEE.LDworkforce@nhs.net](mailto:HEE.LDworkforce@nhs.net).

## Share Good Practice

The Local Government Association has a [web page](#) which is a fantastic resource, sharing information and learning which focuses on reducing the use of inpatient beds. If you are interested what other systems are doing and want to learn more, do have a look.

## Communications and Messaging Resources

The TCP programme has started to create some resources and guides for partner's communications and engagement teams around Berkshire.



### Contact List of Partner Representatives

Gabrielle Alford – SRO	Berkshire West CCGs	<a href="mailto:Gabrielle.alford@nhs.net">Gabrielle.alford@nhs.net</a>
Colin Archer	BHFT	<a href="mailto:Colin.archer@berkshire.nhs.uk">Colin.archer@berkshire.nhs.uk</a>
Nadia Barakat	Berkshire East CCGs	<a href="mailto:Nadiabarakat@nhs.net">Nadiabarakat@nhs.net</a>
Simon Broad	Slough Borough Council	<a href="mailto:Simon.broad@slough.gov.uk">Simon.broad@slough.gov.uk</a>
Paul Coe	West Berkshire Council	<a href="mailto:Paul.Coe@westberks.gov.uk">Paul.Coe@westberks.gov.uk</a>
Hannah Doherty	Bracknell Borough Council	<a href="mailto:Hannah.doherty@bracknell-forest.gov.uk">Hannah.doherty@bracknell-forest.gov.uk</a>
Karen Felgate	West Berkshire Council	<a href="mailto:karen.felgate@westberks.gov.uk">karen.felgate@westberks.gov.uk</a>
Alex Gild	BHFT	<a href="mailto:Alex.gild@berkshire.nhs.uk">Alex.gild@berkshire.nhs.uk</a>
Roz Haines	West Berkshire Council	<a href="mailto:Roz.Haines@westberks.gov.uk">Roz.Haines@westberks.gov.uk</a>
Louise Kerfoot	RBWM Borough Council	<a href="mailto:Louise.kerfoot@rbwm.gov.uk">Louise.kerfoot@rbwm.gov.uk</a>
Jennifer Miller	Reading Borough Council	<a href="mailto:Jennifer.miller@reading.gov.uk">Jennifer.miller@reading.gov.uk</a>
Isla Middleton	BHFT	<a href="mailto:Isla.middleton@berkshire.nhs.uk">Isla.middleton@berkshire.nhs.uk</a>
Neil Murton	BHFT	<a href="mailto:Neil.murton@berkshire.nhs.uk">Neil.murton@berkshire.nhs.uk</a>
Sarita Rakhra	Berkshire West CCGs	<a href="mailto:Sarita.rakhra@nhs.net">Sarita.rakhra@nhs.net</a>
Sarah Rowland	Interim TCP Program Manager	<a href="mailto:Sarah.rowland5@nhs.net">Sarah.rowland5@nhs.net</a>
Alan Sinclair – Dep. SRO	Slough Borough Council	<a href="mailto:Alan.sinclair@slough.gov.uk">Alan.sinclair@slough.gov.uk</a>
Fiona Slevin-Brown	Berkshire East CCGs	<a href="mailto:f.slevin-brown@nhs.net">f.slevin-brown@nhs.net</a>
Julie Stevens	Wokingham Borough Council	<a href="mailto:Julie.stevens@wokingham.gov.uk">Julie.stevens@wokingham.gov.uk</a>
Mike Stillman	Wokingham Borough Council	<a href="mailto:Mike.Stillman@wokingham.gov.uk">Mike.Stillman@wokingham.gov.uk</a>
Jacqueline Weise	Reading Borough Council	<a href="mailto:Jacqueline.weise@reading.gov.uk">Jacqueline.weise@reading.gov.uk</a>

If you would like a copy, please speak to your TCP representative in the first instance.

### What's Next?

Can partners be reminded to:

- Ensure your internal stakeholders are sighted on the Berkshire TCP Programme Plan, and that service user and advocacy groups know how to access it and are cascading the Easy Read version appropriately (see link on front page for local plans and

Easy Read version)

- Ensure that your website has information on the TCP and that it is linked to the following address: <http://www.wokinghamccg.nhs.uk/berkshire-transforming-care-partnership> for more information
- Ensure that anyone communicating on the programme has consistent key messages around the narrative of the TCP, the suspension of bed reductions at Little House, the

changes to inpatient bed capacity by 2019, and the increase in resources in the community. Please contact your partner representative for communication tools and resources

- Provide Sarah Rowland, Interim TCP Programme Manager with ideas for future Briefing content, and the details of communications and engagement colleagues who need to network into the TCP programme to enable them to cascade key TCP messages: [sarah.rowland5@nhs.net](mailto:sarah.rowland5@nhs.net).

### Other Formats

If you would like this in another format, please contact Nadia Barakat or Sarita Rakhra (details in table above) who will be able to direct you to the right services to help you do that.

# Better Care Fund Board – performance update November 2016 (inc Month 6 16/17 data)

Slide	Topic
2 - 4	Summary of Performance against national BCF metrics 16/17
5 - 6	Supplementary STSR referral analysis data
59 7 - 9	NEL admissions performance and analysis data
10	<b>DTOC – performance data</b>
11-12	Falls related performance and analysis

Marianne Hiley, Better Care Fund Manager

# BCF METRICS: Updated 15 November 2016 (inc Month 06 16/17 data)

Metric	RAG	Update
<p><b>NEL admissions, general and acute, all ages per 100,00 population</b></p> <p>69</p>	<p>Green</p>	<ul style="list-style-type: none"> <li>Revised data set from CSU indicates WAM BCF continuing to hit NEL target.</li> <li>Following unseasonal surge in Month 4, Month 5 CYP data showed significant fall in fever-related admissions for 0-5 year olds across all local CCGs /acute providers WAM – but followed by another surge in Month 6. Targetted programme in place across all GP practices to reinforce value of frequent flyer follow up and collaborative approach with family support teams. Additional leaflets made available for nurseries across RBWM.</li> <li>Positive impact of targetted approach to improving identification of patients at risk of CVD through improved checks for BP and AF and launch of new BHFT respiratory service in November</li> </ul>
<p><b>Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services</b></p>	<p>Green</p>	<p>More detailed analysis of all STSR data with regular monthly updates confirms continuing performance better than 8% target with only 4.5% of patients not at home 91 days after reablement:</p> <p>Confirmation of increasing pressure on STSR from:</p> <ul style="list-style-type: none"> <li>Higher referral rates from GPs relating to hospital avoidance</li> <li>More hospital referrals on discharge – particularly for falls related conditions</li> <li>Significant increase in LTC as reason for referral</li> <li>increase in those <b>resuming</b> an existing package of homecare as their exit plan (discharge to care homes is reduced)</li> </ul>

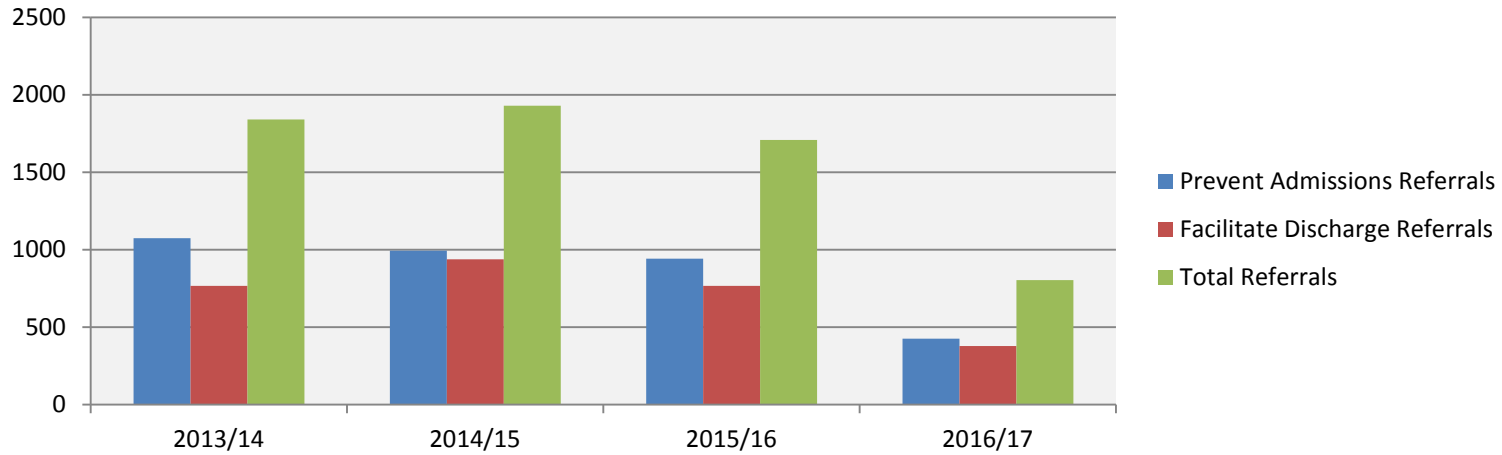
# BCF METRICS: Updated 16 October 2016 (inc Month 05 16/17 data)

Metric	RAG	Update
<p><b>Delayed transfers of care (adults 18+) from hospital per 100,000 population</b></p> <p>61</p>	<p style="background-color: red; color: red;">Red</p>	<p>Over plan for 16/17 based on national data update but this is for aggregated position across Frimley north and south.</p> <p>Frimley North, A&amp;E Delivery Board (was Systems Resilience Group) leading winter resilience plan and programme of work including:</p> <ul style="list-style-type: none"> <li>• Clarification of discharge pathway, 7 day services and transfer of care protocols</li> <li>• Alamac data will drive local Wexham and Frimley south performance and approaches</li> <li>• Local RBWM/WAMCCG action being taken to address nursing/residential home capacity on home by home basis as well as East Berkshire wide. Actions have significantly reduced DTOC since Month2/3 surge (See graph)</li> </ul> <p>Further proposals to develop concepts around:</p> <ul style="list-style-type: none"> <li>• Trusted assessor role</li> <li>• Discharge to assess</li> <li>• GP liaison role</li> </ul>
<p><b>Number of Falls related NEL admissions</b></p>	<p style="background-color: red; color: red;">Red</p>	<p>Revised basis for data collation – new figures show falls related NELs exceeding target inspite of last years successes.</p> <ul style="list-style-type: none"> <li>• Significant increase in 1 day LOS patients but good reduction in 0 LOS patients. Detailed analysis by practice/locality has highlighted systematic action plan priorities:</li> <li>• Importance of relentless/systematic promotion of falls prevention services to all RBWM residents in all localities</li> <li>• Valuable re-engagement with BHFT to make best use of RACC/Falls clinic for patients at risk</li> <li>• Closer working with Wexham and complementary approaches to patients at risk in hospital and on discharge – promotion of KSSW services to ward matron planned</li> <li>• Intelligent data project trialled in Datchet highlighted practice led opportunities to identify patients at risk of falls with multiple meds, dementia, Parkinsons</li> <li>• Falls prevention promotion at Assistive technology event at Desborough school - 162 attendees including 35 Asian families</li> <li>• Promotion of KSSW service with GPs, practice nurses, voluntary sector organisations, etc</li> </ul>

# BCF METRICS: Including Month 5 data 2015/16

Metric	RAG	Update																				
<p><b>Permanent admission of older people (65+) to residential and nursing care homes, per 100,000 population</b></p> <p style="text-align: center; font-size: 2em;">62</p>		<p>As at 6<sup>th</sup> October we have had 44 and 40 admissions to nursing and residential care homes respectively, a total of 84 care home admissions. At current rates it is expected to have approx. 160 care home admissions in the year which is slightly above our target of 155. However, the trend continuing from last year, our net placements are in negative, so we are transferring out more residents compared to admitting them into care homes.</p> <table border="1"> <caption>2016/17 Quarterly Data</caption> <thead> <tr> <th>Quarter</th> <th>New placements</th> <th>Transfers out</th> <th>Net placements</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>35</td> <td>-38</td> <td>-2</td> </tr> <tr> <td>Q2</td> <td>45</td> <td>-48</td> <td>-5</td> </tr> <tr> <td>Q3</td> <td>5</td> <td>-15</td> <td>-10</td> </tr> <tr> <td>Q4</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>	Quarter	New placements	Transfers out	Net placements	Q1	35	-38	-2	Q2	45	-48	-5	Q3	5	-15	-10	Q4	0	0	0
Quarter	New placements	Transfers out	Net placements																			
Q1	35	-38	-2																			
Q2	45	-48	-5																			
Q3	5	-15	-10																			
Q4	0	0	0																			
<p><b>Service User Feedback</b></p>		<p>Service User metric project successful undertaken with STSR team – Proposals to extend use of the model approach with r-outcomes in discussion – with recommendations to EB Digital pathway group (via Mark Sellman) to adopt as an innovative toolkit across wider STP footprint</p>																				

# Pattern of total referrals to STSR to date compared to previous years

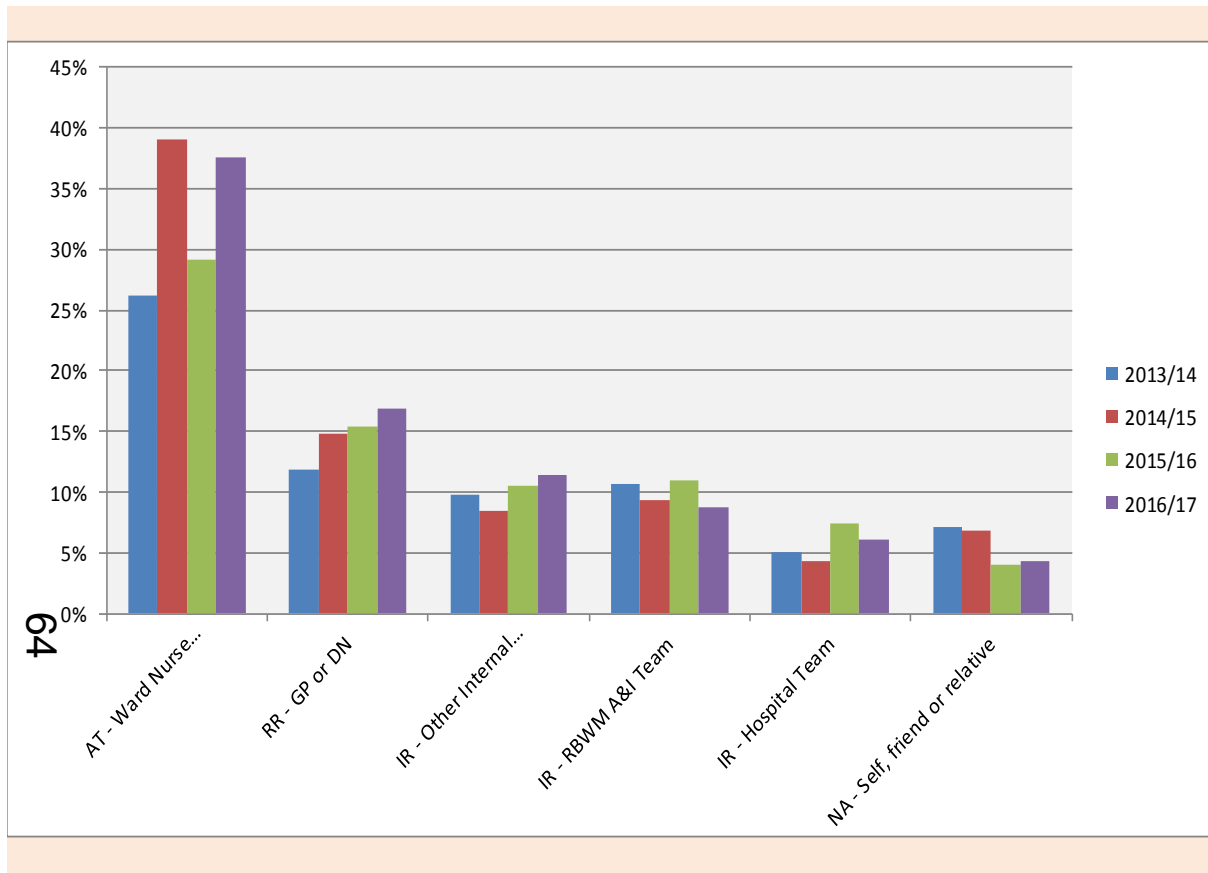


63

Year	2013/14	2014/15	2015/16	2016/17
Q1	495	448	396	389
Q2	430	463	444	415
Q3	462	506	457	0
Q4	454	513	413	0
Prevent Admissions Referrals	1074	993	943	425
Facilitate Discharge Referrals	767	937	766	379
Total Referrals	1840	1930	1709	804

Note: Numbers of patients referred does not reflect the increasing complexity of needs of service users

## Breakdown of Referrals to STSR relating to discharge



Significant increase in both hospital and GP/DN referrals as a proportion of the total number received

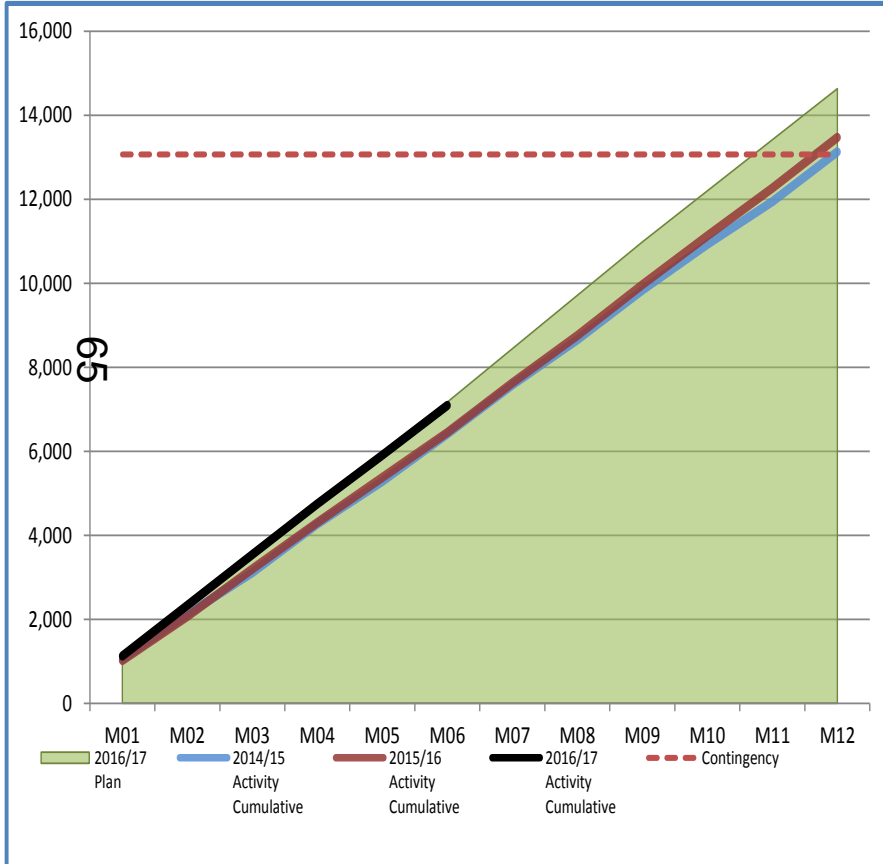
Referral Source	2013/14	2014/15	2015/16	2016/17
AT - Ward Nurse /Dr/Therapist/Discharge Coord	26.3%	39.1%	29.1%	37.6%
RR - GP or DN	11.8%	14.8%	15.4%	16.9%
IR - Other Internal RWBM Team	9.7%	8.5%	10.5%	11.4%
IR - RBWM A&I Team	10.7%	9.4%	10.9%	8.8%
IR - Hospital Team	5.0%	4.3%	7.4%	6.1%
NA - Self, friend or relative	7.1%	6.9%	4.0%	4.4%
Total	1839	1927	1709	804



# RBWM BCF Metrics – performance including Month 6 16/17

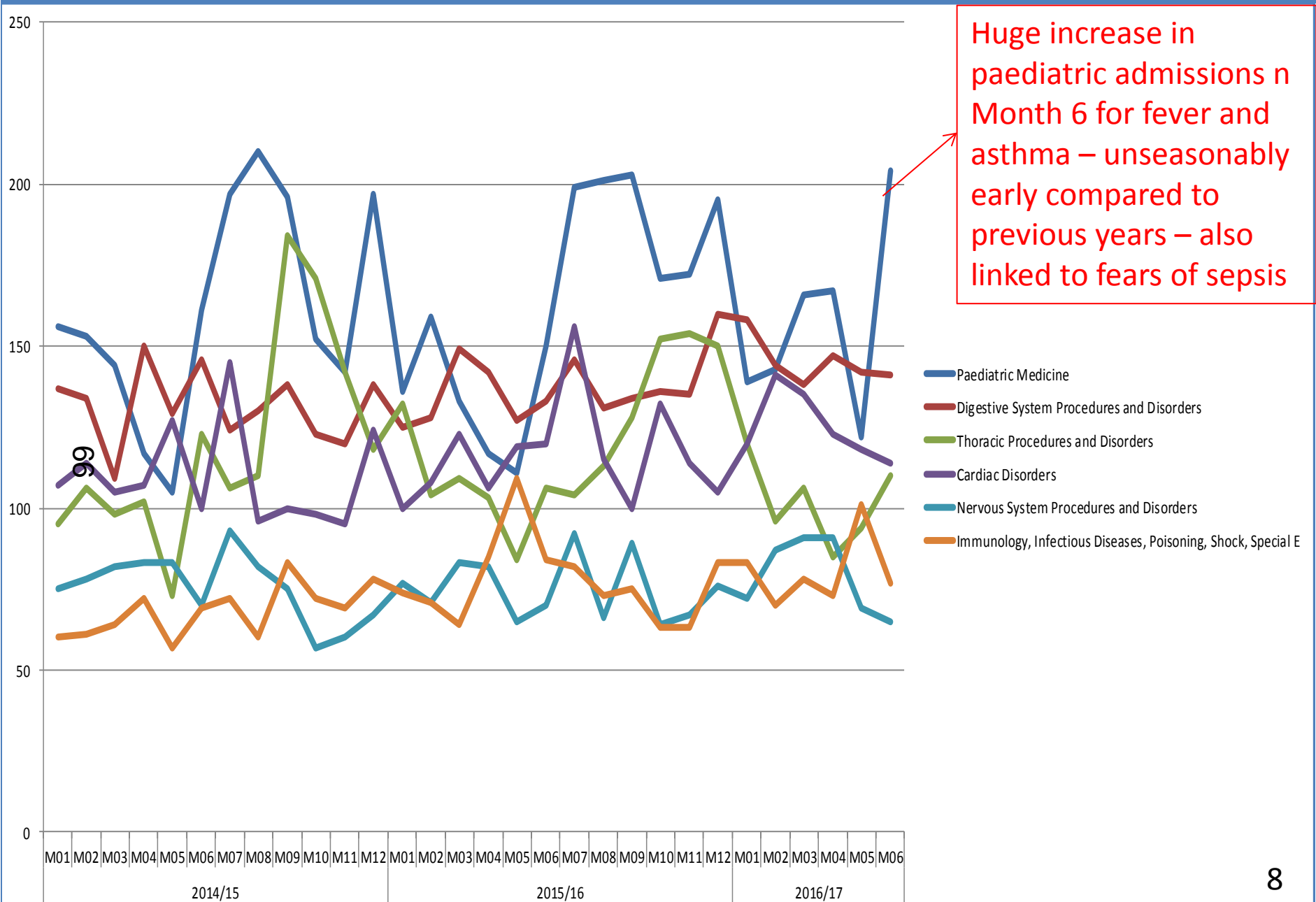
## ***NEL admissions – continuing upward trajectory but on plan***

RBWM HWB NEAs (cumulative)



Month	2014/15 Activity Cumulative	2015/16 Activity Cumulative	2016/17 Activity	2016/17 Activity Cumulative	2016/17 Plan	Variance	Contingency
M01	1,049	1,017	1,129	1,129	1,170	-3.6%	13,064
M02	2,113	2,067	1,202	2,331	2,341	-0.4%	13,064
M03	3,114	3,201	1,210	3,540	3,511	+0.8%	13,064
M04	4,268	4,301	1,202	4,742	4,731	+0.2%	13,064
M05	5,287	5,373	1,164	5,906	5,950	-0.7%	13,064
M06	6,409	6,445	1,185	7,091	7,170	-1.1%	13,064
M07	7,577	7,625			8,441		13,064


## Top Six Acute HRG Subchapters (LA NEAs using postcode)



Huge increase in paediatric admissions n Month 6 for fever and asthma – unseasonably early compared to previous years – also linked to fears of sepsis

## NHS Windsor, Ascot and Maidenhead CCG Under 5s A&E Frequent Flyers over Rolling Six Months (2016-04-01 to 2016-09-30)

Dataset

A&E <5yo FreqFlyers 

Above Average

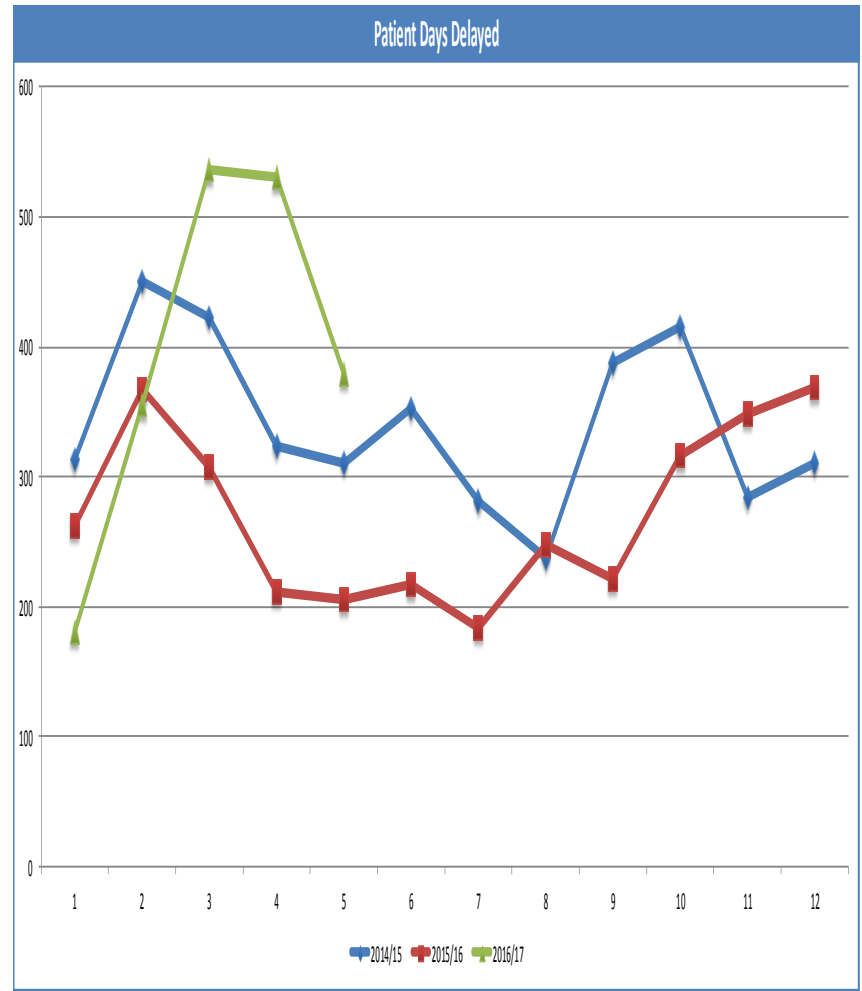
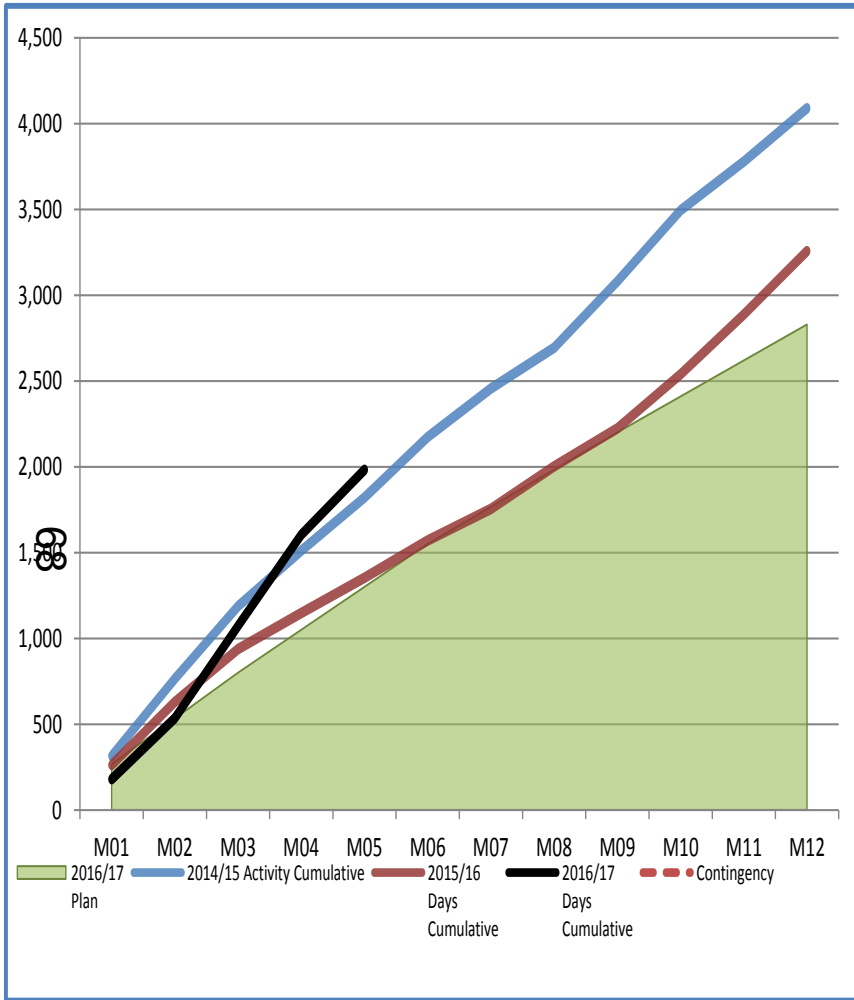
	RegPop (0-4y)	Unique Attendees	Percentage Attendees	Total Attendances	Pts 2+ Att	Pts 3+ Att	Att Rate /1kPop
RADNOR HOUSE SURGERY AND ASCOT MED CTR	296	72	24.3%	98	19	4	331.1
DATCHET HEALTH CENTRE	588	100	17.0%	135	24	8	229.6
RUNNYMEDE MEDICAL PRACTICE	611	104	17.0%	136	25	5	222.6
LEE HOUSE SURGERY	395	68	17.2%	83	14	1	210.1
CLARENCE MEDICAL CENTRE	648	96	14.8%	126	26	2	194.4
SOUTH MEADOW SURGERY	938	140	14.9%	178	27	6	189.8
ROSS ROAD MEDICAL CENTRE	228	33	14.5%	43	7	2	188.6
ROSEMEAD SURGERY	398	59	14.8%	70	9	1	175.9
SHEET STREET SURGERY	469	61	13.0%	74	11	2	157.8
CLAREMONT HOLYPORT SURGERY	1,060	133	12.5%	167	25	6	157.5
THE CEDARS SURGERY	642	84	13.1%	98	11	3	152.6
LINDEN MEDICAL CENTRE	483	62	12.8%	73	9	2	151.1
REDWOOD HOUSE SURGERY	416	50	12.0%	60	9	1	144.2
CORDWALLIS ROAD SURGERY	300	35	11.7%	40	5	0	133.3
COOKHAM MEDICAL CENTRE	381	42	11.0%	48	5	1	126.0
THE SYMONS MEDICAL CENTRE	744	83	11.2%	93	7	2	125.0
WOODLANDS PARK SURGERY	219	23	10.5%	23	0	0	105.0
ASCOT MEDICAL CENTRE		2		2	0	0	
Not available		17		32	3	2	

67

All practices have requested frequent flyer data for further analysis and discussion with Health visitors and patients on a tailored and supportive basis

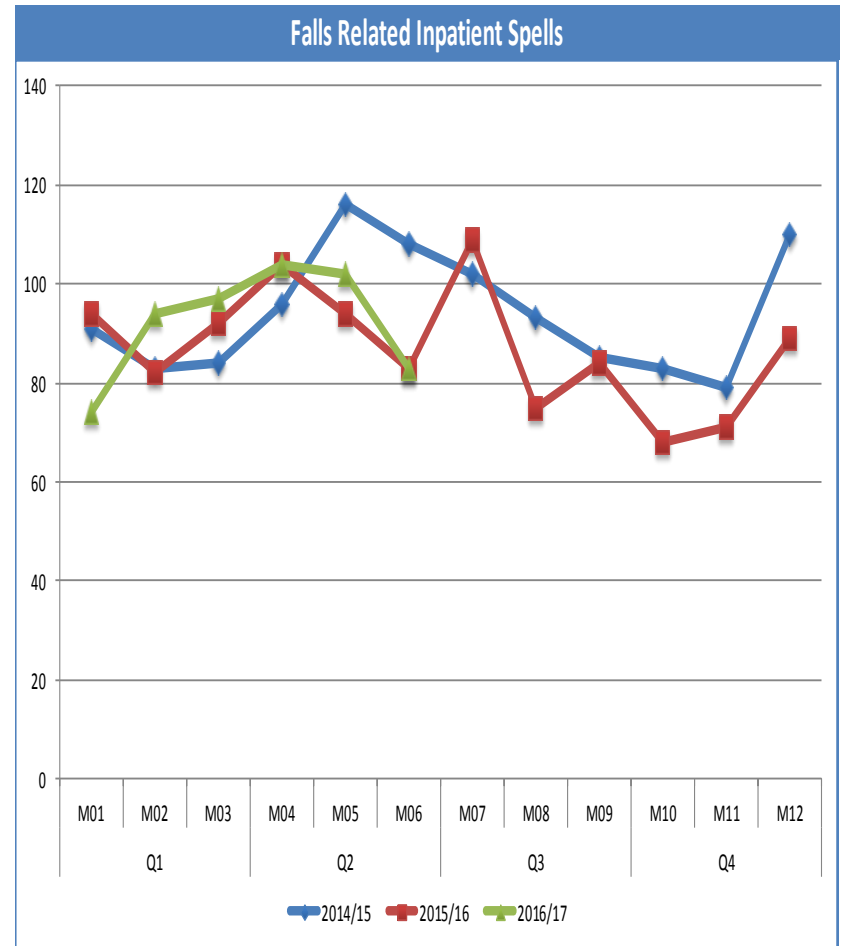
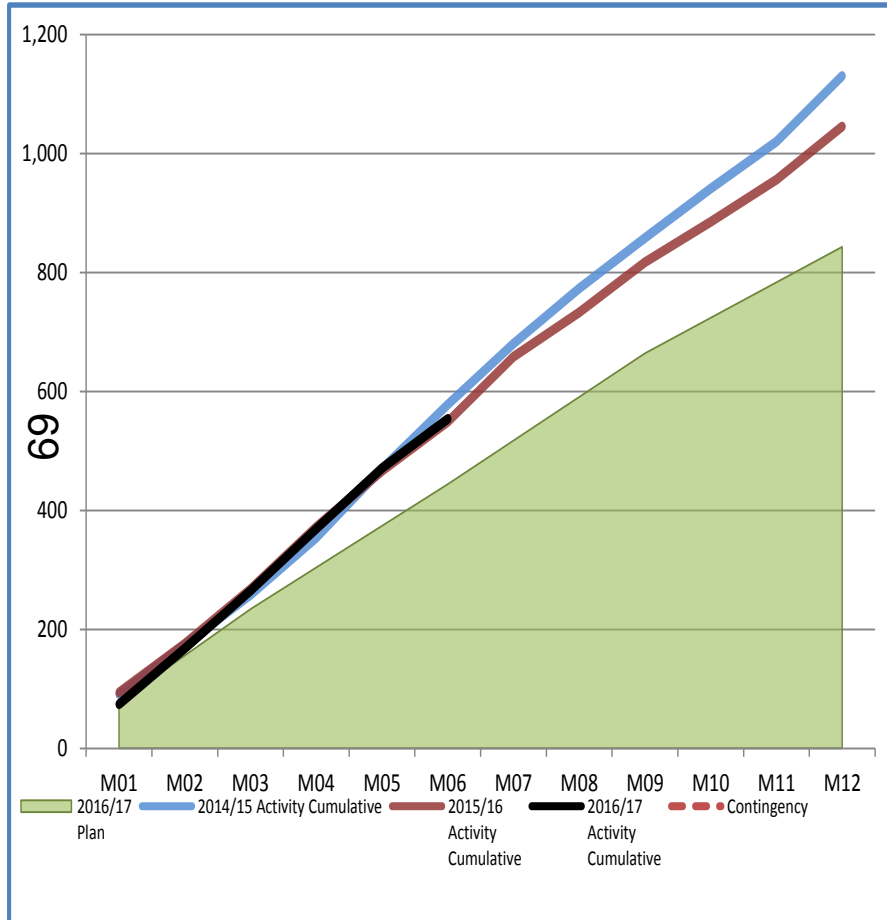
# RBWM BCF Metrics – performance including Month 6 16/17 from national sources

## DTOC Days (cumulative)



# Metrics – performance including Month 6 16/17

## Falls related NEL admissions



## Falls per 100K population/practice – wide variation (data included to Month 6 16/17)

Practices with fewer than 50 activity per 100k pop excluded from this list

Rate per 100k pop Practice	Fiscal Year		
	2014/15	2015/16	2016/17
<b>☒ NHS Windsor, Ascot and Maidenhead CCG</b>	<b>1,313.4</b>	<b>987.8</b>	<b>522.2</b>
THE SYMONS MEDICAL CENTRE	75.7	119.3	64.9
ROSS ROAD MEDICAL CENTRE	132.4	53.7	68.7
LEE HOUSE SURGERY	122.8	75.6	28.5
LINDEN MEDICAL CENTRE	82.5	93.3	46.2
CLAREMONT HOLYPORT SURGERY	115.7	61.4	35.7
WOODLANDS PARK SURGERY	65.0	97.1	15.9
REDWOOD HOUSE SURGERY	114.3	40.0	23.2
THE CEDARS SURGERY	52.5	76.2	43.1
SHEET STREET SURGERY	71.5	57.3	31.4
SOUTH MEADOW SURGERY	67.6	53.5	22.3
DATCHET HEALTH CENTRE	62.5	48.4	29.0
ROSEMEAD SURGERY	88.5	25.2	23.5
COOKHAM MEDICAL CENTRE	45.3	58.7	32.7
CORDWALLIS ROAD SURGERY	85.4	28.5	14.0
CLARENCE MEDICAL CENTRE	43.3	56.6	12.9
RUNNYMEDE MEDICAL PRACTICE	33.1	33.0	20.6
RADNOR HOUSE SURGERY AND ASCOT MED CTR	55.4	9.8	9.6
<b>☒ NHS Bracknell and Ascot CCG</b>	<b>128.2</b>	<b>152.0</b>	<b>65.5</b>
KINGS CORNER SURGERY	75.2	79.6	13.1
MAGNOLIA HOUSE SURGERY	38.0	27.2	27.1
GREEN MEADOWS SURGERY	14.9	45.2	25.2
<b>☒ Other</b>	<b>32.1</b>	<b>19.4</b>	<b>7.8</b>
Other	32.1	19.4	7.8

- Significant y-o-y Improvement in many
- Planned campaign for further localised support and falls prevention promotion with VCS, Fire Service and practice visits

## Windsor Ascot and Maidenhead Better Care Fund Programme - Risk Register

Risk Ref	Category	Source & Date Raised	Risk Description	Inherent risk score			Required controls and actions to reduce/mitigate risk	Review Dates	SRO / Monitor/ Review body	Residual Risk Score and Rating			Open / Closed / Moved Filter
				L	I	RR				L	I	RRR	
Wok Risk 01	Delivery	Apr-16	Projects do not achieve proposed NEL reductions	3	4	12	Regular performance reporting on individual projects to BCF Board and new WAMCCG performance review group (PRG) monthly meetings. Increased focus on shared learning and joint approach to key obstacles to progress across East Berkshire dialogue.	Monthly	BCF Board to review monthly & HWB quarterly	3	2	6	Open
	Delivery	Apr-16	Risk sharing funding is not available	2	5	10	Unlikely that risk share is not available - but we need a strategy on how to manage the risk share funding to best advantage with a longer term strategy	Monthly	BCF Board to review monthly & HWB quarterly	1	5	5	Open
	Finance	Apr-16	Significant cumulative/unanticipated service demands or other force majeure that significantly impacts on overall budget base for key partners	2	5	10	Effective management of organisational reserves and regular monitoring of potential risk that might accelerate or develop into significant challenges - less likely if up to date monitoring and open communication is in place	Monthly	Senior finance leads in partner organisations	1	5	5	Open
Wok Risk 02 ↓↓	Delivery	01-Apr-16	Failure of partners to agree structure and form of new services	3	4	12	Involvement of BHFT and Frimley in review of Intermediate Care service transformation. Appointment of new BHFT East Berkshire transformation lead. Key partner involvement in development of New Vision of Care promotion and implementation planning. Review of locality based Complex case management and RACC services across East Berks with BHFT. Programme of workshops and consultation programme to develop primary care model and ensure credibility of community pathways	Monthly	BCF Board	2	3	6	Open
Wok Risk 04	Engagement	01-Apr-16	Potential that the public, politicians and other key stakeholders are not adequately engaged with the BCF Programme and as a result there is dissatisfaction around the changes to services.	5	3	15	Robust communications and engagement strategy as part of HWB comms. Involvement of patient panels in key projects. Each project detailing its engagement approach in business plans. Fortnightly updates with Lead Member. Integration of BCF messaging with New models of Primary Care programme and feedback from residents and patients.	Monthly	Project Managers	2	3	6	Open
Wok Risk 05	Programme Mgmt.	Apr-16	Better Care Fund schemes are delayed, resulting in a larger than planned underspend in the pooled budget	5	2	10	The project teams have established timelines in their business cases, plans of action are in place indicating where further work is required, with named leads and defined timescales for completion. Monthly monitoring by finance lead and reporting to BCF Board	Monthly	Finance lead//BCF Programme manager	2	2	4	Open
	Programme Management	Apr-16	Inefficient use of underspends in year in the pooled budget	5	2	10	There is an issue if we don't have clearer direction from partners on priorities and open discussion of risk appetite for future opportunities. Active implementation of transparent review and decision-making process for "in year" ideas and BCF/Finance Group proposals to STP leads for guidance on longer term priorities.	Monthly	finance lead/BCF Board and quarterly HWB update	3	2	6	

Windsor Ascot and Maidenhead Better Care Fund Programme - Risk Register

Risk Ref	Category	Source & Date Raised	Risk Description	Inherent risk score			Required controls and actions to reduce/mitigate risk	Review Dates	SRO / Monitor/ Review body	Residual Risk Score and Rating			Open / Closed / Moved Filter
				L	I	RR				L	I	RRR	
Wok Risk 06	Delivery	Apr-16	Workforce Development strategy and action plan insufficiently well defined and resourced to meet BCF programme needs. This includes current staffing shortfalls	5	4	12	Need feedback and update from System Leaders Group and NVOC steering group that this is part of their forward plan and what actions can be expected.	Monthly	BCF Programme manager/BCF Board	4	3	4	Open

72