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NOTICE

OF

MEETING

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

HEALTH AND WELLBEING BOARD

will meet on

TUESDAY, 21ST JULY, 2020

at

3.00 pm

by

VIRTUAL MEETING - ONLINE ACCESS ON RBWM YOUTUBE

TO: MEMBERS OF THE HEALTH AND WELLBEING BOARD

HUW THOMAS (NHS) (VICE-CHAIRMAN), COUNCILLOR DAVID COPPINGER (LEAD MEMBER FOR PLANNING AND MAIDENHEAD), COUNCILLOR STUART CARROLL (DEPUTY CHAIRMAN OF CABINET, ADULT SOCIAL CARE, CHILDREN'S SERVICES, HEALTH AND MENTAL HEALTH) (CHAIRMAN), TESSA LINDFIELD (STANDING DIRECTOR OF PUBLIC HEALTH) (PUBLIC HEALTH), HILARY HALL (DEPUTY DIRECTOR STRATEGY AND COMMISSIONING) (STRATEGY AND COMMISSIONING (RBWM)), KEVIN MCDANIEL (DIRECTOR OF CHILDREN'S SERVICES) (CHILDRENS SERVICES (RBWM)), MARK SANDERS (HEALTHWATCH BRACKNELL FOREST), COUNCILLOR DONNA STIMSON (LEAD MEMBER - ENVIRONMENTAL SERVICES, CLIMATE CHANGE, SUSTAINABILITY, PARKS AND COUNTRYSIDE), TRACY HENDREN (HEAD OF HOUSING & ENVIRONMENTAL HEALTH SERVICE), CAROLINE FARRAR (EXECUTIVE MANAGING DIRECTOR FOR RBWM, CCG) AND JANE HOGG (FRIMLEY INTEGRATED CARE SYSTEM)

Karen Shepherd
Head of Governance
Issued: 13th July 2020

Members of the Press and Public are welcome to attend Part I of this meeting.
The agenda is available on the Council's web site at www.rbwm.gov.uk or contact the Panel Administrator **Mark Beeley** 01628 796345

Recording of Meetings – In line with the council's commitment to transparency the Part I (public) section of the virtual meeting will be streamed live and recorded via Zoom. By participating in the meeting by audio and/or video, you are giving consent to being recorded and acknowledge that the recording will be in the public domain.

If you have any questions regarding the council's policy, please speak to Democratic Services or Legal representative at the meeting.

AGENDA

PART I

ITEM	SUBJECT	PERSON	TIMING	PAGE NO
1.	APOLOGIES FOR ABSENCE To receive any apologies for absence.	-		-
2.	DECLARATIONS OF INTEREST To receive any Declarations of Interest.	-		7 - 8
3.	MINUTES To confirm the minutes of the meeting held on 14th January 2020.	-		9 - 14
4.	UPDATE ON THE FRIMLEY INTEGRATED CARE STRATEGY To receive an update on the above titled item.	Jane Hogg		Verbal Report
5.	CCG COLLABORATIVE STRATEGIC PRIORITIES To receive an update on the above titled item.	Caroline Farrar		Verbal Report
6.	COMMUNITY DEAL - THE JOURNEY FROM SHIELDING TO COMMUNITY HUBS To receive a verbal report on the above titled item.	Hilary Hall/ Jesal Dhokia		Verbal Report
7.	LOCAL OUTBREAK CONTROL PLAN AND LOCAL OUTBREAK ENGAGEMENT BOARD To receive a presentation on the above titled item.	Tessa Lindfield/ Anna Richards		15 - 32
8.	MENTAL HEALTH LOCAL ACTION PLAN To hear an update on the above titled item.	Anna Richards		Verbal Report
9.	UPDATE ON THE BETTER CARE FUND To receive a presentation on the Better Care Fund.	Lynne Lidster		33 - 40
10.	ANY OTHER BUSINESS	-		-
11.	FUTURE MEETING DATES	-		-

• October/November 2020 TBC • January 2021 TBC				

PART II - PRIVATE MEETING

ITEM	SUBJECT	PERSON	TIMING	PAGE NO
	iii. LOCAL OUTBREAK CONTROL PLAN AND LOCAL OUTBREAK ENGAGEMENT BOARD To consider the above titled item. ***Not for publication by virtue of Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972***	Tessa Lindfield/ Anna Richards		41 - 132

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MEMBERS' GUIDE TO DECLARING INTERESTS IN MEETINGS

Disclosure at Meetings

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

A member with a DPI or Prejudicial Interest **may make representations at the start of the item but must not take part in the discussion or vote at a meeting.** The speaking time allocated for Members to make representations is at the discretion of the Chairman of the meeting. In order to avoid any accusations of taking part in the discussion or vote, after speaking, Members should move away from the panel table to a public area or, if they wish, leave the room. If the interest declared has not been entered on to a Members' Register of Interests, they must notify the Monitoring Officer in writing within the next 28 days following the meeting.

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

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

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

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

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

Prejudicial Interests

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

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

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

Personal interests

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

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

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HEALTH AND WELLBEING BOARD
COUNCIL CHAMBER - TOWN HALL AT 3.00 PM

14 January 2020

PRESENT**:** Councillor Stuart Carroll (Chairman), Tessa Lindfield, Lynne Lidster, Jane Hogg, Huw Thomas, Mark Sanders, Hilary Hall, Kevin McDaniel and Jackie McGlynn

Also in attendance: Councillor Bond

Officers: Mark Beeley

PART I

195/15 WELCOME, INTRODUCTIONS AND APOLOGIES FOR ABSENCE

The Chairman welcomed everyone to the meeting and asked those present to introduce themselves.

There were no apologies for absence received.

196/15 DECLARATIONS OF INTEREST

Councillor Carroll declared a personal interest as he works for a pharmaceutical company, Sanofi Pasteur. Cllr Carroll declared his employment in the interests of full transparency and to highlight that should for any reason during any point of the meeting, or indeed during future meetings, the HWB discussed anything directly related to Sanofi Pastuer's business he would abstain from the discussion and leave the room as required.

197/15 MINUTES

RESOLVED UNANIMOUSLY; That the minutes of the meeting held on 2nd July 2019 were agreed as a true and accurate record, providing the following amendments were made:

- In the attendance, Huw Thomas was listed as being a councillor.
- It was clarified in the Declarations of Interest that Cllr Carroll worked for a pharmaceutical company and would leave the room if discussions about the company arose.
- At the bottom of p.8, spelling of "war boundaries" was corrected to ward boundaries.
- In 'Future Meeting Dates', it was corrected to say 2020 instead of 2019.

198/15 FRIMLEY INTEGRATED HEALTH AND CARE SYSTEM FIVE YEAR STRATEGY

Jane Hogg set out the strategy. She informed the Board that it was a partnership of local authorities and NHS organisations with the aim of improving health and wellbeing for individuals. The area the strategy covered included East Berkshire, North East Hampshire, Farnham and Surrey Heath, which included over 800,000 people. Implementing the new strategy is the next phase of the project.

Tessa Lindfield explained that it was also important to understand the demographics of the population and what trends showed. By looking at the data, it was possible to discover key

health issues in the area. It would also allow for comparison with the national average to see how the strategy was performing compared to the rest of the country.

Jane Hogg said that there were a few main insights that had been discovered. In particular, potential years of life had been lost due to individuals not being treated correctly, while deprivation would prevent some from being able to access services and treatment in the first place. Mental Health was also showing a negative trend.
To help develop the insights, data had been used from Healthwatch's survey, which asked over 1500 local residents. From this, it was clear that more people were looking to other methods and services before going to A&E. This included calling the NHS 111 number, visiting the NHS website and visiting a GP. However, communication could still be improved.

Tessa Lindfield informed the meeting about the 'Inspiration Station', which allowed those from within the system to engage with the insights. These insights did not surprise those that took part, but did show that there was an ambition and desire to deal with the issues which had been discovered.

Jane Hogg explained the six strategic ambitions on which the system will focus on. These are:

- Starting Well
- Focus on Wellbeing
- Community Deals
- Our People
- Leadership and Cultures
- Outstanding use of Resources

In terms of funding, a total of £1.4 billion a year was currently spent, which worked out at approximately £1,744 per person. However, children and young people made up a very small proportion of this funding, and therefore there would need to be a shift in the percentage of spend on each area. The goal for the strategy was by 2025 there would be an increase in healthy life expectancy at birth by two years, and a decrease in the gap in life expectancy by three years.

The Chairman asked what the plan for funding the strategy was and what could be done to prevent the negative trend on mental health. Jane Hogg explained that there had been an increase in funding nationally and that there had been a successful initiative involving mental health. It was also worth noting that the 'Primary Care' area of funding involved a number of different factors.

Kevin McDaniel, Director of Children's Services, commented on the targets that had been set to be achieved by 2025, and that more could be done for mental health at an early age.

The Chairman asked about the deprivation findings and whether there was a framework or plan designed to address this. He was told by Jane Hogg that they would be working collectively to identify specific examples, for example through the insights they had discovered which communities were not engaging with the cancer screening services that were offered.

Tessa Lindfield said that they had found that cohorts were not bounded by place and they were coming up with new strategies to help balance inequalities.

199/15 MOVING FORWARD WITH THE ROYAL BOARD AS A PLACE IN THE INTEGRATED CARE SYSTEM

Hilary Hall told the Board that there was a workshop held in September that was used to try

and gain a better understanding of health and wellbeing needs across the borough. One of the outcomes of the workshop was a proposal to stand down the three current sub groups of the Health and Wellbeing Board and establish three neighbourhood forums aligned to the Primary Care Networks. The themes of developing well, living well and ageing well would be cross cutting through the three forums. This was agreed by the Board.

The joint Health and Wellbeing Strategy was due to end in March 2020 and was currently organised around three themes with 12 supporting priorities. However, the scope of the strategy was quite broad and it was not easy to identify the difference the strategy had made to residents. In light of the findings from the workshop, the new joint strategy will be structured around work done at place and neighbourhood level.

The Chairman asked what the process of putting together the Health and Wellbeing Strategy consisted of. Hilary Hall explained that it was usually a combination of things, with strategic ambitions being key in helping to shape the strategy.

Jackie McGlynn said that at a ward level there was the opportunity to form alliances. Hilary Hall said that it was all about testing new relationships, some things will not go as planned but it was about being open and accepting that.

200/15 WORKPLACE HEALTH - ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH

Tessa Lindfield gave the Board a presentation on the above titled item. She explained the ‘health and work’ cycle, which showed that where workplaces promoted good health, this led to higher productive and economic prosperity. There was high employment generally in Berkshire, with 40% of workers being employed in the top 1% of big businesses, showing how important big business was to the county. NHS was top of the list in the public sector and was therefore regarded as a ‘leading light’. However, ethnic minority groups generally have a lower employment rate. Looking at age, it was clear that the working population was getting older which also made absence through sickness increase. There was also an issue of presenteeism, where workers were arriving at work not in a fit state to be productive. This had increased by three times since 2010.

Depression and anxiety were also key issues that needed to be addressed, along with high workloads, insufficient managerial support and experience of violence or bullying in the workplace. However, there were some things that could be done to help improve wellbeing. These included:

- Encouraging healthy behaviours in the work place
- Measuring and monitoring sickness absence rates
- Considering adjustments such as flexible working
- Providing training to managers to help with physical and mental health issues

It was important that both employers and employees worked on improving health and wellbeing in the workplace as it had benefits for both parties.

The Chairman said that the findings of the report were important and this should be communicated as much as possible.

Kevin McDaniel said that he would be able to lead in his workplace on the good practice that had been outlined in the presentation.

Jane Hogg said that there would need to be a commitment from each individual workplace to help improve, and that conversations were needed to start this.

Hilary Hall pointed out that it may be beneficial to frame it like a ‘deal’ between the employer and the employee, rather than being one sided. This would engage both sides and would

increase the chance of progress being made.

The Chairman told those present that it would be good to come back to the next meeting with some ideas on how to promote this scheme further and improve health and wellbeing in the workplace.

201/15 RBWM - ADULT SOCIAL CARE TRANSFORMATION PROGRAMME

Hilary Hall explained to the Board what the programme involved. It was an ambitious project that planned to ensure that the residents of RBWM would be enabled to live independent and fulfilled lives. There were six different workstreams that would deliver the vision:

- Promoting a strengths based approach to working with individual people
- Delivering in partnership with staff, communities and providers
- Focussing on quality and celebrating success
- Keeping people safe from abuse and neglect
- Investing in digital innovation and technology
- Maximising the use of financial resources to gain value for money

The Chairman said that the programme was important, particularly as it was designed to make transformations in the interests of residents. Innovation was key and would allow the system to be reformed as needed.

Jackie McGylnn commented that all the values could be integrated together and that there was a good discussion between health and social care.

202/15 BETTER CARE FUND

Lynne Lidster gave a presentation on the Better Care Fund to the Board. She explained that the fund had played a key role since 2015 in providing integrated care support to enable people to be independent at home. There were a number of different schemes that were part of the Better Care Fund, including:

- Integrated care decision making – regular meetings to develop plans to reduce risk of hospital admission of people with complex needs.

- End of Life Care – investment in hotline services and intensive community support.

- Dementia services – development of dementia care advisor team and community based services for patients and carers.

- Social prescribing – locality based service, linked to Primary Care Networks.

- Falls prevention – significant reduction in falls, particularly for the 70+ age group.

- Paediatric hotline – reduction in avoidable admissions, particularly for anxious parents.

- Stroke association – promotion of continued independent living for people who have had a stroke.

- Care Home Quality Programme – increase in skills training to meet the needs of residents.

- Wide range of advice and support for carers – increased identification of carers to

reduce risk

- Primary care service for the homeless and hard to reach groups – outreach services to support reduction in avoidable A&E admissions

Huw Thomas talked about the homeless shelter that had free consultations available which had been successful and diagnosed a number of conditions. He said that often the homeless preferred to visit a shelter than hospital, so these shelters were important to maintaining their health and wellbeing.

203/15 QUESTIONS FROM THE PUBLIC

No questions were received from members of the public.

204/15 ANY OTHER BUSINESS

There was no other business.

205/15 FUTURE MEETING DATES

The next meeting date of the Health and Wellbeing Board would be confirmed after February full council.

Members stated a preference for the next meeting to be in April. This would be confirmed and communicated by Democratic Services in due course.

The meeting, which began at 3.00 pm, ended at 4.30 pm

CHAIRMAN…….

DATE…….....

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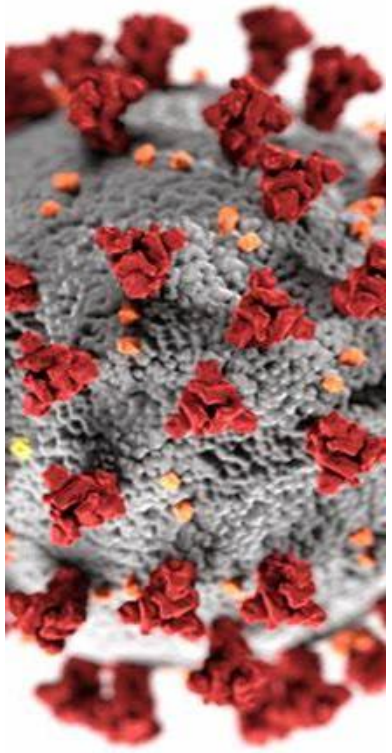
www.rbwm.gov.uk
Royal Borough of Windsor & Maidenhead

Outbreak Control Plan

Royal Borough of Windsor & Maidenhead

Why do we need an Outbreak Plan?

- We want to keep our residents as safe as we can from COVID-19 until better treatments and/or a vaccine is available.
- The initial phase of COVID-19 was countrywide. As national restrictions are lifted, sporadic cases are likely which will need local action to prevent spread.
- Building on local knowledge and trusted partnerships our local plan adds to national programmes.

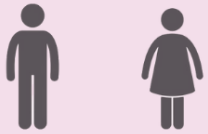


Windsor and Maidenhead

Our population on a page

Population: 150,906 (2018)

Demographics



49.6% 50.4%

17

0-64	65-84	85+
81.4%	15.7%	2.9%

(2018)

Deprivation

Among the least deprived districts/authorities in England

Employment	Statutory homelessness
80.4%	Unknown

Adult Lifestyle

Smokers

8.4%

Alcohol-related harm hospital admissions per year

696

Physically active adults

71.2%

58.7% Estimated levels of excess weight

Life Expectancy

BF average		Most deprived areas compared to least deprived	
81.5	84.7	5.1 yrs lower	2.9 yrs lower

Injury

Road deaths/injuries	Hospital admissions for violence
38.3*	32.5*

*rate per 100,000

Children and young people

7 Annual alcohol-specific hospital admissions among under-18s

7.9% Children living in low income families

7.7% Estimated prevalence of mental health disorders in children and young people (5-16 years)

Teenage pregnancy rate 8.7 per 1,000

Illness rates

*rate per 100,000

Under-75 mortality from cancer	New STIs	Under-75 mortality from CVD	TB incidence	Estimated diabetes diagnosis rate
112.0*	612.2	52.3*	8.0*	66.1*

Outbreak Control Plan Themes

1. Care homes and schools
   - Prevent and manage outbreaks in specific individual settings (e.g. schools, care homes)

2. High risk places, locations and communities
   - Prevent and manage outbreaks in other high-risk locations, workplaces and communities

3. Local testing capacity
   - Deploy local testing capacity optimally

Outbreak Control Plan Themes

4. Contact tracing in complex settings
   - Deliver contact tracing for complex settings and cohorts

5. Data integration
   - Access to the right local data to enable the other themes and prevent outbreaks

6. Vulnerable people
   - Support vulnerable people and ensure services meet the needs of diverse communities

Outbreak Control Plan Themes

7. Local Boards including Communication & Engagement
   - Take local actions to contain outbreaks and communicate with the general public

8. Workforce
   - Keeping our workforce safe

Managing risks locally

- COVID-19 does not travel on its own. It is transmitted largely in droplets, coughed out by people who are infected.

- Keeping a social distance, using tissues to catch coughs and sneezes and disposing of them safely, washing hands often and isolating infectious people are key protection measures to prevent spread.

- Some people seem more likely to catch COVID-19 or to become more sick as a result. These people need extra protection.

Managing risks locally

- Some settings are more risky, for example where infectious people are being cared for, where social distancing and isolation are more challenging or where there are people at particular risk of harm from COVID-19.

- It is likely that COVID-19 will be harder to spot and control in the winter and we need to be prepared.

Managing risks locally

In the Royal Borough we are developing focussed outbreak plans for a range of settings and population groups including:

- Schools
- Care Homes
- Residential settings
- Workplaces
- Transport
- Retail
- Places of worship
- Leisure facilities
- Vulnerable groups
- BAME communities
- People facing homelessness
- Tourism

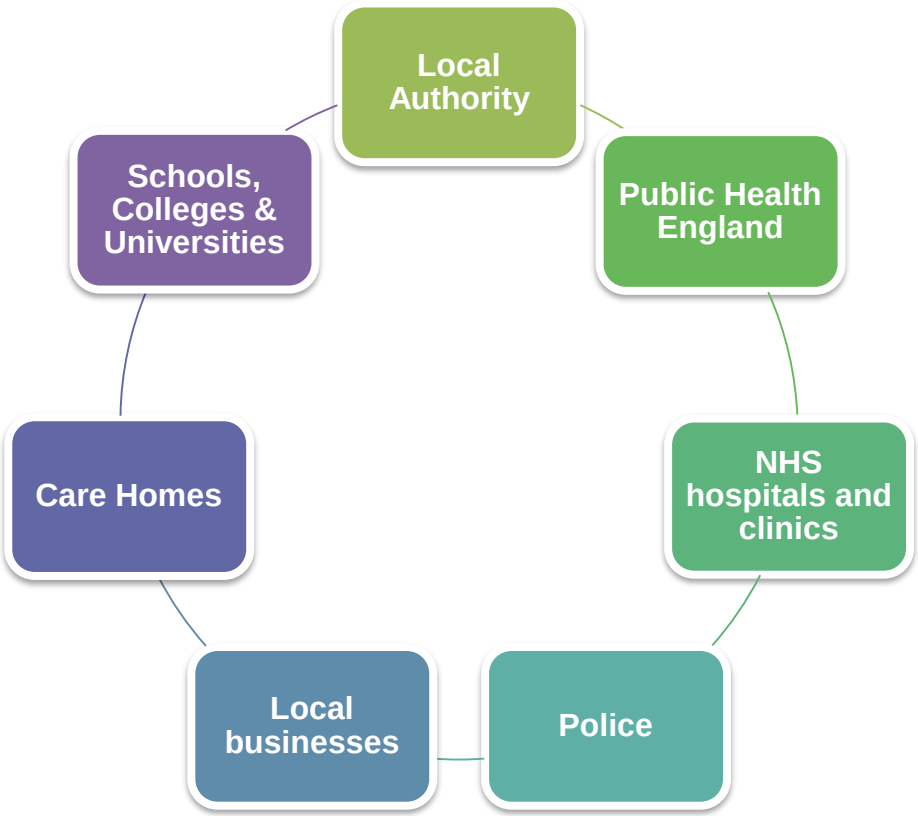
What actions might be taken or recommended?

- Alert messaging
- Focussed testing of people with and without symptoms
- Special testing facilities set up
- Closure of premises
- Restricting visiting
- Cancelling events
- Closing playgrounds or other facilities
- Enhanced monitoring of people isolating
- Specific advice on PPE and infection prevention and control measures
- Contact tracing

How will we respond to an outbreak in the Royal Borough?

- We will watch data on cases and risks closely, so we spot outbreaks early.
- We will support our residents to stay safe, encouraging handwashing, social distancing and isolation and assisting those who need help to comply.
- The actions we take will be those most likely to be effective, based on evidence.
- We will act swiftly to put local actions in place to support Public Health England's recommendations on controlling spread.
- We will communicate with local people and organisations to help them keep safe.

Managing a local outbreak is a team effort

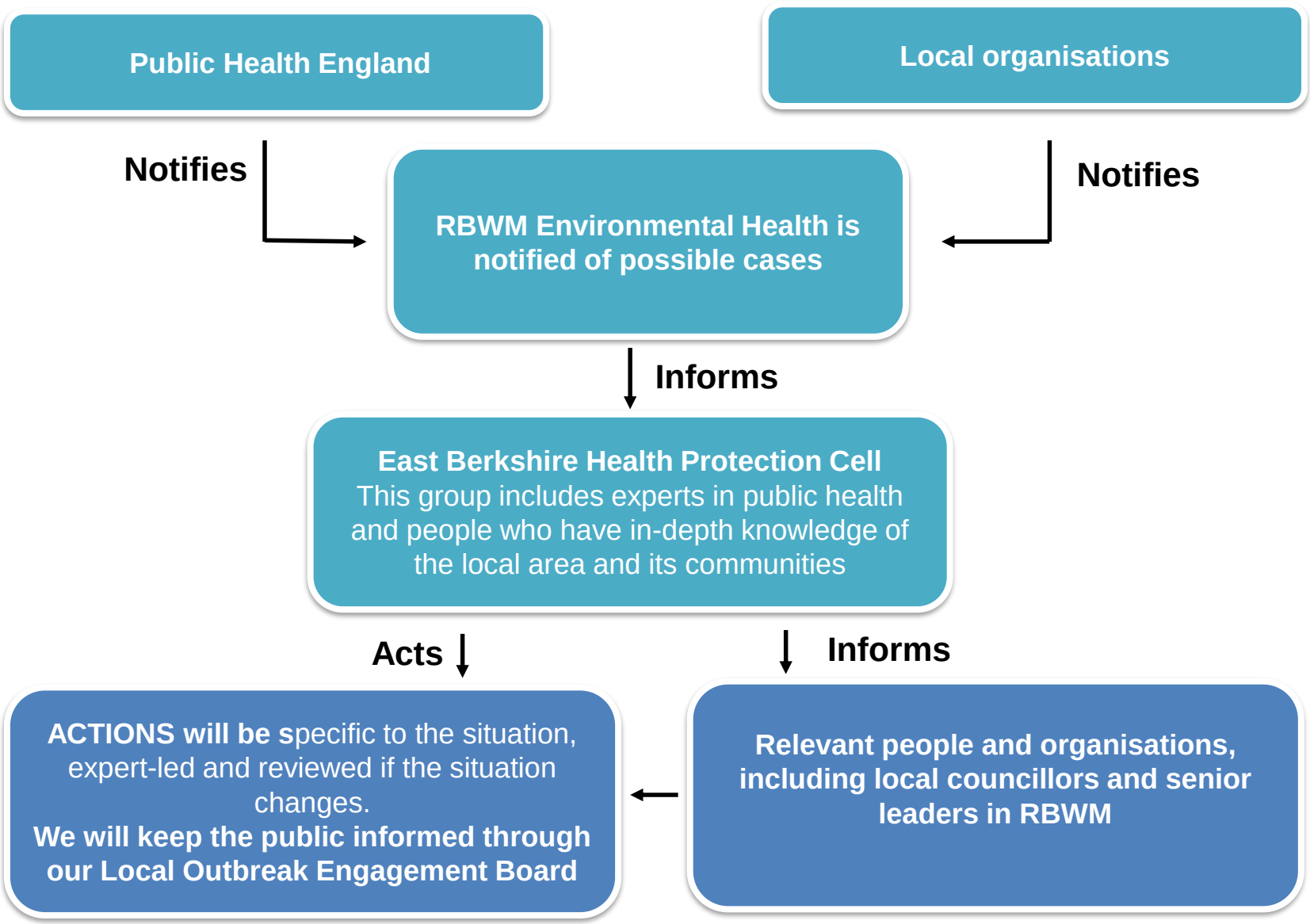


NHS Test & Trace

National Joint Biosecurity Centre

Thames Valley Local Resilience Forum

Outbreak notification and response



What if more action is needed?

RBWM GOLD Command will work with the local Public Health England Health Protection team to develop a local response and allocate resources

The local authority response team will help manage the local response

Thames Valley Local Resilience Forum will test plans and command & control arrangements to support actions across Berkshire

East Berkshire Health Protection Board will oversee the development of the outbreak control plan and deploy mobile testing units when necessary

South East Regional Oversight Group will share learning from one area to another, monitor outbreak management and oversee NHS Test & Trace

Action at a National level if needed

When to get in touch

Call the Council on 01628 683820

- if you have been contacted about being a case or contact and are not sure what to do
- if you think there are cases in your workplace, school or other setting

If you have symptoms, stay home and contact NHS Test & Trace to get tested

www.nhs.uk/coronavirus or call 119 if you have no internet access

Communication with residents

- Our outbreak engagement board will be held every month, and more often if needed, involving local councillors accountable to the public.
- We will keep our website up to date with the latest information and guidance.
- We will use social media to spread the word.
- We will work with services, businesses and organisations to make sure information is clear and accurate.
- We will make information available in accessible formats and languages other than English.

Governance

- Overseen by our two Berkshire Health Protection Boards, key partners will work together to control spread locally.
- Our Local Outbreak Engagement Board will listen and keep the public informed about COVID-19.
- The Thames Valley Local Resilience Forum will put Command and Control arrangements in place to act across a broader geography if needed.
- The South East Regional Oversight Group will help us learn from other areas.

Next steps for the Royal Borough of Windsor and Maidenhead Outbreak Control Plan

Refine — Refine the plan with partners

Adapt — Adapt the plan as we learn more about COVID-19 and local outbreaks

Review — Review our plans alongside new national programmes such as the Joint Biosecurity Centre

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Better Care Fund 2020/21

Background

- Since 2015, the Better Care Fund (BCF), has played a key role in the journey towards person-centred integrated care to support people to be independent at home.

- Overseen by Health and Wellbeing Boards, Better Care Fund plans should reflecting the local population needs and profile and represent a single, local plan for the integration of health and social care.

- The plans must meet the national conditions and planning requirements:
  - CCGs to pool a mandated minimum amount of funding and
  - Local authorities to continue to pool grant funding from the improved Better Care Fund (iBCF), Winter Pressures funding and the Disabled Facilities Grant.

- The BCF plan 2019/20 for the Royal Borough of Windsor and Maidenhead was approved. The planning guidance for 2020/21 has not yet been published.

Better Care Fund Metrics

All BCF plans include **ambitions** for each of the four metrics and plans for achieving these are a condition of access to the fund. For the borough the targets are as follows:

- **Non-elective admissions –**
- **Delayed transfers of care (DToC**) – target 11.2
- **Effectiveness of reablement -** target 87.5%
- **Admissions to residential and care homes** – target 185

Better Care Fund - Finance

The total Better Care Fund for 2020/21 is £13,747,000.

This is made up from:

- Minimum contributions
- Disabled facilities grant
- Improved better care fund
- Winter pressures

The total allocated is £13,641,000 leaving £107,000 to be allocated during the year.

In addition, there is £258,000 in reserves against which the borough has put in a bid to the Integration Board to fund additional homecare.

Examples of services funded by the BCF

- The approach to integrating care around the person, particularly those with long term health and care needs and includes single assessments, personal budgets, and Integrated Personalised Commissioning (IPC).

Schemes	Outcomes
Integrated Care decision-making - Investment in expansion of joint health and social care team capacity, include mental health support and development of Local Access Points	Regular multidisciplinary meetings/discussions to develop dynamic/responsive plans to reduce risk of hospital and care home admission of people with complex needs.
End of Life Care – investment in hotline services and intensive community support	Immediate access to specialist advice and support from hospice team to community health and social care staff to keep patients out of hospital and enable a peaceful end of life at home.
Dementia Services – development of dementia care adviser team and community based services for patients and carers	One to one and group advice, activities and support for residents of all ages with dementia, and their families/carers, to enable them to continue to live independently and maximise quality of life following diagnosis.

Examples of services funded by the BCF

- Programmes that support self-care and prevention.

Schemes	Outcomes
Social prescribing – locality based service, linked to Primary Care Networks providing targetted one to one advice, guidance and signposting to local services.	Improved quality of life and sustained independence for carers, those at risk of falls and residents with mild/moderate frailty through building greater personal confidence and regular access to local support groups and facilities.
Falls prevention – extensive promotion programme of individual and group exercise activities across local areas, including Keep Safe Stay Well service for housebound residents.	Significant reduction in falls related NEL admissions, particularly for 70+ age group and care home residents.
Paediatric hotline – Access to hospital based consultant advice by GP.	Reduction in avoidable admissions, particularly for anxious parents.
Stroke Association – personalised advice and guidance following hospital discharge.	Promotion of continued independent living for people who have had a stroke and support for family carers.

Examples of services funded by the BCF

Schemes	Outcomes
Care Homes quality programme	Investment in skills training for care home staff and coordinated community health support to meet needs of increasingly frail and complex residents and reduce avoidable hospital admissions
Wide range of advice and support for carers	Increased identification of carers, particularly mutually dependent, aging couples, reduce risk of avoidable crisis and promote continued independence
Primary care service for the homeless and hard to reach, vulnerable groups	Outreach services to support reduction in avoidable A&E attendances/admissions, improved coordinated, cross-organisational health and social care support to meet complex individual needs

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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