www.slough.gov.uk
Slough Borough Council

Taking pride in our communities and town

Date of issue: Tuesday, 4 November 2014

MEETING:	**SLOUGH WELLBEING BOARD** Councillor Rob Anderson, Leader Ruth Bagley, Chief Executive Superintendent Simon Bowden, Thames Valley Police Councillor Sabia Hussain, Health & Wellbeing Commissioner Ramesh Kukar, Slough CVS Lise Llewellyn, Strategic Director of Public Health Dr Jim O'Donnell, Slough Clinical Commissioning Group Colin Pill, Healthwatch Representative Dave Phillips, Royal Berkshire Fire and Rescue Service Matthew Tait, NHS Commissioning Board Jane Wood, Strategic Director of Wellbeing
DATE AND TIME:	WEDNESDAY, 12TH NOVEMBER, 2014 AT 5.00 PM
VENUE:	SAPPHIRE SUITE 5, THE CENTRE, FARNHAM ROAD, SLOUGH, SL1 4UT
DEMOCRATIC SERVICES OFFICER: (for all enquiries)	NICHOLAS PONTONE 01753 875120

NOTICE OF MEETING

You are requested to attend the above Meeting at the time and date indicated to deal with the business set out in the following agenda.

RUTH BAGLEY
Chief Executive

AGENDA

sustainable forest

PART I

AGENDA ITEM	REPORT TITLE	PAGE	WARD
	Apologies for absence.		

CONSTITUTIONAL MATTERS

1.	Declaration of Interest *All Members who believe they have a Disclosable Pecuniary or other Pecuniary or non pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Section 3 paragraphs 3.25 – 3.27 of the Councillors' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 3.28 of the Code.* *The Chair will ask Members to confirm that they do not have a declarable interest.* *All Members making a declaration will be required to complete a Declaration of Interests at Meetings form detailing the nature of their interest.*		
2.	Minutes of the last meeting held on 24th September 2014	1 - 8	
3.	Slough Wellbeing Board Business Representative	9 - 10	

ITEMS FOR ACTION / DISCUSSION

4.	Slough Wellbeing Board (SWB) Development Plan 2014/15	11 - 24	All
5.	Transfer of Commissioning Responsibilities for Health Visiting and Family Nurses to Slough Borough Council	25 - 34	All
6.	Heatherwood and Wexham Park Operational Resilience and Capacity Planning (ORCP) 2014/15	35 - 98	All
7.	Review of Slough Wellbeing Board's Governance Arrangements	99 - 104	All

ITEMS FOR INFORMATION

8.	Placeshaping Update - impact 1 year on and forward planning	105 - 108	All
9.	Action Progress Report and Future Work Programme *To note.*	109 - 112	
10.	Attendance Record	113 - 114	
11.	Date of Next Meeting *2nd February 2015*		

Press and Public

You are welcome to attend this meeting which is open to the press and public, as an observer. You will however be asked to leave before the Committee considers any items in the Part II agenda. Please contact the Democratic Services Officer shown above for further details.

The Council allows the filming, recording and photographing at its meetings that are open to the public. Anyone proposing to film, record or take photographs of a meeting is requested to advise the Democratic Services Officer before the start of the meeting. Filming or recording must be overt and persons filming should not move around the meeting room whilst filming nor should they obstruct proceedings or the public from viewing the meeting. The use of flash photography, additional lighting or any non hand held devices, including tripods, will not be allowed unless this has been discussed with the Democratic Services Officer.

This page is intentionally left blank

Slough Wellbeing Board – Meeting held on Wednesday, 24th September, 2014.

Present:- Councillor Anderson, Ruth Bagley, Simon Bowden, Ramesh Kukar, Lise Llewellyn, Dr Jim O'Donnell, Dave Phillips, Colin Pill, Matthew Tait and Jane Wood

Apologies for Absence:- Councillor Hussain

PART 1

12. Declaration of Interest

Agenda Item 11(a): Pharmaceutical Needs Assessment - Dr O'Donnell declared that the GP Practice he worked at had a pharmacy on site. Dr O'Donnell remained in the meeting and took part in the discussion regarding this agenda item.

13. Minutes of the last meeting held on 16th July 2014

Resolved – That the minutes of the meeting held on 16th July 2014 be approved as a correct record.

14. Better Care Fund Update and NHS England Funding Transfer to Social Care 2014/15

The Board were presented with an updated Better Care Fund (BCF) Plan and reminded that the purpose of the BCF was to create a health and social care pooled budget, which brought together services for adults in order to improve integrated and holistic working with the aim of improving outcomes for service users. Board Members were provided with an update on the implications, benefits and risks associated with the updated BCF.

The Assistant Director, Adult Social Care, reminded Members that NHS England would transfer £1,100m to local authorities during 2014/15 to fund adult social care services, £200m of which was intended to assist local authorities and clinical commissioning groups prepare for the implementation of the BCF pooled budget in 2015/16. There were a number of conditions associated with the funding:

- That each Health and Wellbeing Board must have agreed its Better Care Fund Plan in order to have access to its share of the £200m Better Care Fund allocated in 2014/15.
- That the remaining £900m must be used to support adult social care services which have a health benefit; local authorities must demonstrate how the funding transfer will make a positive difference to social care services.
- That there was joint leadership of the CCG and the Council through the Health and Wellbeing Board and that there is agreement on how funding is best used.

- That there is regard to the local Joint Strategic Needs Assessment and existing partnership commissioning plans in how the funding is used.

It was explained that funding in Slough would be used on a range of existing preventative and core services that would support the wellbeing of residents, deliver integrated care and allow service users to be supported at home. It was anticipated that these schemes would make a significant contribution to admission avoidance, promoting earlier discharge from hospitals and increased capacity in the local health and social care economy.

Board Members were advised that due to legislative and policy changes, the BCF Plan had been updated and a revised version had been submitted to NHS England on 19th September 2014. Four priority areas identified for Slough's BCF delivery were detailed as:

- *Proactive Care*: identifying those people in the community who were most vulnerable and supporting them through care planning and providing access to an accountable professional.
- *A single point of access*: establishing and running a single contact point (with a single telephone number) for accessing a range of short term health and social care services; supporting those in crisis and directing them into the right services in a co-ordinated and timely manner.
- *Integrated Care Services:* Greater co-ordination of the range of services locally that supported people in crisis or short term need.
- *Strengthening Community Capacity:* Greater utilisation and development of the voluntary and community sector through a more co-ordinated and integrated commissioning approach.

A query was raised relating to how vulnerable individuals were identified. The Board were informed that all partner agencies had a responsibility to identify vulnerable individuals and for this information to be shared with all agencies. In addition, a pro-active approach would be implemented with GP surgeries, each of whom had a 2% risk list of vulnerable patients. The importance of data sharing and a joint approach by all partners was emphasized.

Concern relating to performance related funding was raised. The Assistant Director explained that funding corresponding to any reductions, formed one element of the pay for performance fund. It was brought to Members attention that a 3.5% minimum target level reduction in total emergency admissions was set for Slough. If the locally set target was achieved then all of the funding linked to performance would be released to spend on agreed BCF activities. However, if the target was not achieved, the Clinical Commissioning Group (CCG) would retain the money proportional to performance, to be spent by the CCG in consultation with the Wellbeing Board.

Board Members welcomed the updated BCF Plan, noting that it provided a strengthened opportunity for improved partnership working and enabling the health and social care needs of residents and patients of Slough to be met in a more integrated and cost effective manner.

Resolved – a) That the Board note that the Council will enter into a Section 256 Agreement to receive £2.362m for the purpose of providing health and social care services and that this funding forms part of the Slough Better Care Fund from 2104/15.

b) That the proposed use of funding to maintain existing services, protect preventative services and to invest in new services to meet increased demand arising from population growth and ill health be approved.

c) That the proposed targets and governance arrangements for the spending of the funds be approved.

d) That the updated Slough Better Care Fund Plan 2015/16, as submitted to NHS England on 19th September, be endorsed.

e) That a further report on the Better Care Fund performance, funding and delivery to be presented to the Board in February 2015.

15. The Self Care, Personal Responsibility and Engagement Task & Finish Group - Final Report

The Board were reminded that the Self Care, Personal Responsibility and Engagement Task and Finish Group was established by the Board in March 2013. The remit of the Group was to establish a programme of activities that supported the Slough Wellbeing Board in its ambition to encourage residents to take a more active role in their own wellbeing and that of their wider communities and manage their health more successfully.

Members were informed that the Group developed five themes to focus on in further detail - access to primary care, young carers, health checks, domestic abuse and civic responsibility/volunteering. A summary of activities undertaken under each work stream and outcomes achieved were highlighted.

It was brought to Members attention that in response to reducing the number of visits made to secondary care providers for issues that could be effectively resolved by primary care providers; 147,000 patients were now able to book appointments into the early evening Monday to Friday and at weekends. Patients were also being offered more flexible appointments by telephone and email. It was agreed that further work was required to examine the reasons relating to those GP appointments that were not attended by individuals and whether techniques could be developed to emphasise the impact of not attending an appointment.

It was explained that using a range of behavioural techniques had not only assisted officers in developing a range of more innovative interventions that were more effective and possibly cheaper to deliver; but had also ensured

that residents received a more pleasant experience. Such an approach had led to partners collaborating on the delivery of a range of joint wellbeing priorities.

Board Members welcomed the experience led commissioning approach and emphasized the importance of maximising the 'Self Care, Personal Responsibility' elements within the Better Care Fund Plan.

It was agreed that due to the outcomes for a number of work streams not yet finalised, a further report would be brought to the Board once these had been completed.

Resolved – a) That details of the report be noted and a further report be considered by the Board in six months time.

b) Conclusions formulated regarding the findings of the Group be circulated to all partner agencies.

c) Further work to be carried out by the Group examining GP appointments not attended by individuals.

16. Healthwatch Annual Report 2013/14 and Work Plan 2014/15

Colin Pill, Chair of Healthwatch, Slough, presented details of the Annual Report 2013/14. The legislative context within which Healthwatch was established was outlined and the Board reminded that Healthwatch was the independent consumer champion for health and social care for children, young people and adults living, working and using services in Slough.

Board Members were informed that there were six priority themes which would inform the work plan for Healthwatch in 2014/15. The themes were noted as:

- Access to Services including timeliness
- Information about service provision and treatment
- Quality (including process and outcomes)
- Integration of Health and Social Care
- Grievance and redress i.e. complaints process and outcomes
- Dignity/Respect

Progress on the work plan was outlined and projects for 2014/15 highlighted. Current projects included Wexham Park Hospital Discharge Project and GP appointments.

Mr Pill raised concerns in relation to funding of and resources available to Healthwatch. A number of suggestions were made to increase the profile of Healthwatch which included an article in the Council's online newspaper, The Citizen, leaflets in GP surgeries and information on the Streetlife website – a local information sharing network. It was agreed that contact details of the Streetlife website would be forwarded to Mr Pill.

Resolved – That the Healthwatch Annual Report 2013/14 and Work Plan 2014/15 be endorsed.

17. Draft Report of the Slough Safeguarding Adults Board (April 2013 to March 2014)

The Board considered a draft report of the Slough Safeguarding Adults Board for the period April 2013 to March 2014. Members were informed that there had been significant personnel and organisational changes over the past twelve months. Members were reminded of the strategic objectives, as set out in the Board' three year Strategic Business Plan. Key developments were brought to Members attention including:

- In ensuring all agencies had a clear process for managing safeguarding cases, a training session – focusing on the emergency services – was held in March 2014. South Central Ambulance Service were moving towards electronic record keeping which would assist in the quality and speed of safeguarding referrals.
- Heatherwood and Wexham Park Hospitals NHS Foundation Trust had reviewed their discharge policy and set up a new discharge group to focus on safe discharges.
- Over the past twelve months the Board had reviewed and developed its Sub-Groups.

Plans for each of the partner agencies for the forthcoming year were outlined. A Multi-Agency Safeguarding Hub (MASH) had been created with a view to identify how to implement MASH facilities across Berkshire. The aim was to increase multi-agency decision making within the safeguarding arena for children and adults, thus improving the quality of information sharing between agencies in order that decision making can be both quicker and better.

A Member asked whether the appropriate mechanisms were in place to deal with the wide ranging issues that may arise in relation to adult safeguarding. The Assistant Director, Adult Social Care informed the Board that a Safeguarding Review Panel had been established that monitored safeguarding issues that arose across the country and any relevant information was reported to the Safeguarding Adults Board. Although there had been an increase in the number of service users of Adult Social Care during 2013/14, it was explained that in 2012/13 the figure had been significantly lower than the England average.

Following a general discussion regarding safeguarding alerts and referrals, the issue of individuals from abroad marrying vulnerable adults was raised. The Assistant Director confirmed that no such referrals had been made and that the Adult Safeguarding Board had carried out work in relation to this specific issue a number of years ago.

Resolved – That the Slough Safeguarding Adults Board Report April 2013 to March 2014 be noted.

18. Annual Report of the Slough Local Safeguarding Children Board 2013/14

The Assistant Director, Children, Young People and Families presented the Annual Report of the Local Safeguarding Children Board (LSCB) 2013/14. It was brought to Members attention that since the publication of the LSCB annual report the Independent Chair had left and procedures were in place to replace the vacancy as soon as possible.

Following an Ofsted inspection in November 2013, Slough's children services were judged as inadequate. Whilst the inspectors recognised that improvements had been secured since the previous inspection in 2011, these were not deemed sufficient to secure an improved grade judgement. It was noted that failure to recruit permanent social workers had had a significant impact on delivery of services. Furthermore, the inability to evidence clear and positive impact on the delivery or early help and child protection services in terms of the quality of these services and their impact on safeguarding outcomes for children and young people had contributed to the overall inadequate judgement. The areas identified for immediate action and development in the Ofsted review for the LSCB were incorporated into the Business Plan for 2013/14 with immediate effect and also featured prominently in the Business Plan for 2014/15.

The Board were reminded that Ofsted had recognised that the LSCB key priorities were appropriate and clearly identified and therefore the priorities for 2014-17 remained unchanged from the previous year. The priorities were outlined as:

i) To be assured of the effectiveness and co-ordination of safeguarding practice in Slough.
ii) To target areas that had been identified of particular safeguarding risk in Slough.
iii) To improve the effectiveness of the Slough LSCB.
iv) To improve communication and engagement between the Slough LSCB and children and young people, wider communities, front line practitioners and partner agencies.
v) To develop the workforce to enable it to deliver the improvements and outcomes sought.

Details of the work carried out by the LSCB were highlighted. In 2013 the Early Help Strategy and supporting Early Help Action Plan were reviewed and revised accordingly, to secure greater effectiveness in early intervention work and to secure greater synergy between early help and children's social care interventions. A key part of this new strategy was the introduction of a single 'front door' for access to services.

The Board were informed that the Local Authority had a statutory obligation to employ a Designated Officer, that was the point of contact should any partner agency have concerns relating to a social worker. Since the individual had been in post there had been an increase in the number of referrals made to

the Designated Officer when compared to previous years. This meant that the most appropriate response was targeted to any given situation.

Work of the various sub-groups was outlined and specifically that of the Child Sexual Exploitation (CSE) and Trafficking Sub-Group. Key pieces of work were implemented following securing of the CSE Coordinator Post, including developing a CSE indicator tool. The indicator tool was used to aid referrals and information sharing in relation to young people who were at risk of CSE or exploitation. Training to increase awareness of CSE had been carried out with partner agencies, schools and various sections of the community.

A number of points were raised in the ensuing discussion, which included:

- Low attendance figures from a number of organisations was noted. Members were informed that a number of measures had been implemented to ensure an improvement in attendance at future meetings.
- A Member asked what measures had been taken to increase awareness of CSE, both within the communities of Slough and education settings. The Assistant Director informed the Board that all schools in Slough had appointed a senior teacher from within their school as a designated Child Protection lead in relation to CSE. A publicity campaign had been carried out raising awareness amongst licensed premises trade, licensed drivers and voluntary sector partners. In addition, CSE continued to be raised amongst local businesses and communities via the Neighbourhood Watch Officers. The Director, Strategic Health and Wellbeing informed Board Members that a CSE Task Group, to include elected members and representatives from Thames valley Police, was in the process of being established.
- Arrangements were in place to recruit to the vacant LSCB Independent Chair position and the Board would be informed of the appointment in due course.

Resolved – That the Local Safeguarding Children Board Annual Report 2013/14 be noted.

19. CYPPB - Amended Terms of Reference

Members were informed that the Children and Young People's Partnership Board had agreed to revise its terms of reference in order to strengthen the accountability of Members and the effectiveness of the Board to implement the children and young people's agenda.

Resolved – That the amendments to the terms of reference for the Children and Young People's Partnership Board, as set out in the report, be endorsed.

20. Climate Change Priority Delivery Group (PDG) - Annual Report on climate change and carbon management projects and achievements

Board Members were provided with an update on current Climate Change and Carbon Management projects and achievements.

Resolved – That the report be noted.

21. 'Joining the Dots: Slough's Joint Autism Strategy 2014-17'

Details of Slough's Joint Autism Strategy 2014-17 were noted.

Resolved – That the Joint Autism Strategy 2014-17 be noted.

22. Update on Sexual Health Services Procurement

Board Members noted the results of the Sexual Health Service Review and the procurement options appraisal exercise.

Resolved – That the update on Sexual Health Services procurement be noted.

23. Pharmaceutical Needs Assessment

Board Members were reminded that from April 2013 Health and Wellbeing Boards had a statutory responsibility to keep an up to date statement of the Pharmaceutical Needs Assessment (PNA). It was noted that a PNA was a statement of the pharmaceutical services which were currently provided, together with when and where these are available to a given population.

The draft PNA was considered by the Board and it was agreed that subject to agreement of the document by key stakeholders, a consultation would be carried out over the autumn. The PNA would be presented to the Board in February 2015, prior to a final document being agreed in April 2015.

Resolved – That the draft PNA be circulated for consultation.

24. Action Progress Report and Future Work Programme

Details of the work programme for the year ahead were noted.

Resolved – That the Future Work Programme be noted.

25. Attendance Record

Resolved – That the record of Members Attendance be noted.

26. Date of Next Meeting

The date of the next meeting was confirmed as 12th November 2014.

Chair

(Note: The Meeting opened at 5.00 pm and closed at 7.43 pm)

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 12th November 2014

CONTACT OFFICER: Samantha Jones, Policy Manager (Health and Social Care)
(For all Enquiries) (01753) 875847

WARD(S): All

PART I
FOR INFORMATION

SLOUGH WELLBEING BOARD (SWB) BUSINESS REPRESENTATIVE

1. Purpose of Report

1.1. To update the Board on the recruitment of a SWB business representative.

2. Update

2.1 A recruitment exercise took place in August and September 2014 to recruit to the vacant position of business representative for the SWB.

2.2 We received five applications for consideration from a range of businesses across Slough.

2.3 Following a short listing process it was agreed that we would offer a place on the board to two of the applicants. The successful applicants were Naveed Ahmed from Goldteam Recruitment and Les O'Gorman from UCB UK.

2.4 A report will be presented to Council on 17th November 2014 where we will request an amendment to the SWB constitution to include two business representatives to the board membership.

2.5 The remaining three applicants will be offered a position at the following Priority Development Groups – Skills Employment and Enterprise, Climate Change and Health.

2.6 It is anticipated that subject to agreement from Council, both business representatives will join the board as voting members at the 2nd February 2014 meeting.

3.0 Appendices Attached

3.1 None.

4.0 Background Papers

4.1 None.

This page is intentionally left blank

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 12th November 2014

CONTACT OFFICER: Samantha Jones, Policy manager, Slough Borough Council.
(For all Enquiries) (01753) 875847

WARD(S): All.

PART I
FOR COMMENT & CONSIDERATION

SLOUGH WELLBEING BOARD (SWB) DEVELOPMENT PLAN 2014/15

1. Purpose of Report

1.1. This report introduces a draft SWB development plan for the board to comment on and agree.

1.2. The SWB development plan significantly proposes that the review of the Slough Joint Wellbeing Strategy begin in 2015.

2. Recommendation(s)/Proposed Action

2.1 That the Slough Wellbeing Board is asked to comment on and agree the SWB development plan.

3. The Slough Joint Wellbeing Strategy, the JSNA and the Corporate Plan

The Slough Joint Wellbeing Strategy (SJWS) is the document that details the priorities agreed for Slough with partner organisations. The SJWS has been developed using a comprehensive evidence base that includes the Joint Strategic Needs Assessment (JSNA).

3a. Slough Joint Wellbeing Strategy Priorities

The activity of the SWB aims to both improve, directly and indirectly, the wellbeing outcomes of the people of Slough against all the priorities as set out below.

Priorities:

- Economy and Skills
- Health
- Regeneration and Environment
- Housing
- Safer Communities

By reviewing the SJWS and agreeing a core vision and set of priorities for the SWB, the board will more effectively improve the wellbeing of people living in Slough.

4. **Other Implications**

Financial

Agreeing a shared SWB budget is proposed in the development plan to cover key SWB activity that may have associated costs attached.

Detail for a shared budget will be presented to the SWB for agreement at a later date.

(a) Risk Management

Minimal risks associated with implementing an SWB development plan.

(b) Human Rights Act and Other Legal Implications

There are no legal or human rights implications for implementing an SWB development plan.

Equalities Impact Assessment

There are no equalities impact implications for implementing an SWB development plan.

(c) Workforce

Delivery of the SWB development plan will be resourced by the Policy Team, Slough Borough Council.

5. **Supporting Information**

5.1 A SWB development day was held on 30th June 2014, facilitated by Richard Humphries from the Kings Fund, to review the performance of the SWB and agree how to further develop the board. (Please see appendix b for the report from this workshop. Section 6 refers).

5.2 An SWB development plan for 2014/15 has been drafted based on the recommendations from the development day. (Please see appendix a for the SWB annual action plan 2014/15).

5.3 The SWB development plan sets out the key activity for the remaining year and for 2015, in order to develop and improve the effectiveness of the SWB.

5.4 The key actions proposed to develop the SWB are:

- Implement a review of the SJWS in 2015 in order to:
  1. Agree statement of purpose/vision for SWB
  2. Carry out a root and branch review of SWB/SJWS priorities
  3. Map local SWB/SBC public spend to highlight areas of focus
  4. Agree SWB key priorities
  5. Agree what good performance for the SWB looks like
  6. Agree monitoring and reporting of priorities with milestones
  7. Agree an annual SWB workplan based on agreed priorities

8. Look at agreeing SWB shared budget to enable further development.
9. Following review of priorities - refocus Priority Development Groups looking at governance, purpose/focus and performance management

- Actions independent of SJWS review:
  10. Update SWB terms of reference including a "Welcome to SWB" guide
  11. Implement SWB newsletter
  12. Agree and invite Acute Service representative
  13. Manage a balance between, and mechanism for, formal and informal SWB business and discussions
  14. NHS England to attend meetings
  15. Consider Better Care Fund workshop for SWB to get to grips with key issues and challenges

5.5 The SWB development plan sets out timescales and outcomes for each action along with a status/progress rating.

6. Comments of Other Committees

None.

7. Conclusion

7.1 The SWB development plan aims to take forward key actions that will further improve the effectiveness and impact of the board.

7.2 Implementing the review of the SJWS in 2015 will enable the associated actions of the development plan to be taken forward and enable an updated SJWS to be ready to be launched and published in 2016.

8. Appendices Attached

'A' - SWB annual action plan 2014/15

'B' - SWB development Day final report.

9. Background Papers

None.

This page is intentionally left blank

APPENDIX A

SWB annual development plan.

Action	Timescale	Outcome	Responsibility	Status/Progress
***Review of Slough Joint Wellbeing Strategy:**				
*1. Agree statement of purpose/vision for SWB	TBC – needs to align with updated SJWS/SBC 5 year plan - TBA	1. Shared sense of purpose for all SWB members. 2. Increased understanding about what the SWB will do for SBC staff and SWB partner agency staff and stakeholders	SJ	Await agreement from SWB/Awaiting timescale for SBC 5 year plan. CCG 5 year plan in place.
*2. Carry out a root and branch review of SWB/SJWS priorities	TBC – needs to align with SJWS/SBC 5 year plan - TBA	1. Clear and aligned priorities based on operational and local need.	SJ	
*3. Map local SWB/SBC public spend to highlight areas of focus	By end of financial year April 2015	1. SWB will have clear understanding of how funding links to key priorities for partners.	SJ	
*4. Agree SWB key priorities	TBC – needs to align with SJWS/SBC 5 year plan - TBA	1. SWB members clear on what SWB will deliver. 2. SBC staff and SWB partner agency staff will be clear on what SWB will deliver.	SJ	
*5. Agree what good performance for the SWB looks like	TBA agreed based on SJWS/5 year plan timescales and completion of action 4	1. Success is clearly defined. 2. Improved ability to performance monitor and evidence impact of SWB.	SJ	
*6. Agree monitoring and reporting of priorities with milestones	TBA agreed based on SJWS/5 year plan timescales and completion of action 5	1. SWB can evidence progress, delivery and impact against priorities.	SJ	

APPENDIX A

Action	Timescale	Outcome	Responsibility	Status/Progress
*7. Agree an annual SWB workplan based on agreed priorities	TBA agreed based on SJWS/5 year plan timescales and completion of action 4,5 & 6	1. SWB will focus on key activity.	SJ	
*8. Look at agreeing SWB shared budget to enable further development.	TBA agreed based on SJWS/5 year plan timescales and completion of action 4,5 & 6	1. Further Improve input into BCF planning. 2. Better enable SWB to effectively commission joint services.	SJ	
*9. Following review of priorities - refocus PDGs looking at governance, purpose/focus and performance management	TBA based on completion of actions 1 - 8	1. PDG will have clear focus and workplan. 2. PDGs will have appropriate membership. 3. PDGs will link directly to work of the SWB.	SJ	
Actions independent of SJWS review				
10. Update SWB ToRs – "Welcome to SWB" proposed	End of November for Welcome guide. May 2015 for updated terms of reference	1. SWB members will be clear of how board operates and their role. 2. Increased awareness and understanding across a range of stakeholders about what SWB does and why.	SJ	
11. Implement SWB newsletter	By end of August 2014	1. A wide audience will have an understanding of what the SWB is, what is does and how this related to their work or their lives in Slough. 2. Increased attendance at SWB meetings from interested parties.	SJ	Complete – 1st edition with SWB members for comments

APPENDIX A

Action	Timescale	Outcome	Responsibility	Status/Progress
12. Agree and invite Acute Service rep	By end of November 2014	1. Key delivery partners are involved in key decision making of the board.	SJ	
13. Manage a balance between and mechanism for formal and informal SWB business and discussions	By end of December 2014	1. SWB members will be able to carry out creative planning in an informal environment. 2. SWB will continue to develop and grow in terms of effectiveness.	SJ	Not yet started
14. NHS England to attend meetings	With immediate effect	1. Governance is improved with attendance from NHS England. 2. Support and challenge for and from SWB is enabled more efficiently.	SJ	Letter sent to Mathew Tait NHS England requesting attendance
15. Consider BCF workshop for SWB to get to grips with key issues and challenges	By January 2015	1. Further Improve input into BCF planning. 2. Better enable SWB to effectively commission joint services.	SJ	To be organised post BCF delivery plan submission to NHS England on 19th September

This page is intentionally left blank

APPENDIX B

SLOUGH WELLBEING BOARD

SUMMARY OF DEVELOPMENT EVENT
Slough Aspire Centre, 30 June 2014

1. Background and Purpose

1.1 The King's Fund was commissioned to design and facilitate a development day to take stock of the Board's progress in its first year and to review and refresh its role and future development. This report sets out the main conclusions and five sets of actions for the Board to consider. It should be read in conjunction with the slide pack that contains the presentations that were used during the event.

1.2 Prior to the event, an overall assessment of the Board's work and progress was conducted through:

- holding telephone interviews with each Board member to review progress to date, establish how they see their role on their board and their views about priorities for the Board's future work and development;
- a brief desk review of Board minutes & relevant papers including the JSNA & Joint Health & Wellbeing Strategy.

1.3 Drawing on feedback from Board members about what they wished to achieve from the event, the agreed purpose and desired outcomes were to:

- refresh everyone's understanding of the role, powers and duties of health and wellbeing boards, taking account of evolving national policy developments, draw on our national research and learning from work with other Boards;
- take stock of what progress the Board has made so far –generating a renewed and shared sense of purpose for the Board;
- agree priorities for the Board's work and its development going forward so that it can deliver the ambitions it wishes to set for itself.

2. Policy context & overview

2.1 The implementation of the Health and Social Care Act over the last 12 months has introduced more complexity in organisational and commissioning arrangements. There remains considerable uncertainty about how the new arrangements should work in practice. The relationship between CCGs and NHS England is evolving, as are other parts of the system including the role of Public Health England. There are some concerns about the fragmentation of commissioning on the health side, whilst providers are struggling to reconcile financial balance with rising demand and protecting patient safety.

2.2 The biggest shared challenge for the NHS and local authorities arises from the lack of improvement in the public finances and the prospect of a decade of austerity. Further cuts in central government grants to local government have been announced for 2014/15 - on top of the 28% reduction in the current spending review period Although NHS budgets are likely to be protected in the forthcoming spending review, the absence of any real terms increase creates a funding gap - 'the Nicholson challenge' - of at least £15b. Although the Government's decision to implement the recommendations of the Dilnot Commission have been welcomed, this will not address the underlying funding shortfall in adult social care. The Care Act will significantly extend the responsibilities of local authorities. Managing the widening gap between needs

and resources will become an even bigger challenge for the NHS and local authorities.

2.3 In the last 12 months integrated care has risen further up the policy agenda, with the imminent announcement of a new national framework for integration that will involve the selection of 'pioneers' - places with particularly ambitious and visionary plans for whole system integration – and a £3.8b Better Care Fund requiring Health and Wellbeing Board's to sign off.

2.4 All of these developments underline the necessity of a local forum that brings together key leaders from the local NHS and local authority. Despite continuing controversy about many aspects of these challenges, Health and Wellbeing Boards continue to enjoy cross-party support and are seen by many as playing a pivotal role in addressing the above challenges at the local level - especially in leading the integration of services. If anything they seem set to play a bigger role in the future. However they will be grappling with fault lines in national policy and funding that have bedevilled many past initiatives and in the context of the worst financial environment in living memory. There remain concerns that the increasing weight of expectations placed on Boards will exceed their capacity to deliver them – particularly given their relatively limited duties and powers and the fragmented organisational landscape of the NHS. The King's Fund research and other evidence suggests that few Boards are setting the pace for others to follow, with most having made relatively modest progress in a short space of time.

2.5 Presentations from Ruth Bagley and Dr Jim O'Donnell set out the main challenges facing the CCG and local authority, reflecting the national challenges arising from money, organisational complexity and rising demand. Contributions from other Board members confirmed there is a shared need across public service organisations in Slough to find new ways of working that recognise these realities and foster realistic public expectations.

3. The role and purpose of the Board

3.1 Richard Humphries summarised the overall purpose of the Boards as set out in the Health and Social Care Act ('HWBs at a glance' in the attached slide set). The legal powers and duties of the Boards are as follows:

- The Board has a duty to promote integrated working
- The Local Authority and CCG each have a duty to produce a joint strategic needs assessment (JSNA) & joint health and wellbeing strategy (JHWS) which must be discharged through the Board. NHS England is required to participate in these processes. The Board should take account of the mandate to NHS England;
- The CCG, local authority and NH England must 'have regard' to the JSNA and JHWS in exercising their functions
- The CCG must involve the Board in preparing and revising their commissioning plans
- The Board has the power to:
  - Appoint additional members
  - Require NHS England to attend meetings
  - Request information
  - Write to NHS England if it considers that the CCG's commissioning plan does not take account of the JSNA or JHWS
  - Express an opinion whether the local authority is having regard to the JSNA and JHWS.

3.2 It can be seen that the formal powers of Board are very limited - it does not for example have the power to sign-off CCG commissioning plans. Its effectiveness in practice depends less on legal powers and more on an interlocking set of duties placed upon the CCG, local authority and NHS England. The remit of the Board covers all of their relevant functions. Evidence to date points to the importance of the local authority/CCG partnership at the heart of the Board - it is as much about relationships as it is about meetings. The permissive nature of the legislation offers considerable scope to develop the role of the Board - if partners agree.

3.3 Department of Health guidance, the NHS Operating Framework for 2013/14 and recent guidance on the Better Care Fund confirm the expectation that the Boards will function as a partnership between local authorities and the NHS.

4. Progress, Key Issues & Priorities

4.1 Slough's Board was established in shadow form in 2013, based largely on the previous Local Strategic Partnership. This has given the Board some strong advantages. It meant continuity of membership and leadership – this is relatively unusual among Boards where the results of local elections and other developments have seen a high turnover of Board members. The research literature on partnerships and integration indicates that stability and continuity of leadership is an important success factor. The status of the Board as a statutory committee of the local authority offers a strong governance framework that was sometimes lacking in previous partnership arrangements though this is not without its drawbacks.

4.2 Its origins in the LSP has meant also that the Board has taken a broad approach to its remit and sees its role as promoting wellbeing across a range of local public services. Unlike some Boards it has avoided a relatively narrow concern with health and social care issues. The Board has agreed a comprehensive and ambitious Joint Wellbeing strategy that sets out a wide range of priorities covering health, economy and skills, housing, regeneration and environment, safer communities and two further cross-cutting themes of civic responsibility and the image of the town. It is a crisp and clearly expressed strategy that should be regarded as a significant output that the Board has overseen.

4.3 The Board is relatively small compared with most Boards – in our last survey the majority had at least 13 members. Boards that are too big run the risk of becoming ineffective talking shops whilst Boards that are too small may not be inclusive enough in ensuring the right stakeholders are round the table. The inclusion of Police and Fire Rescue Service in the Board is relatively innovative, with the latter service offering a good example of transformational change that offers lessons for other public services in Slough.

4.4 The size of Slough's Board has served to encourage generally good working and personal relationships. All Board members expressed a strong commitment to the Board and had a positive view of the Board's potential as the key local partnership vehicle. This is reflected in generally high levels of attendance at Board meetings. Board members seem to share a strong sense of 'place'.

4.5 It is also a strength of the Board's current stage of development that there seems to be a general consensus about some key areas where the Board needs to be different and consider changes to improve its effectiveness. In summary:

- it is difficult to pinpoint specific achievements that would not have happened had the Board not existed, although there is clearly some excellent work in progress. The Board has yet to demonstrate impact. Whilst the Wellbeing Strategy is ambitious and wide-ranging, that does mean the Board is heavily reliant on the Priority Development Groups (PDGs) to oversee and drive forward the work under each priority. This creates a danger that it spends too much time reacting to strategies and proposals across a multitude of different services and needs. This will be very challenging for a small Board with relatively little capacity. It constrains its ability to exercise appropriate challenge and exert strategic grip in ensuring delivery and performance across a diverse and numerous range of priorities. Work is in hand to establish a performance reporting mechanism for the Board. This will help but it will remain very challenging for the Board to monitor progress effectively against 28 priority actions across 6 PDGs. The Board needs to find a way of demonstrating real impact that benefits Slough's people and communities without compromising its very laudable ambitions;

- Another issue that arises from the broad remit of the Board and the Wellbeing Strategy concerns the relationship between the local authority and the local NHS and how far this is accorded sufficient time and priority by the Board. Local changes in NHS providers, changing patterns of illness and escalating demand pressures at the interface of the NHS with adult and children's services means that this will almost certainly become a much bigger issue locally (for example, changes to the Better Care Fund conditions announced since the development event signal a bigger transfer of risk from the NHS back to local government). The Board may need to reconsider the amount of time it can give to this in the broader strategic sweep of all other issues; and whether the very limited NHS involvement in the Board offers sufficient engagement and capacity to tackle health care needs and priorities. The existing membership of the Board does not suggest a balanced partnership between the local authority and the NHS.

- whilst individual members of the Board express a strong commitment to the Board, currently they each appear to see their role as representing an organisation or professional interest rather than members of a collective body with a shared sense of purpose. The terms of the reference of the Board – essentially a list of its statutory duties and powers – does not reflect a clear sense of shared purpose about the Board's role and what it is there to do.

4.6 In summary the current Board has some significant strengths. It is well established and has met regularly, it has agreed a joint wellbeing strategy with an ambitious set of strategic priorities that extend beyond health and care. Working relationships are good and so far has withstood inevitable tensions arising from the huge financial pressures facing NHS bodies and the local authority. It has reached a stage in its development that is similar to most Boards in the second full year of operation – noting that all are in their infancy and there is very clear evidence that effective partnerships and the relationships that underpin them taker time to mature and develop. But to become a truly effective joint decision-making body that can demonstrate it is making a real difference to the wellbeing of local people, the Board needs to change gear and begin a new phase of development.

6. Areas for development & next steps

6.1 It is very encouraging that there does seem to be broad agreement amongst Board members about priorities and work programme and its own development. Further discussion at the event suggested five areas for attention:

(i) Develop **a statement of purpose** that clarifies a shared agreement about the role of the Board that could be used to explain its role to wider stakeholders and communities where awareness of the Board is limited. This needs to be a much clearer and crisper description than that contained in the Board's current terms of reference. Three particular ideas emerged from the discussion that could be reflected in the statement of purpose:

a. The notion of 'better together ' – the Board embodies a collective recognition that there are common challenges that each individual organisations cannot tackle effectively on their own;
b. the Board as the 'go-to' body for key strategic decisions that need the agreement and support of partners;
c. the role of Board in having executive authority to 'unblock' or remove obstacles that are getting in the way of particular programmes or projects.

A new statement of purpose, as part of a revised terms of reference, could also make clear the role and contributions of the PDGs and at what level particular issues are dealt with. It could also clarify and confirm the interface with other vehicles e.g. Health Scrutiny Committee; Safeguarding Boards etc.

(ii) In thinking through its strategic priorities, the Board might find it helpful to undertake **a resource mapping exercise** of all public service spend in Slough; this would offer the Board a much sounder understanding of what money is being spent, how and where, the inter-dependency of separate organisational budgets and how well the total resource is being used to achieve better outcomes. It could enable the Board to get a much stronger grip on the relationship between priorities, spending and outcomes.

(iii) Carry out a fundamental **review of the overall priorities and work programme** of the Board so that it can demonstrate and deliver real impact. These might include:

a. Retaining the existing overall strategic priorities but streamlining the number of priority actions and redefining this in measurable terms (work on this is underway already)
b. Agreeing an annual work plan that concentrates on some key deliverables that the Board would then focus on;
c. Agree and implement an effective performance reporting mechanism.

(iv) **Review the membership of the Board** with a view to strengthening the engagement of the local NHS. This could be achieved by:

a. Securing greater participation from NHS England so that the Board can give adequate attention to local primary care services commissioning;
b. Inviting the CEO or designated representative of Heatherwood & Wexham Park Foundation Trust to join the Board;
c. Holding a workshop specifically on the Better Care Fund that could also address the wider changes needed to achieve care closer to home.

(v) To give more consideration to **the Board's development needs**. This might include:

a. Adjusting the balance between formal meetings and informal sessions such as briefings, specific workshops and development time
b. Establishing a common induction programme for new Board members and carrying out a skills audit of existing Board members;
c. Conducting an annual review of its effectiveness and impact, using the LGA/NHS Confederation self-assessment tool, peer review or external assessment;
d. Ensuring there is sufficient professional and administrative capacity to support the work programme and its further development as a Board; currently this falls wholly on the local authority.

Richard Humphries
Assistant Director, Policy
The King's Fund

22 July 2014

SLOUGH BOROUGH COUNCIL

REPORT TO: Wellbeing Board **DATE:**12th November 2014

CONTACT OFFICER: Dr Angela Snowling, Consultant in Public Health
(For all Enquiries) (01753) 87 5142

WARD(S): ALL

PART I
FOR INFORMATION

TRANSFER OF COMMISSIONING RESPONSIBILITIES FOR HEALTH VISITING AND FAMILY NURSES TO SLOUGH BOROUGH COUNCIL

1. Purpose of Report

This report updates the SWB on the progress and risks regarding transfer of commissioning responsibility to Slough Borough Council of the health visiting and Family Nurse Partnership services, which will take effect from 1st October 2015 following a period of co-commissioning with NHS England in the period April 1st 2015 – September 30th 2015.

The health visiting service and Family Nurse Partnership will become mandated services funded through the public health grant and the funding envelope will be announced in December 2014 for formal changes to baselines from 2016/17 onwards. No changes will occur to 2015-16 baselines but financial transfers will be made for effect on October 1st 2015 – March 31st 2016.

The report includes the health visiting service model agreed by the Berkshire Transition board with NHS England and covers the financial and other risks and mitigations identified from the latest national briefing.

Although there is an expectation that all local authorities will adopt the national service specification for health visiting, there is scope to enhance the transition and ensure an integrated early years plan based on:

- a local workshop with key early years stakeholders (May 2014)
- in depth analysis of the views of parents, maternity services and health visitors about improving communication and services - derived from a subset of the CCG co-commissioning programme (June - July 2014)
- a gap analysis against the six high impact changes in the early years briefings prepared by a collaboration between DH, NHS England. Public Health England and the LGA (July 2014)

SWB is asked to note that the action plan derived from the above will be shared in a further paper when the full funding envelope is clear

2. Recommendation(s)/Proposed Action

For the SWB to note the plan in place for the transfer of Health Visitors and Family Nurse services to Slough Borough Council.

3. Slough Wellbeing Strategy Priorities

An integrated 0-5 early years service is a key service supporting the good physical and mental health outcomes required in the Health section of the Wellbeing Strategy and the Health Strategy as well as within the National Service Specification

4.. Other Implications

(a) Financial

The NHS envelope will be confirmed in December 2014 or the 2015-16 year and this is a risk being managed at the Berkshire Transition Board and Public Health Advisory Board levels. The proportion of workers who support the frontline health visitors, whether in staff nurse or nursery nurse or administrative roles and clarity about the numbers of staff working in management or in CCG funded roles on safeguarding or in family nurse roles has also been achieved.

Nationally it is acknowledged that the main risk is that the transfer is an 'as is' model and takes no account of changes in birth rates. The board has therefore had to accept the 'as is' model.

Finally there is no clarity about the costs of professionally developing staff once Health Education England complete their targets for HV development and hand over responsibility to local authorities.

(b) Risk Management

Risk	Mitigating action	Opportunities
Legal	Novation of the HV contract required in first year	Regional briefing 3 will include details of novation and contracting requirements
Property	NONE	NONE
Human Rights	NONE	Meet the needs of specific groups in society.
Health and Safety	NONE	NONE
Employment Issues	NONE as staff will remain with their host organisation	Possible action if service redesign leads to re-commissioning. Unions have agreed to model
Equalities Issues	An equalities impact assessment informed the national service specification	The Cowley model takes into account the skill mix needed to tackle inequalities associated with higher rates of deprivation

Community Support	Stakeholder surveys were conducted in May and June 2014.	Local stakeholders identified the need and will shape any future provision.
Communications	Ongoing these are led by NHS England using national briefings	Berkshire is represented on the national board
Community Safety	NONE	NONE
Financial	NONE at this stage as awaiting the national allocations.	Financial modelling for 15-16 and 16-17 is being undertaken by NHS England for each local authority and will be finalised by December 2014
Timetable for delivery	For immediate decision and action.	See national briefing
Project Capacity	The consultant lead for children is supported by the PH operations manager at BFBC	Additional support from the central team in BFBC in relation to contract management
Other		

(c) Human Rights Act and Other Legal Implications
NONE

(d) Equalities Impact.

An Equalities Impact Assessment for the procurement plan will be completed if any retendering is required.

5. Legal basis of the transition and governance

The transfer was agreed as part of the Health and Social Care Act 2012. It is the responsibility for commissioning, not service provision, which will transfer. It is not therefore a transfer of the health visiting workforce - who will remain in provider organisations.

The governance of the transfer is primarily a local one: from NHS England Area Teams as the “sender”, to the local authority as the “receiver”. It is being supported by; national, Thames Valley and Berkshire level transition boards.

The Berkshire transition board contains senior staff of all six UAs in Berkshire, NHS England and the provider organisation Berkshire Healthcare Foundation Trust.

A national health visiting service specification must be in place by April 2015 with NHS England. Due to the differences between the East and the West services NHS England is monitoring the delivery of the quality indicators set in that specification. Until a full staffing complement is

achieved - due to be in place by January - it is not possible for the current team to fully meet that specification.

Caseloads reflect this and are still above the maximum required for a deprived area. A local appendix will set out the detailed service requirements for Slough and will be completed when the ring fenced funding is confirmed in 2016-17.

6. Synopsis of the Healthy Child programme

The services transferring include the 0-5 Healthy Child Programme (Universal/universal plus) which includes:

- Health visiting services (universal and targeted services);
- Family Nurse Partnership services (targeted service for teenage mothers).

Details of the programme can be found at
www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life

All of the existing services supporting the four stages; community, universal, universal plus and universal targeted plus have been mapped locally and gaps identified at a stakeholder event held in May 2014.

NHS England are working with the existing service to ensure that the local universal offer is consistent with the national service specification available at http://www.england.nhs.uk/ourwork/qual-clin-lead/hlth-vistg-prog/res/#serv-spec

A further update to that specification is planned for 2015-2016 when the commissioning responsibility transfers to local authorities. Local variations can be added in appendices.

7. Commissioners of existing early years service

Health visiting services are currently commissioned locally from Berkshire Healthcare Foundation Trust by NHS England and these interface with a wide range of services. The transfer of the services allows the opportunity to improve pathways, joint training and ultimately outcomes for children.

NHS England currently commissions

- Health visiting services – which will pass to local authorities in October 2015 – half way through the annual NHS contract for 2015-16. These include the core service – described in the national specification and specialist services for women living in temporary accommodation as well as family nurses who work closely with maternity services to ensure at risk families are given support
- The child health system. – which will remain under a section 7a agreement in 2015-16

Clinical commissioning groups (CCGs) such as Slough CCG commission services which interface with health visitors such as;

- Specialist safeguarding named nurses - who train and supervise frontline health visitors in their safeguarding role.
- Maternity services including the specialist Crystal team which refers the most vulnerable young mothers to health visiting services
- the Slough Introducing Access to Psychological Therapies service (IAPT) at Upton Hospital which provides perinatal mental health services - to which women who are suffering from depression are referred already by the health visiting service.
- Mental health services

Slough Borough Council

- commissions early years services from Mott McDonald
- provides Family Information Services
- provides a small specialist parental mental health service (from the early help team) and family intervention services from the DAAT commissioned services

8. The Cowley model and implications for Slough.

The Berkshire transition board has agreed the numbers of frontline health visitors in table 1 below based on the Cowley model (a nationally accredited model agreed by the Health Visiting Association nationally) as shown below

Table 1 Cowley model of frontline health visitor establishment across Berkshire

LA name	Under 5s in 2014-15	Current allocated HV wte	Current WTE according to Cowley model (without alternative variants)	Diff model-actual	Model % HVS in 2014/15
Bracknell Forest	7763	18.1	18.5	0.4	11.7
Reading	12817	33.8	35.2	1.4	22.2
Slough	13003	36.1	37.7	1.6	23.8
West Berkshire	9232	21.7	22.1	0.4	13.9
Windsor and Maidenhead	9849	22.4	22.9	0.5	14.5
Wokingham	10106	21.8	22.2	0.4	14
	62770	153.9	158.6	4.7	100.1

* NB this figure does not include the extra family nurse and management roles which have been removed and will be risk shared across Berkshire

9. What external stakeholder workshops have identified :

- Co-location of health visitors in all children's centres, widely promoted and available not just Monday – Friday, 9 – 5pm but also adopting outreach to support working mothers and fathers

- Increased opportunities to access services (for example, a 24-hr parenting line for new parents/carers during the first year; extension of services at weekends and evenings to benefit working parents).

- Increased provision of perinatal mental health services and support for children and young people's emotional health and wellbeing at Tier 1s and 2 (preventative and targeted services) linking to improved parenting programmes and community level provision

- Training for early years staff to support them to recognise signs of emotional distress in children and families

- Increased provision of health visitors and school nurses to take on more public health, and particularly public mental health work with all children and young people.

- Explore opportunities for health visitors to refer to other programmes for families (other than the Family Nurse Partnership model) to benefit more young mums and babies who do not meet the criteria for FNP i.e the mother must be a first time mother and not older than 19 years

10. Gaps identified against the six early years high impact briefings which need to be addressed by partners to support the delivery of the national specification

A detailed action plan is being developed – key gaps include lack of; integrated IT, evidence based parenting programmes to support attachment in the general population - as the Family Nurse Partnership is only for first time mothers, lack of an agreed common assessment tool across all agencies, lack of a maternity and HV presence in all children's centres (due to lack of space and shared IT facilities) and access to speech and language and other services. Lack of consistent information sharing regarding accidents and prevention, lack of specific pathways for underweight children, lack of consistency re advice for obesity, breastfeeding and weaning (though volunteers are being trained in the latter) and attainment of Baby Friendly status in children's centres.

11. Specific Transfer Actions

NHS England's agreed service model (August 2014) and financial envelope which has to be signed off by SBC in readiness for the

September 12th deadline. The full costs of ancillary staff has been calculated in advance of this deadline

Ministerial clearance will then be sought and by December allocations for 2016-17 will be part of the local government finance settlement

The final growth announcement for 2016-17 is not expected until December 2014

The model of service approved by the Berkshire transition board is taken from the existing nationally approved Cowley model which provides Slough with 37.7 WTE front line health visitors. Additional staff such as support workers, management and family nurses will be apportioned across all six UAs. The costs for the FNP will be shared based on the postcode of registration as women register antenatally onto the programme and the availability of staff.

Health visiting services are to be mandated within the ring-fenced public health grant from 2016-17 onwards. The universal areas of service that are mandated are as follows;

- antenatal health promotion review – which occurs at childrens centres (CCs)

- new baby review which is the first check after the birth (at home)

- 6-8 week assessment (at CCs)

- one year assessment (at CCs)

- two to two and a half year review (at CCs)

This will ensure ongoing provision of a universal health visiting service that is essential to supporting the health and well-being of families and children at a crucial stage of development.

These universal services will be legally mandated for 18 months as part of the transition to local authority commissioning and will be reviewed after a year. The Department of Health have started the process of drawing up regulations.

This is a lift and shift model of transfer of commissioning responsibility although scope exists to improve pathways, staff competencies and adoption of improved parenting support locally

In Berkshire, additional in year funding has been obtained to improve the coverage and the quality of the one and two year developmental assessments by the use of appropriate equipment, (physical and web based), and enhancing practitioner skills in interpersonal relationships (using the Solihull approach) and the management of change with families

There are opportunities for partnership working around delivery of 2 year assessments, building on existing awareness raising workshops about the service, its transformation and transition, a common approach to working with families, e,g Solihull, work around the three pathways of maternal mental health, early attachment and healthy weight, which will result in improved service quality and coverage of the HCP.

We need to ensure that the 'responsible commissioner' rights to shared data required for OFSTED are obtained asap as part of the contract changes for 2015-16. A local data sharing agreement will be needed which builds on the data sharing agreement between the provider and NHS England during the transition year. For example the provision of perinatal mental health information to ensure joined up support with Introducing Access to Psychological Therapies

Parenting programmes other than the Family Nurse Partnership need to be in place to support improvements to the attachment pathway. There is a gap for the age range 0-3yrs whereas for 3 and over Slough Children's Centres (CCS) have identified free funding from Save the Children to introduce the FAST parenting programme. which DfE rate as a four star programme (see the parenting database at http://www.education.gov.uk/commissioning-toolkit/Programme/CommissionersSearch

The Children and Young Peoples partnership board will need to agree which models of parenting programmes are required in Slough as soon as possible and ensure multiagency training to improve access.

The NHS England funding for joint training of health visitors and early years staff needs to be used to ensure that robust pathways of support are agreed from the results of the Ages and Stages assessment at 2-2.5 years (which the health visitors use). This assessment should support the early years foundation stage assessments outlined at https://www.gov.uk/progress-check-at-age-2-and-eyfs-profile and signpost further support services for families.

The perinatal mental health pathway should make explicit local voluntary sector links to perinatal mental health services; such as the support provided by Home Start for women identified with antenatal or postnatal depression. This work will be reviewed prior to the transition. The risk mitigation is that health visitors will refer to Improving Access to Psychological Therapies (IAPT) but this has a long waiting list. As Slough CCG commission maternity and mental health services the earlier referral of families to this group should be considered for 2016-17 as a co-commissioned service with the CCG as well as pathway improvements to ensure improved communication between maternity services and health visitors

Ensure the provisional model of increased numbers is actually achieved prior to acceptance through regular performance reports from NHS England

Identify opportunities to increase access to out of hours health visiting and early years services for working women and fathers should be sought

12. Comments of Other Committees / Priority Delivery Groups (PDGs)

This paper has also been presented to the Slough Children's and Young People's Partnership Board .

13. Conclusion

SWB can be assured that there are good governance processes in place at all levels whether national or local. The collaboration between NHS England and the six UAs in Berkshire is a very positive example which is helping to shape the transition decisions nationally too. The work underway at regional level is fulfilling many of the recommendations in local stakeholder sessions

There is a strong willingness of all agencies to improve pathways and redesign services tempered by the need from the LGA about assurance that no new burdens will be placed on local authorities.

However the risks identified in the national briefing show that SBC will need to be assured that the service model and trajectories are affordable and that full cost recovery is available in the national allocations in December 2014.

There is scope for the Slough Improvement board and CYPP board to agree on a high level joint action plan arising from the six national briefings on early years best practice that would support the service when integrated in October 2015.

14. Background reading

Six high impact briefings for early years available at https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children

The national (NHS England) service specification for health visiting services in England 2014-15 available at http://www.england.nhs.uk/wp-content/uploads/2014/03/hv-serv-spec.pdf

NB the 2015-16 specification is expected in December 2014.

This page is intentionally left blank

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 12th November 2014

CONTACT OFFICER: Carrol Crowe, Director of Strategy and commissioning, Slough CCG
(For all Enquiries) (01753) 636840

WARD(S): All

PART I
INFORMATION & COMMENT

HEATHERWOOD AND WEXHAM PARK OPERATIONAL RESILIENCE AND CAPACITY PLANNING (ORCP) 2014/15

1. Purpose of Report

To inform the wellbeing board on the supersession of winter planning with ORC Planning and the consequent evolution of urgent care boards in to System Resilience Groups (SRGs).

To give sight of the 2014/15 ORCP and take comments to further refine local implementation plans.

2. Recommendation

The Committee is requested to note the report – The ORCP as attached

3. ORCP Guidance 2014/15

In June 2014, fresh Guidance was issued by Monitor, the Trust development agency, ADASS and NHS England.

Operational Resilience & Capacity Planning 2014/15 Guidance Overview

- Set out the process to oversee system level operational resilience and capacity of planned and urgent care
- Set out requirements for; and expectation of; System Resilience Group
- Required systems to build upon Urgent Care Board collaborative approach
- Required Submission of a robust plan for assurance by 30th July. Release of the non-recurrent funding allocations to CCGs was contingent on “passing the plan”
- East Berks in highest risk category and required tripartite sign off inclusive of National approval.
- Although first submission was 30th July, NHS England accepted that submission would be before full GB and provider board meetings and expected sign off to through August or September Governing Bodies

3a. **Local Context**

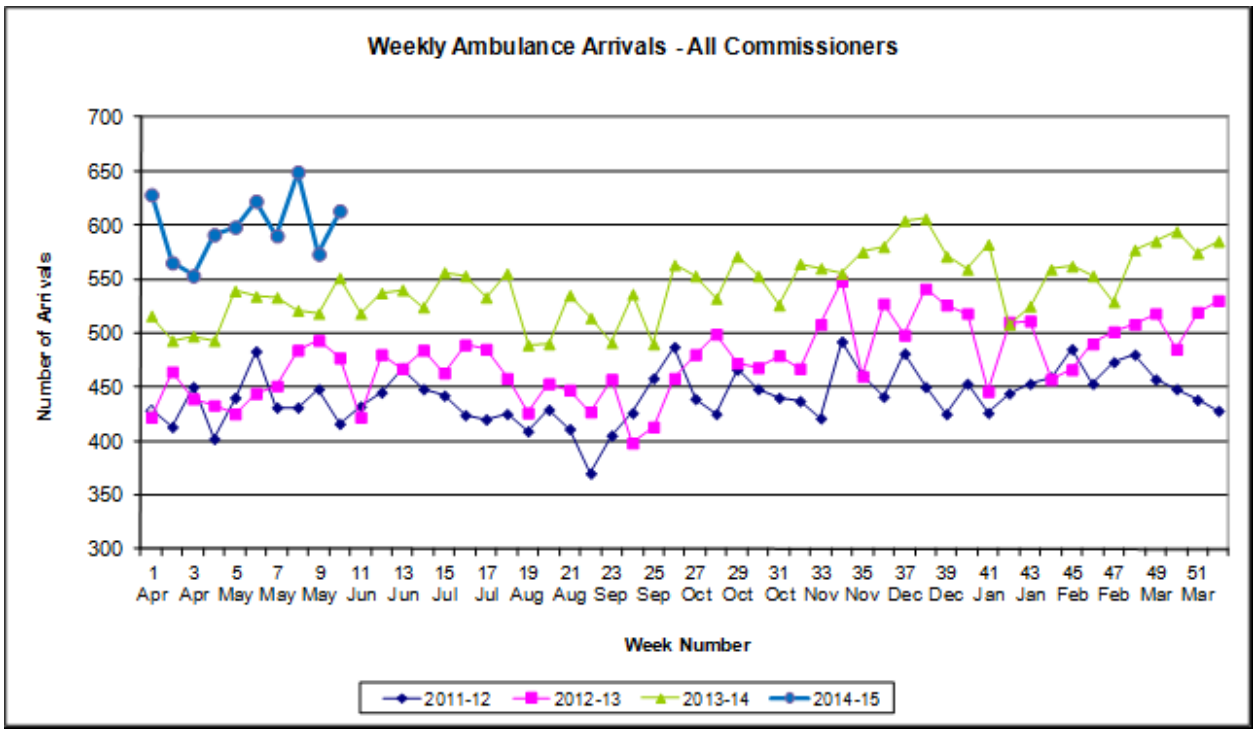
Unlike winter planning and urgent care boards, system resilience groups must lead on planned as well as unplanned care for a population defined as the catchment area of a major emergency centre. In our case this is defined as the Heatherwood and Wexham Park System. In 2013/14 and prior years, funding was allocated through a bidding process; for 2014/15 allocation is on a "fair share "basis. The impact of this has been that instead of an allocation of over £6m in 2013/14 the maximum allocation on fair share basis has been £2.1 million.

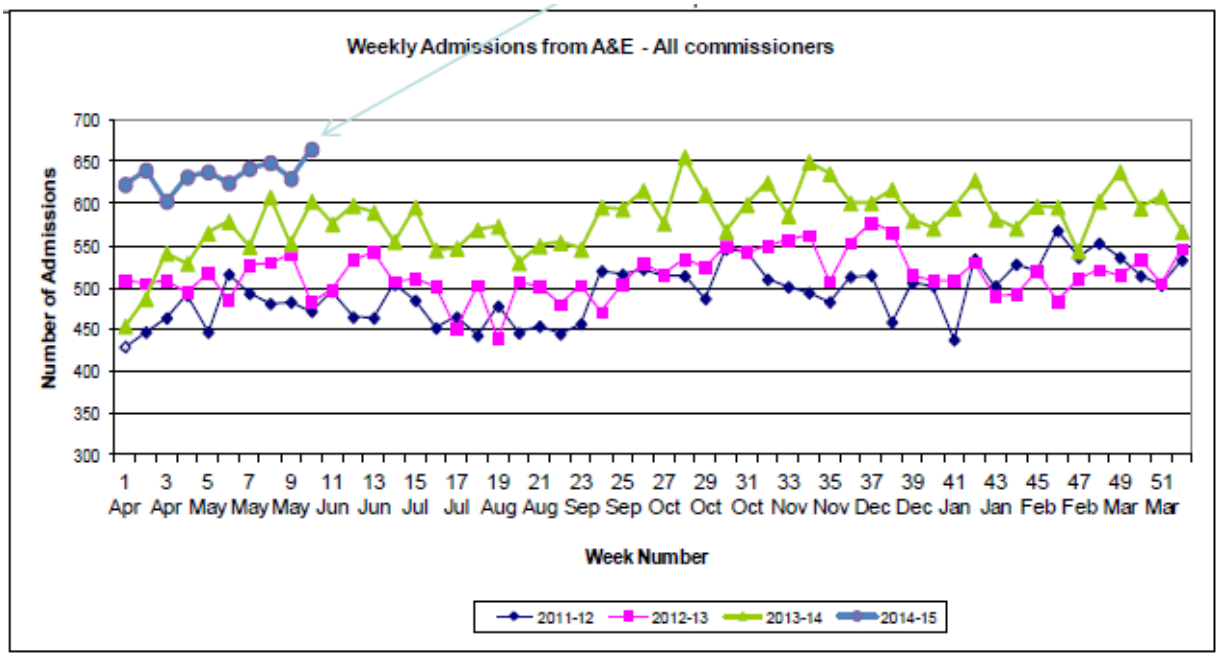
However, it is important to note that the system is already better equipped for this winter than the last, in a number of key areas.

System strengths:

- *Building work at HWPH is now complete*
- *Many service developments from winter 2013/14 are now embedded in every day working*
- *The 18 week recovery plan is on track*
- *Additional bed capacity is in the system*
- *Bracknell health space is relieving pressure on A&E*
- *Improved communication and flow for discharge*
- *Primary care enhanced services e.g. Slough Prime Ministers Challenge Fund initiatives*

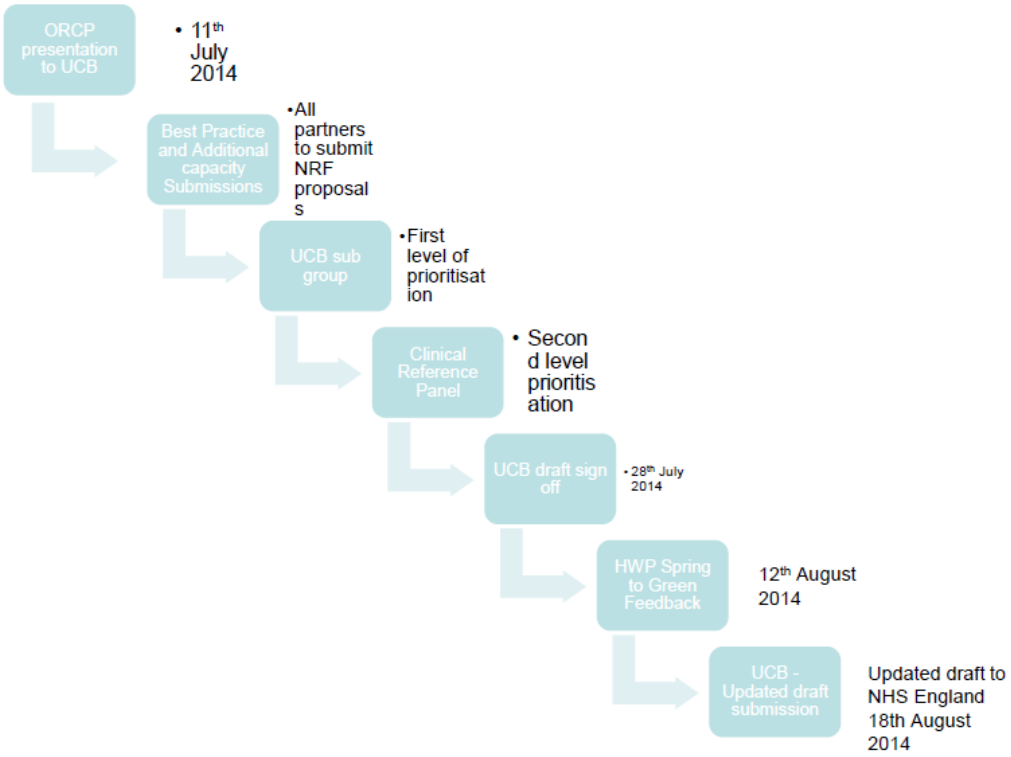
These strengths are reflected in our ORCP plan and are a key element to the resilience of the system. However, there is still increasing demand despite efforts to reduce this.





3b. **The Allocation and Prioritisation Process**

Given the reduction in available monies and previous expectations it was essential to develop a robust and transparent process for approval of funding bids from system partners. The multiple step process is represented diagrammatically below.



3c. **Funded Schemes**

As a result of the above process the following schemes were included in our ORCP submission.

	Area of Focus		Funding
Non-Elective	Primary care	Nurse led Support to community hospital. 7 days a week between 3pm-9pm. This role will have a focus on the avoidance of paediatric admissions to hospital	£20,000
		GP support to Care homes (Slough). Admissions from care homes is a key priority area as it relates to high intensity users of the health system.	£33,000
		GP support to Care homes (WAM). Admissions from care homes is a key priority area as it relates to high intensity users of the health system.	£33,000
	Community Services	Integrated Respiratory Service in place to significantly reduce the numbers of A&E attendances and subsequent admissions by focusing on a key high intensity user	£38,913
	Seven Day Working	Additional consultant cover, Rota alignment in HWPH to ensure 7 day working continuity. – Plans subject to review of system feedback & 'Spring to Green' review	£986,000
		Extension of RACC in Maidenhead to cover Saturday and ensure continued admission avoidance.	£330,000
		Enhanced support to Post Acute Enablement Service to ensure support across 7 days	£32,820

Non-Elective	Discharge Planning	Care-Co-ordination in the community to co-ordinate with the hospital and GP's to arrange for timely assessment of need and initially look to provide required service in-house to facilitate discharge or prevent admission. Services provided by RBWM	£155,000
		The Recovery, Rehabilitation and Reablement (RRR) and End of Life service to manage an increase of referrals to social care and support discharges. Services provided by Slough Borough Council	£50,000
		Additional bed capacity in the system to support patients to move out of hospital. (Slough Borough Council	£70,000
		Additional Social worker support To manage the assessments and supports required to enable people to access the RRR	£35,000
	Communications	To support winter pressures and to supplement existing communications strategy, additional funding will be in place to support targeted communications to support admission avoidance and signposting to appropriate services	£60,000
Elective	Right-sizing diagnostics	additional funding is being	£100,000

3d. **In Update**

After submission of our plan, an SRG challenge meeting with NHS England, Monitor, and ECIST (Emergency Care Intensive Support Team) was convened on the 11th September. In response to feedback from this session updates were made to the draft and the Final Plan submitted on the 30th September. The ORCP was formally signed off by SRG, Governing bodies and NHS England in October and funding has now been released to CCGs for distribution to partners organisations.

4. **Other Implications**

(a) Financial

The reduction in allocated monies may have financial implications if further risks arise throughout this winter.

(b) Risk Management

There are no recommendations and thus no risks associated with decision-making.

(c) Human Rights Act and Other Legal Implications

There are no Human Rights Act Implications.

(d) *Equalities Impact Assessment*

Not applicable

5. **Supporting Information**

Not applicable.

6. **Comments of Other Committees**

Not applicable.

8. **Appendices Attached**

'A' - Heatherwood and wexham Park, operational Resilience and capacity Plan 2014/15

9. **Background Papers**

None

This page is intentionally left blank

Heatherwood and Wexham Parks system Operational Resilience and Capacity Plan

16th September 2014

V3

Approved by:

Review Date:

List of abbreviations

A&E:	Accident and Emergency
ACG:	Adjusted Clinical Groups
ADASS	Association of Directors of Adult Social Services
BCF:	Better Care Fund
BHFT:	Berkshire Healthcare NHS Foundation Trust
CCG:	Clinical Commissioning Group
COPD:	Chronic Obstructive Pulmonary Disease
CQUINS:	Commissioning for Quality and Innovations
HWBB:	Health and Wellbeing Board
NHS TDA	NHS Trust Development Authority
ORCP	Operational Resilience Capacity Plan
RBWM:	Royal Borough of Windsor and Maidenhead
SCAS:	South Central Ambulance Service
SRG	System Resilience Group
WAM:	Windsor, Ascot and Maidenhead

1.0 Background

Following the pressure experienced during the winter of 2012/13, NHS England published the A&E recovery Plan in May 2013. The plan brought together the national and regional 'A&E tripartite' panels, comprised of representatives from NHS England, the NHS Trust Development Authority (NHS TDA), Monitor, and the Association of Directors of Adult Social Services (ADASS). The plan also called for the creation of Urgent Care Working Groups (UCWGs).

After the success that UCWGs have achieved in the past year, there is now a need for these groups to build upon their existing roles, and expand their remit to include elective as well as urgent care. They will now become the forum where capacity planning and operational delivery across the health and social care system is coordinated. This document outlines the response to this challenge from the Heatherwood and Wexham Park System, within East Berkshire.

There are three Clinical Commissioning Groups (CCGs) in the East Berkshire area:

- **Bracknell and Ascot** has a registered population of 136,863. 81% of the CCG's population reside in Bracknell Forest Council and the remainder in Ascot within the Royal Borough of Windsor and Maidenhead.
- **Slough** has a registered population of 143,343. This CCG shares the same boundaries as Slough Borough Council.
- **Windsor, Ascot and Maidenhead (WAM)** have a registered population of 150,364. This CCG covers the majority of the Royal Borough of Windsor and Maidenhead, together with one ward in North Surrey and a GP practice in Buckinghamshire.

The three CCGs work together as the East Berkshire Federation and also work closely with their unitary authorities: **Bracknell Forest Council, Slough Borough Council** and the **Royal Borough of Windsor and Maidenhead (RBWM).**

Chiltern CCG has a registered population of 320,000 with a significant percentage of this population accessing services at Wexham Park. This provides additional challenges to the planning process as well as daily operational challenges.

The main acute providers in the area are Heatherwood & Wexham Park Hospitals NHS Foundation Trust (HWPH), Frimley Park Hospital NHS Foundation Trust (FPH), and Royal Berkshire Hospital NHS Foundation Trust (RBH).

- Heatherwood & Wexham Park has sites at Heatherwood Hospital in Ascot and Wexham Park Hospital in Slough.
- Frimley Park is in Surrey, just south of the Bracknell Forest area.
- Royal Berkshire Hospital's main site is in Reading, with the RBH Bracknell Health space in Bracknell.

Community and mental health services are provided by Berkshire Healthcare NHS Foundation Trust. Community hospitals in Slough (Upton), Maidenhead (St Marks) and Windsor (King Edward VII) are owned by Propco and have a range of services provided by HWPH, RBH and BHFT.

Ambulance services in the area are provided by South Central Ambulance Service.

1.1 Current Issues for the geographical patch that the plan needs to address

The East Berkshire urgent and emergency care system has been under considerable strain since September 2013 with rising ambulance and A&E attendances and hospital admissions and a shortfall in acute and community capacity.

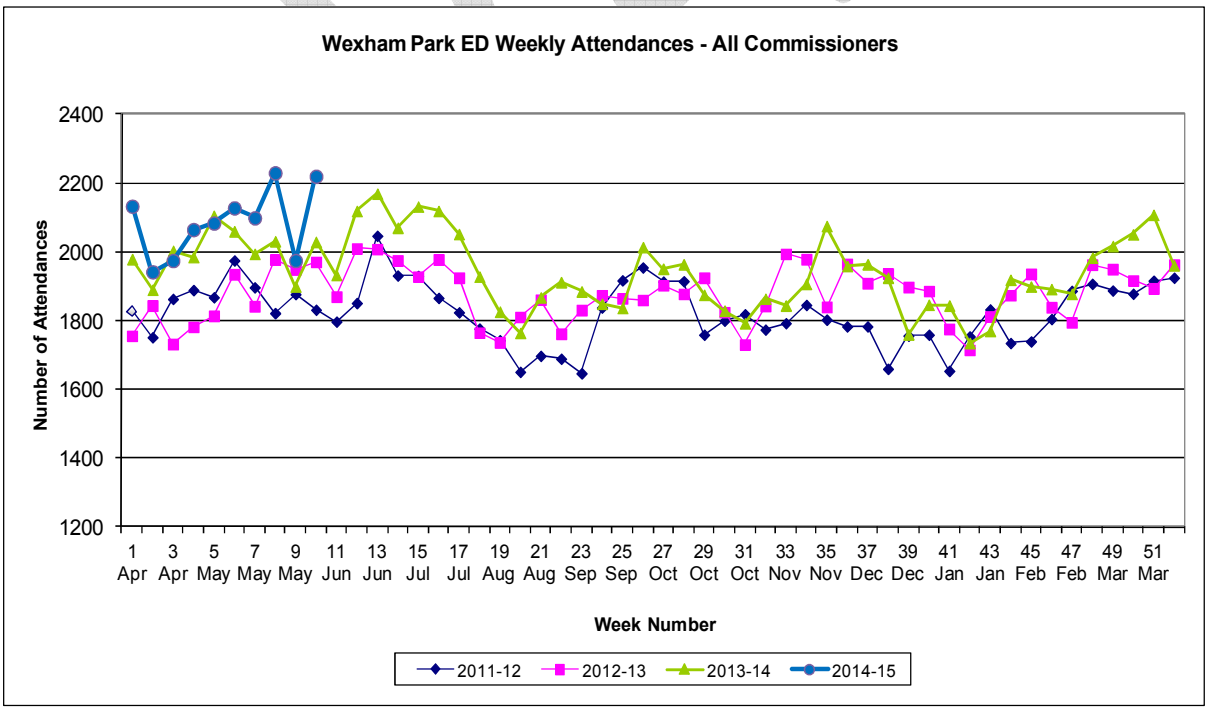
A review of all the Urgent care services across East Berkshire demonstrated that a small cohort of the population consumed a disproportionally high proportion of local resources. This suggested targeted solutions to have a place.

As a consequence a number of initiatives were taken forward these include:

- Integrated Care teams across East Berkshire to support complex patients in the community.
- Post-Acute Care Enablement (PACE) – a team to support admission avoidance and facilitate discharge through multi agency working. Funded for 14/15 by Slough CCG & WAM CCG.
- An Extension of the Rapid Access Community Clinic (RACC) as a key alternative to acute hospital.

The Heatherwood and Wexham system continues to absorb a high level of pressure in the acute sector. This is demonstrated through an increase in A&E attendances, emergency admissions and an increase in ambulance arrivals at the Wexham Park site.

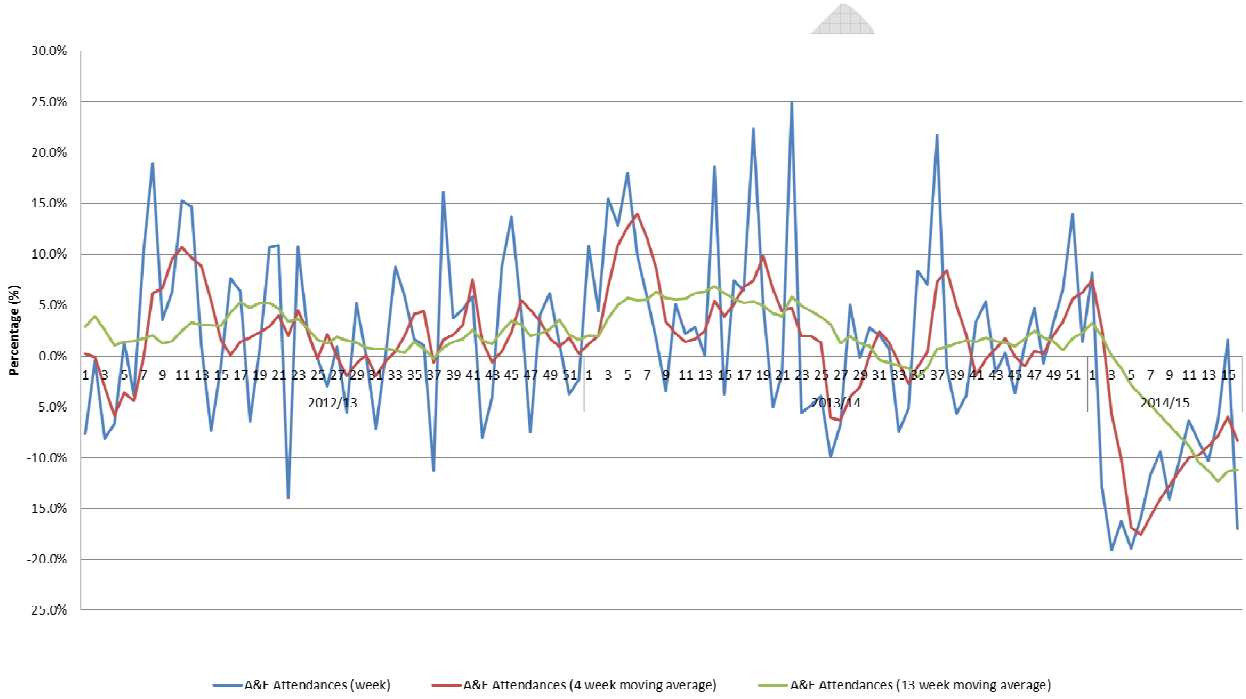
A&E Attendances



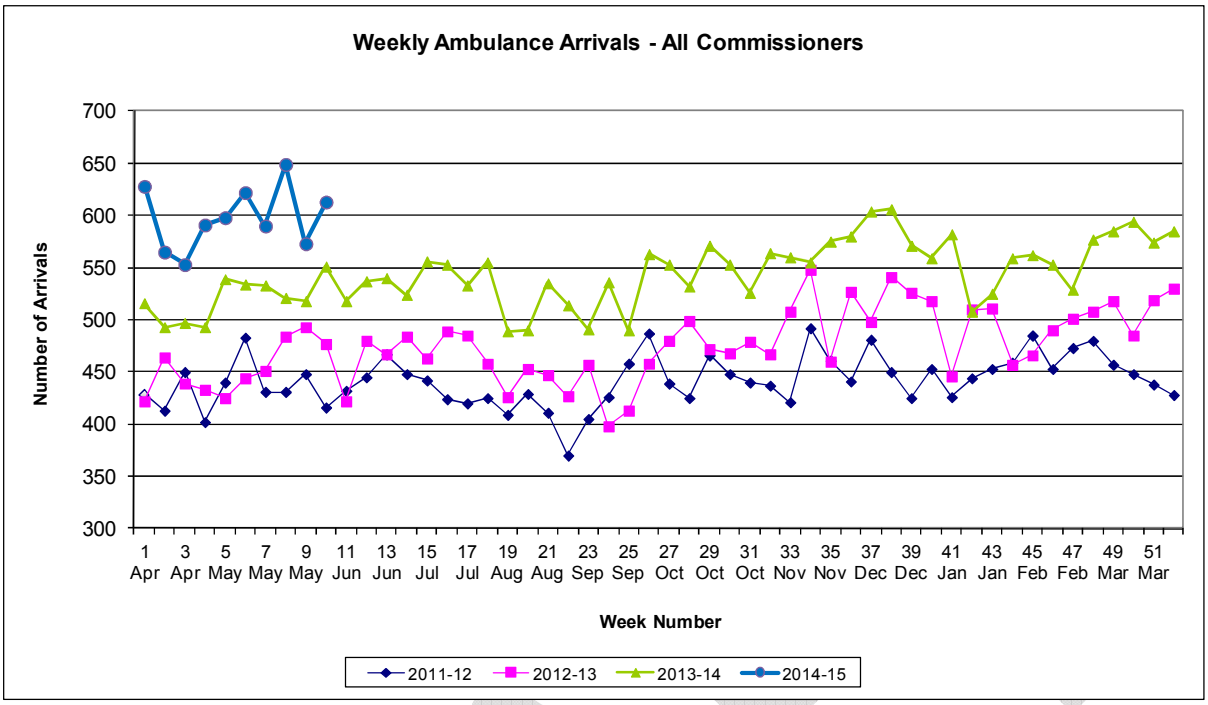
Comparing this year's reporting period with the same period in 2012/13 and 2013/14, we see that between 2012/13 and 2013/14 there was an increase in attendances of 7.9%, and a smaller increase of 3.8%

between 2013/14 and 2014/15. This graph represents all commissioners and will include the figures from Chiltern CCG.

There are currently a large number of schemes to reduce activity into the ED but the full effect of these schemes has not yet been realised and this is reflected in these figures with demand continuing to increase. The decrease in attendances demonstrated in the graph below is the result of the closure of the Heatherwood minor injury unit and the opening of the Healthspace at Brants Bridge in Bracknell which is not classified as a type 2 A&E but is seeing patients who would have attended the minor injury unit in addition to the new services operating on this site.



Ambulance Attendances

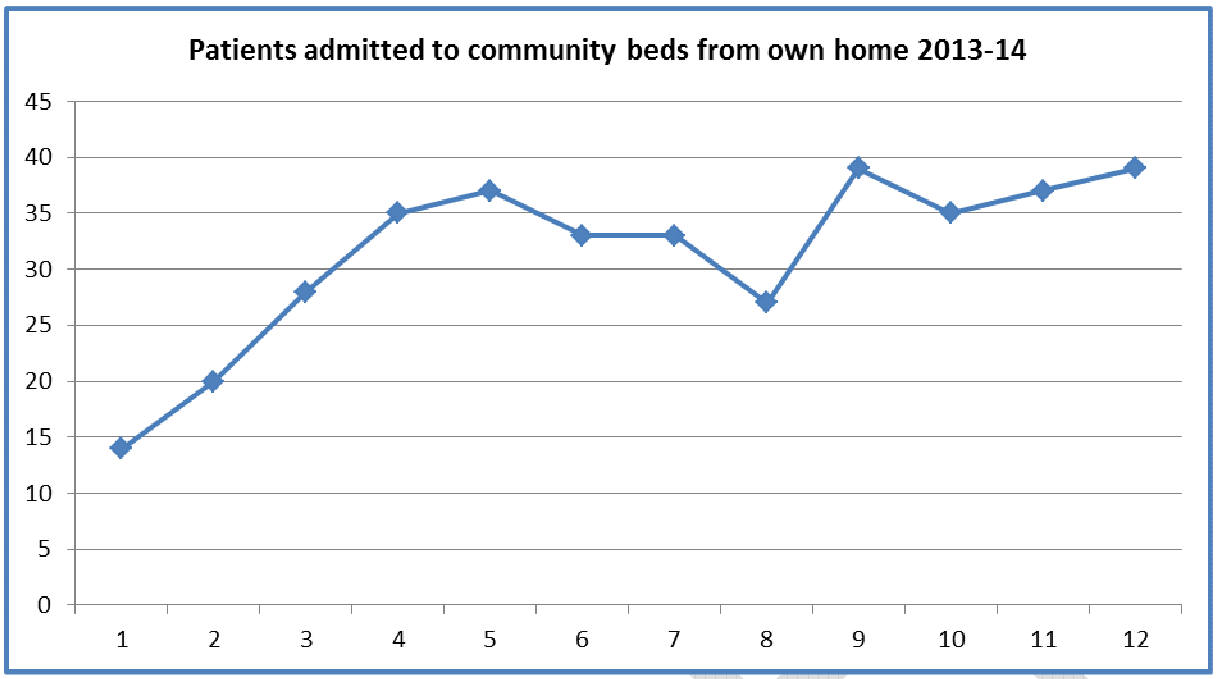


Comparing the same year-to-date period year on year (Apr-May), ambulance arrivals in total grew 14.5% between 2012-13 and 2013-14, and another 15.6% between 2013-14 and 2014-15.

Throughout winter 2013/14, there was an increase in ambulance arrivals compared to the previous year but a decrease in the number of walk-ins/non-ambulance arrivals. A number of schemes, specifically a robust communications strategy and focussed marketing, were in place which was seen as a major contributing factor towards this.

The Rapid Access Community Clinic (RACC) was been in place as an alternative to A&E within the East Berkshire system for some time. However, the enhancement of service provision and a clear pathway design enabled referrals to the RACC to increase approximately three-fold across winter, preventing a large number of patients reaching A&E. Enhancements to the RACC were partly funded as an ongoing scheme and there is an intention to ensure enhancements for winter 2014/15.

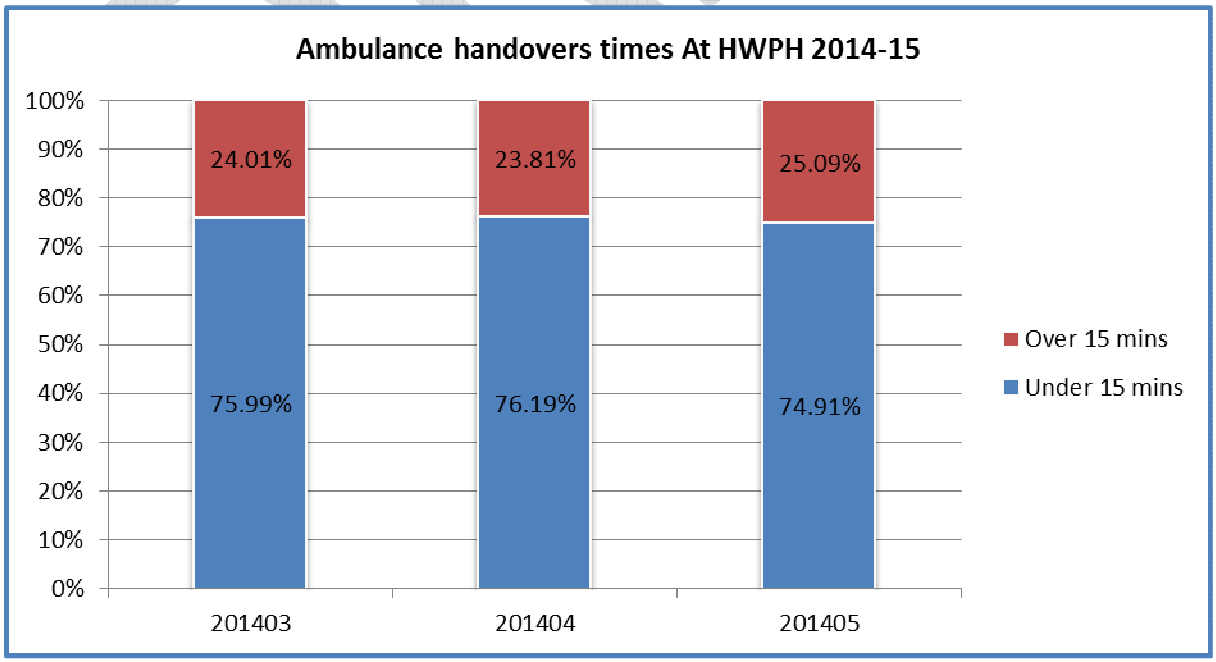
Community Bed Step Up Capability



Community bed capacity represents a key element to the flow of urgent care services within East Berkshire. An important development has been the increase in usage of community beds as an admission from the patients' home. Thus services are being used as a step up service and an alternative to sending patients to A&E and a potential subsequent admission.

Bed occupancy in community beds is increasing from other admission sources and can therefore represent a risk in capacity within the community.

Ambulance Handovers



Ambulance Handovers is one of the key overall outcome measures within East Berkshire and has shown great improvement over the past 12 months with over 75% of handovers within 15 minutes. This has been a challenging area within this locality for some time. However, through work between SCAS and HWPH, a double verification system has been put in place following learning from work at Royal Berkshire Hospital and the flow through hospital at the front end has improved.

Hospital Ambulance Liaison Officers (HALO) were put in place as a dedicated resource to Wexham Park Hospital. These officers represented a key contact point for ambulance and hospital staff in order to improve flow at the front door of the hospital. They were in place to ensure that any escalating issue received the appropriate senior involvement from both sides. HALOs are always available for use in the system and their utilisation as a dedicated resource over the winter periods is being considered for the future.

Flow Through Hospital

Bed Stock

As of 15th August 2014, the established bed stock for the Wexham Park site is 650 beds. There are 31 escalation beds available to the hospital with an additional 5 beds which can be used within the discharge lounge in times of extreme pressure. It should be noted that this position will vary over the course of the following months due to planned ward closures and building work which will lead to additional capacity. The use of this additional capacity is under continuous review by the trust and escalation is managed through the internal escalation process for the trust.

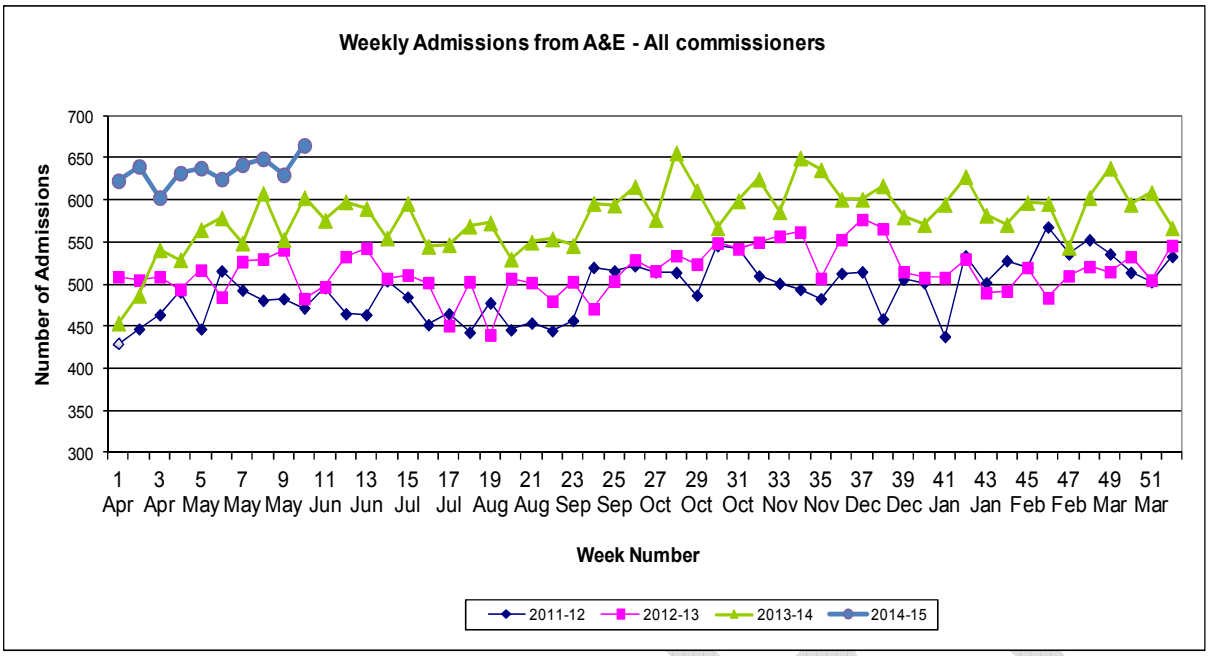
A&E Performance

Mth	2013-14	Target	2014-15	Target
April	82.67%	95%	87.76%	95%
May	91.77%	95%	87.62%	95%
June	93.11%	95%	92.17	95%
July	95.14%	95%	96.34%	95%
August	90.43%	95%	96.74	95%
September	93.35%	95%		
October	97.38%	95%		
November	96.51%	95%		
December	95.39%	95%		
January	90.14%	95%		
February	86.23%	95%		

March	87.75%	95%		

The A&E performance at Wexham Park has been variable since January 2014. The recent improvement in A&E performance has coincided with the Spring to Green project in July and performance has been maintained to date throughout August. It should be noted that the additional resources in place throughout the Spring To Green process are no longer in place and the increases in demand will mean that maintaining performance will become pressured once more. As part of the ORCP plan, a prioritisation of Spring to Green initiatives will need to take place to ensure the best of the project can be maintained.

Emergency Admissions

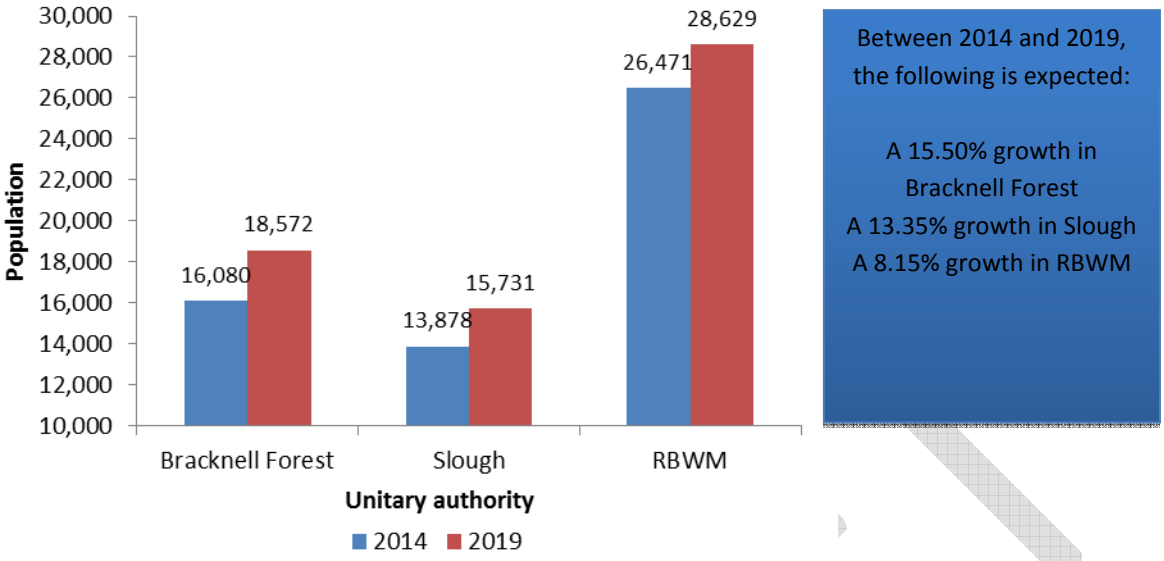


For this reporting period, emergency admissions from A&E year on year have grown 5.4% between 2012/13 and 2013/14 and 16.8% between 2013/14 and 2014/15.

The drivers for this demand are complicated but it is clear that the growth in older people in the population is a considerable contributor. Like much of the rest of the South East of England, the population in our three CCG areas is growing at a significant rate and this will have an impact over the next five years, as demonstrated by the chart below. In particular, it is expected that between the years 2014 and 2019, a 5.63% to 6.45% population increase is predicted across the three areas.

Source: ONS Interim 2011-based Subnational Population Projections

There will be significant growth in the population group aged 65 and over, as depicted in the following chart.

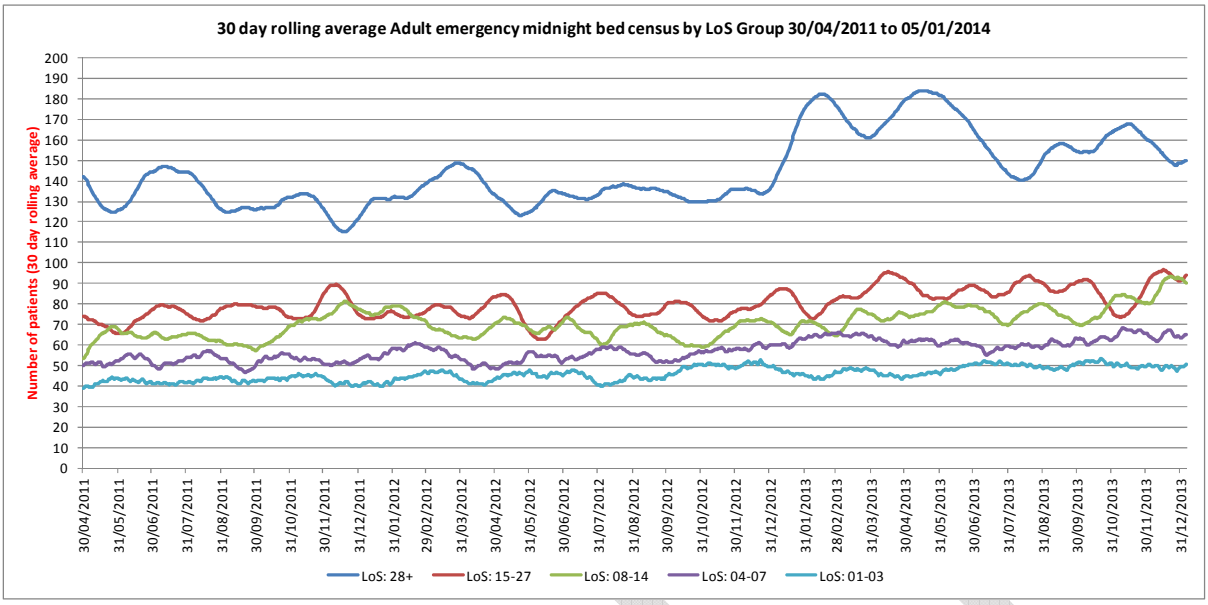


Work in primary care and the community is continuing to support reductions in emergency admissions but the full effect of these schemes has not been evidenced. However, it should be noted that CCGs are fully committed to a number of schemes designed to keep people out of hospital including:

- Integrated care team provision focussing on vulnerable people
- Greater access to primary care providing seven day working
- Brants Bridge Healthspace Urgent Care Centre providing key alternative to hospital.

All CCGs are focussed particularly on those high intensity resource users in the population and the ORCP schemes actively take this into consideration.

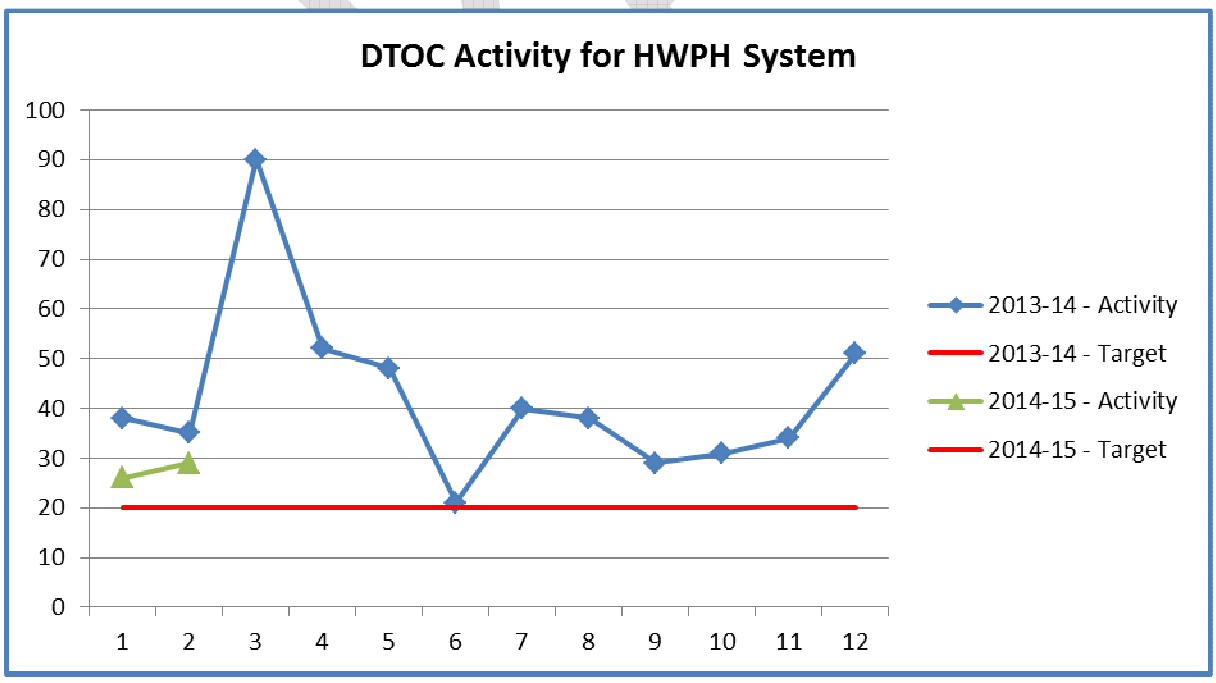
Length of Stay



This graph shows an ongoing trend within the HWWP system. That is a rise in the numbers of people who are staying over 28 days in hospital. This represents a considerable strain on bed occupancy and flow through the hospital system.

Additional enhancements to services across winter will need to be able to focus on higher acuity more complex patients to have a material effect on this trend.

Discharge from Hospital

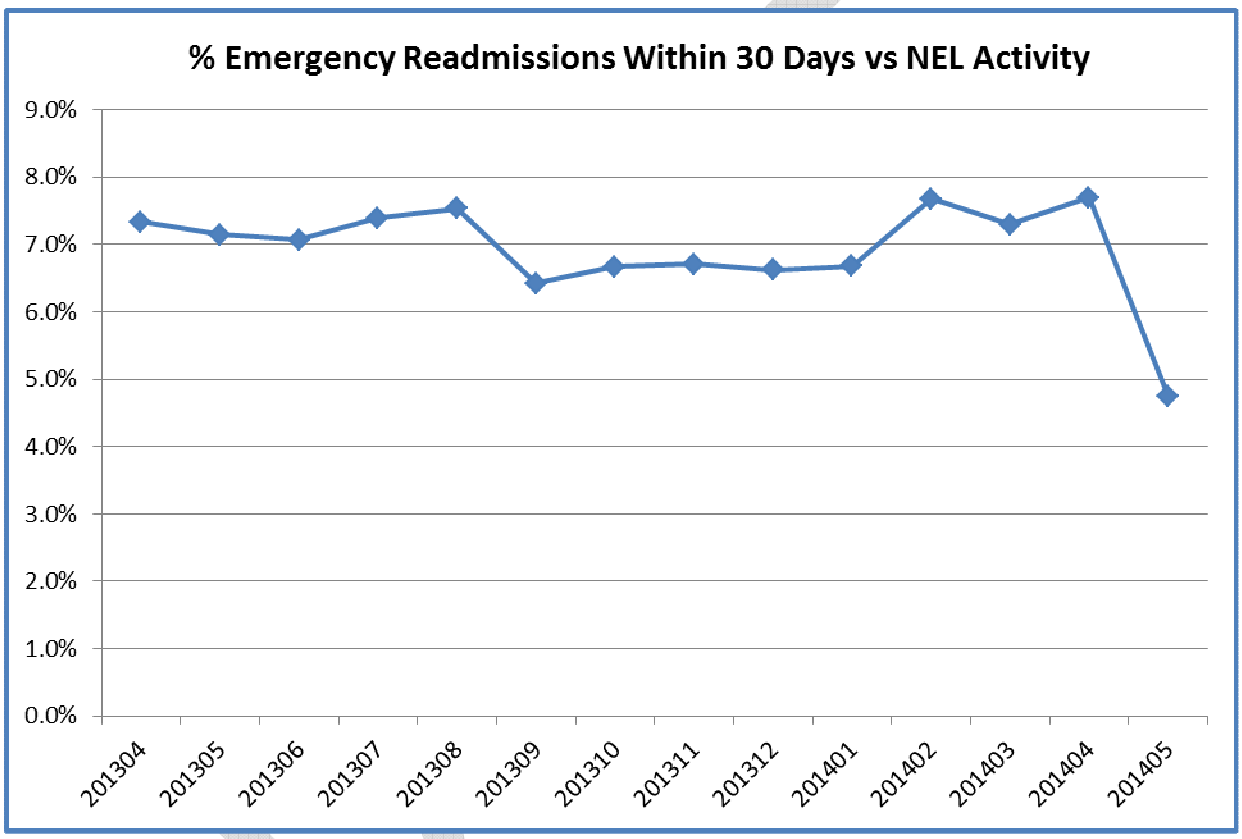


Delayed transfers of care have remained relatively stable since last winter following provision of additional capacity within the system. It should be noted that the above graph includes figures for Chiltern based

patients. The trust has been experiencing persistent delays from south Buckinghamshire based patients for some time.

It is also acknowledged that improved communication flows across the system also facilitated the improvement and its subsequent maintenance. While the improvement has been maintained, ORCP schemes should provide additional resources to the system to respond quicker and be able to expedite more discharges as demand increases.

For Winter 2014/15, SBC and RBWM have clearly prioritised their schemes to enhance existing services and will manage their work flexibly following the successful methods of last year.

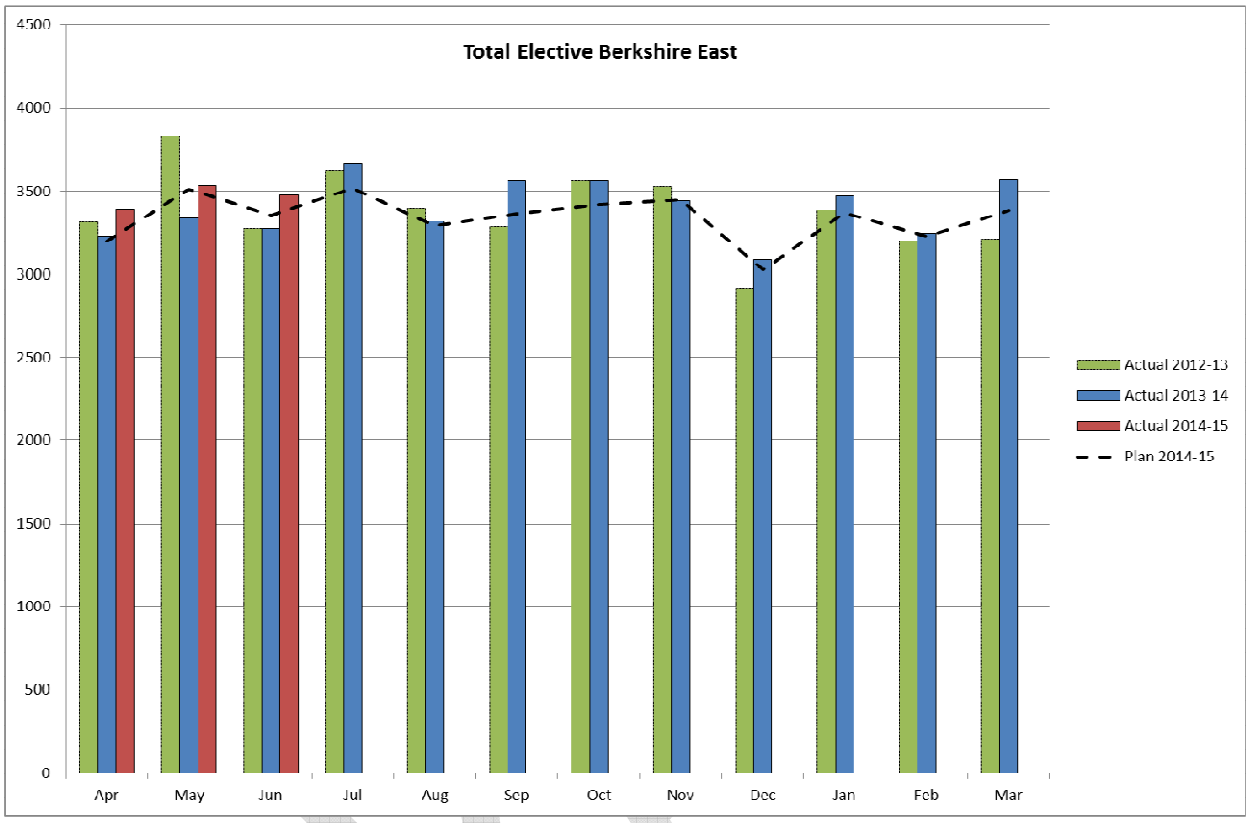


Emergency readmission rates have remained stable throughout the last year with a slight downward trend. This represents a key metric for the system particularly as demand increases and higher risk discharges may be required to ensure flow through the system.

The support from local authority and community providers as well primary care physicians is key to this process.

Elective Care

Similarly to the urgent care and emergency elements of the system, elective care has also been under pressure. The following graph outlines the elective referrals compared to the previous two years with the planned rate for 2014/15.



Key reasons for this relate to activity growth higher than expected across all surgical specialties and the resulting mismatch between demand and capacity.

This pressure and subsequent drop in elective performance has led to Heatherwood and Wexham Park submitting an improvement and recovery plan to the CCGs.

There are three elements of this recovery plan:

1. Admitted backlog reduction
2. Reducing waiting times for first OPA
3. Capacity planning for patients who require follow ups

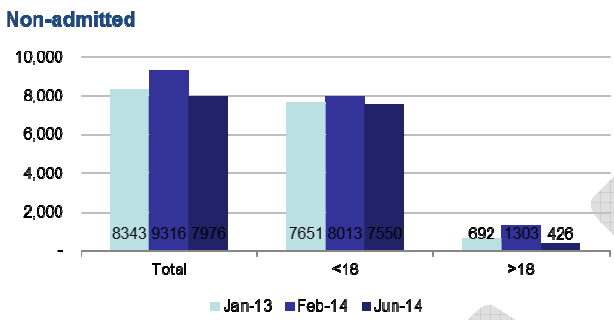
Through ongoing discussions with the trust the recovery plan has been revised regarding the additional funding from NHS England to reduce waiting lists further in preparation for winter as outlined below: The funding is intended to ensure that:

- We meet all three RTT operational standards at a national level;
- This is achieved in the September 2014 RTT data (published in November 2014).

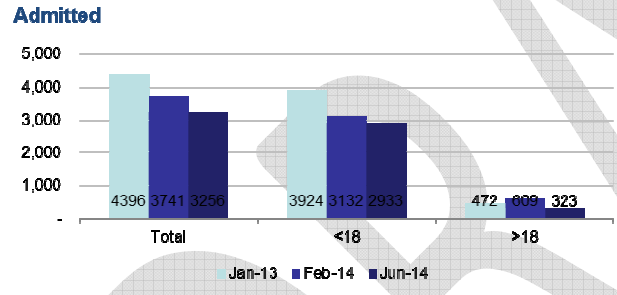
The ongoing efforts through the recovery plan are consequently focussed on the following:

- Reducing backlog by focusing additional activity on patients that are waiting more than 16 weeks for treatment.
- Reducing the waiting time for a first outpatient appointment to a maximum of 6 weeks in surgical specialities and 8 weeks in medicine and increase diagnostic capacity.
- Reducing the total number of patients waiting over 16 weeks by 115,000 nationally, bringing us back to the level of over 18 week waiters seen in January 2013.

The following RTT performance profile shows the current issues and improvements being made:



- Jan 13 to Feb 14 deterlorated by 12% in total
  - 5% increase in <18WW
  - 88% increase in >18WW
- Improvements since Feb 14
  - 14% overall
  - 6% reduction in <18WW
  - 67% for >18WW(due to intense specialist validation – not actual increase in capacity)



- Jan 13 to Feb 14 improvement is 15% in total:
  - 20% for <18WW
  - 29% deterioration for >18WW
- Improvements since Feb 14
  - 13% overall
  - 6% for <18WW
  - 47% for >18WW

Although additional capacity was created by outsourcing capacity at other hospitals this of this could not be utilised due to those hospitals being under pressure. This has resulted in Wexham Park having a larger number of people waiting at 31/3/14 than in the previous year.

There are significant risks to delivery of elective care which cross local ORCP boundaries. Specifically, there is a marked lack of rehabilitation beds and services within the South Buckinghamshire locality which has effects upon the ability to discharge patients in a safe and efficient manner. The SRG would seek assurance from Chiltern CCG and NHS England that reciprocal support will be provided on this matter to ensure resilience across both systems.

Winter Period 2013/14

The East Berkshire health and social care system had the opportunity to use circa £6.6m non-recurrent funding to support the integrated care system over the 2013/14 winter period in order to enhance capacity and support the urgent and emergency care needs of patients.

The following principles were agreed to govern the use of non-recurrent support:-

- Achieve NHS constitution standards;
- Support actions agreed through the A&E Recovery Plan;
- Target short term capacity for swift delivery from October 2013 – March 2014;
- Tackle known 'gaps' in capacity and delivery;
- Support a simple, consistent delivery of an urgent care system across East Berkshire;
- Support an integrated care philosophy across organisations;
- Test out new innovative ways of delivering services for patients;
- Distributive leadership across the whole system for delivery.

An A&E recovery plan had already been created for the system before the non-recurrent funding was made available. The A&E Recovery Plan built on best practice highlighted in the King's Fund report*:*

'Urgent and Emergency Care, A Review for the South of England' and focused on three distinct areas of patient care:-

- Urgent Care Access;
- Wexham Park – Patient Flow;
- Discharge and Out of Hospital Care.

These work streams reported on a monthly basis to the Urgent Care Programme Group, which monitored overall delivery and use of the resources allocated.

A&E performance Winter 2013/14

The key indicator for this programme has been the achievement of the 95% A&E standard within Wexham Park Hospital. This indicator was achieved through Q3 comfortably at 97%. However, performance across Q3 was not sustained with Q4 performance falling to 88%.

Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
292	235	239	240	**414**	**512**	**440**
93.36%	97.38%	96.51%	95.38%	**90.15%**	**86.23%**	**89.72%**

East Berkshire Urgent Care Programme Group assessed the reasons for this decline. Early possible reasons for this fall include:

- Overrun of additional building work undertaken to increase capacity in the A&E department.
- Creation of additional ward capacity and repairs needed to the hospital site resulted in reduced bed capacity and disruption to the flow of patients.
- The introduction of a new computer system within the hospital which has slowed the flow of patients through the system.
- A change in clinical working model within the hospital, also reducing flow.

- Additional building was being undertaken to increase bed capacity which would have enabled patients to flow through the system. This is now in place.
- There has been a trend for patients staying longer in hospital indicating a more complex range of needs.

Winter 2014/15 planning

During the winter of 2013/14 the health and social care systems across England experienced significant pressures which at times resulted in a poor patient experience. While the Berkshire East system performed well in terms of coping with escalating issues and significant pressure on system capacity, there were occasions when the quality of care was not what we would wish. The aim of this plan is to ensure that patients receive a good quality of care, measured against consistent standards throughout the winter.

It is important to note that the system is better equipped for this winter than the last in a number of key areas. Specifically, the building work at Wexham Park has been completed allowing for more bed capacity even without escalation beds, schemes that were funded non-recurrently last winter are now embedded in the system and a permanent fixture of urgent care services and the integrated care teams in primary care continue to develop. The Bracknell Healthspace at Brants Bridge and Urgent Care Centre are also now in place and functioning and is now a key alternative to A&E which admission to Wexham Park as well as neighbouring systems such as Frimley Park and Royal Berkshire Hospital. Additionally, the 18 week plan recovery plan is on track and the system continues to push for improvement in spite of ongoing pressures. However, there is still increasing demand despite efforts to reduce this.

This winter plan reflects the work that has been carried out through the Urgent Care Programme Group, bringing together commissioners of health and social care for Berkshire East patients and the additional resource that is in the system from winter pressures funding provided centrally to support through winter. The structure of the report is designed to demonstrate what services are currently in place and supporting the system. The additional schemes that are being put forward as ORCP non-recurrent schemes are either enhancements of those things which are currently working well or additions to the system where critical gaps are evident.

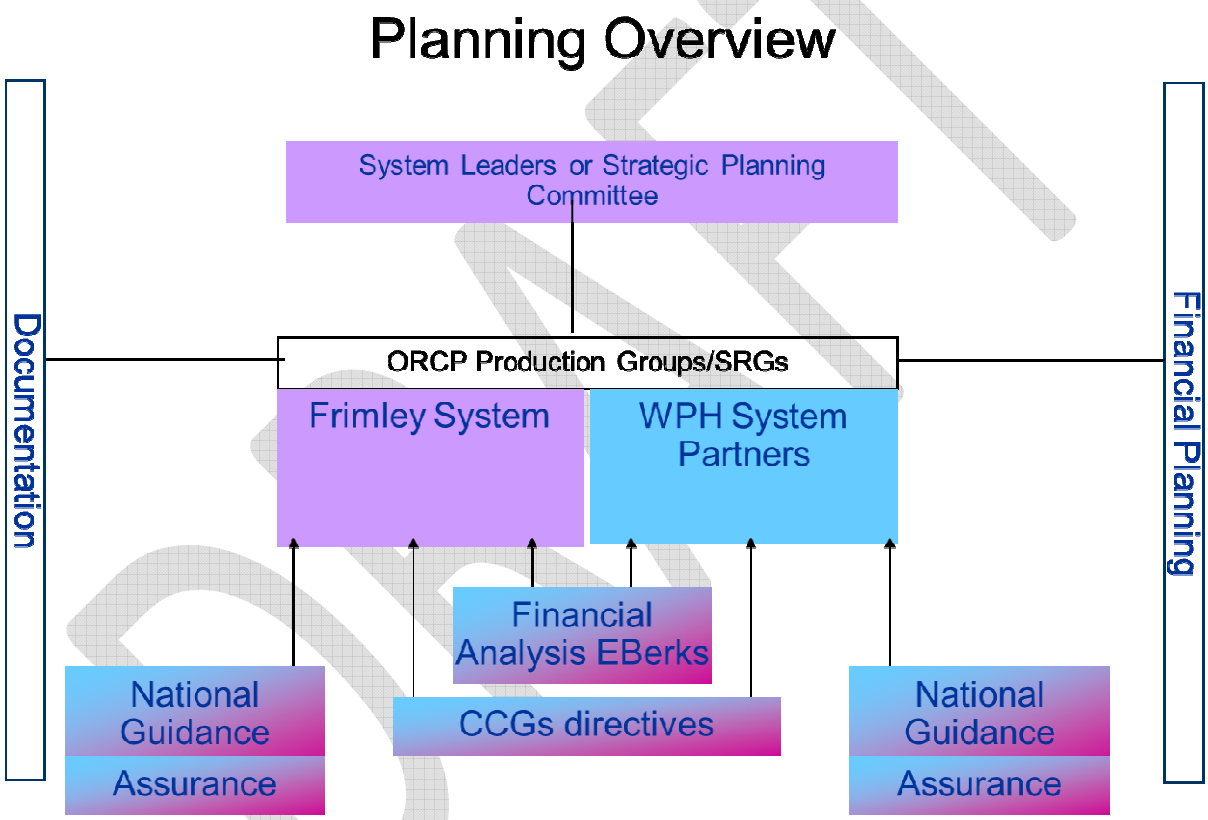
It should be noted that the Berkshire East health and social care system, while acknowledging the need for a winter plan, is focussed on delivering consistent care throughout the year.

1.2 Arrangements to fulfil ORCP guidance requirements

The arrangements to fulfill the ORCP guidance requirements are built on the progress and momentum created through the East Berkshire Urgent Care Programmed Board. The Urgent Care Programme Board was set up to develop, oversee and assure that the necessary actions are taken to enable the recovery and sustainable delivery of A&E performance by applying a whole system approach within the local health economy. This includes the overseeing of the system across winter in the light of the receipt of additional funding to support the health and social care system. This group consists of all key stakeholders from the health and social care system including clinical leadership from CCG chairs who sit on this group.

The ORCP guidance was presented to the Urgent Care Programme Board on 10th July 2014. It was agreed at this meeting that the transition to SRGs would be achieved through the adaptation of the programme board and that new terms of reference should be drafted and agreed accordingly.

The complexity of the system that surrounds Heatherwood and Wexham Park requires the East Berkshire to maintain close links with neighbouring systems. This is particularly true of the system surrounding Frimley Park Hospital where the majority of activity from Bracknell and Ascot CCG are currently seen. As a consequence of this, elements of the plan being submitted through the Frimley Park ORCP will by definition support the Heatherwood and Wexham park system. The linkages between the two system plans are provided through a lead director in East Berkshire ensuring appropriate balance between the two systems. The following diagram outlines the structure that will be maintained to ensure these key systems are linked together.



Similarly, there is a steady patient flow into the Heatherwood and Wexham Park system from South Buckinghamshire. There has been a sustained pressure within East Berkshire over the course of the previous two winters from patients from South Buckinghamshire both in terms of additional arrivals at the Wexham site and in terms of discharge back in to South Buckinghamshire. Links to the Chiltern CCG plan are maintained through a Chiltern CCG presence at the East Berkshire Urgent Care board to ensure the appropriate balance of allocation of resources through the winter period. Summaries of Buckinghamshire and Frimley ORCP schemes are included as an appendix.

It was also agreed that a task and finish "Tiger Group" would convene to co-ordinated and agree financial allocations through the winter pressures funding for the subsequent approval of the SRG group. This process was further supported by a clinical reference group consisting of clinical representation from the system who gave clinical input and further clarity and evaluation to the schemes. Following the analysis contained in earlier sections, it was agreed that the key principles for allocation of funding would be the following key areas:

- Reduction in attendances;
- Reduction in admissions;
- Reduction in bed days (reduced DTOCs);
- Seven day working.

Schemes will need to address at least one of these principles. These are the key factors in supporting front door target achievement within the system. The details of this allocation are discussed later in this paper.

This ORCP and the schemes contained within it are built upon the assumption that the planned acquisition of Heatherwood and Wexham Park by Frimley Park hospital is completed. This represents a key strategic transformation within the system but is also planned to have key positive operational impact. The SRG and system partners will also welcome the ability to refresh and enhance this plan once the impending ECIST review of Wexham Park is completed during August.

ECIST report

ECIST was invited in by the Heatherwood and Wexham Park health economy to review its urgent and emergency care pathways.

The visit was conducted over two days on the 30th and 31st of July 2014. Three members of the Emergency Care Intensive Support Team (ECIST) carried out a series of semi-structured interviews with selected individuals representing the whole system urgent and emergency care pathway.

The visit to the Acute Trust was conducted on site while the rest of the visits were centrally located.

Prior to the visit a range of information had been requested to provide additional background on the system. In addition each organisation had been asked to complete a diagnostic questionnaire to look at what good practice was already in place across the system and to highlight any potential gaps.

Over the course of our visit the following general observations about the system were made:

- During some of the interviews we observed negativity addressed towards the Acute Trust. While there are clearly opportunities for improvement at the Trust, negativity rather than constructive challenge and feedback is damaging for the system. The system does need to use constructive and appropriate challenge to ensure the best possible care is provided for patients, however it also needs to recognise the efforts that the Acute Trust is making and has been making to improve care.
- Relationships between some General Practitioners and the Acute Trust also appeared to be strained.
- The CQC report appears to have been a positive catalyst for change at the Acute Trust.
- The work with Frimley Park prior to the merger of the acute trusts is regarded positively and there appears to be considerable optimism about the future with Frimley Park.

- The system is complicated. There are three unitary local authorities, three CCG (with merged senior management arrangements) and a relatively large flow of patients from Buckinghamshire across a county boundary. It is one of the more complicated systems that ECIST has worked with.

It was felt that there were a number of areas which the system could be proud of.

- The successful week which the Acute Trust led has delivered improvement in capacity, improved morale and acted as a catalyst for further change.
- There appears to have been considerable improvements in ED both in environment as a result of the re-build but also in better processes (early senior assessment) and improved team working.
- The integrated teams are an example of good practice and appear to be well-developed.
- The nursing and residential home programme to improve quality and care is an example of good practice.
- The area has successfully bid for money from the Prime Minister's Challenge Fund and will be delivering enhanced access.
- There are some good examples of voluntary sector engagement.
- New contract for social care to include enhanced role for carers in identifying and responding to changes in health linked to care plans.
- The "listening in action" approach in place at the Acute Trust is one which we consider to be good practice.
- There is good evidence of improvement in access and processes in Radiology at the Acute Trust.
- Leadership shown by General Practitioners across the system.

As there are a large number of recommendations:

- Developing a vision of what "good looks like" for frail and older people in the H&W health economy. Identifying the gaps between what good looks like and existing practice and then developing a strategy/programme to address these gaps.
    - An important part of this work-stream is implementing an early multi-disciplinary assessment model in the acute trust for frail and older people.
    - It would be useful to have a whole system group identified to lead and deliver this work.
- Delivery of high impact work streams at the acute trust.
    - Ambulatory Emergency Care.
    - Reconfiguration of the assessment and short stay footprint including medical model.
    - Embedding excellent ward discharge processes:
        - Clinical and functional criteria for discharge;
        - High quality daily board rounds;
        - Simple rules/standards to prevent internal delays.
    - Front door frailty model.
- Reducing delays for those patients requiring discharge into the South Bucks area:
    - Consider an integrated discharge team for all patients regardless of area;
    - Recommend an integrated PACE team;
    - Establish baseline of actual delays and the scale of any capacity gap:
        - Consider trusted assessor model to reduce any delays where assessment is required before services can be accessed.
- Enhance and develop the existing discharge to assess model:

- Think “Home First” approach has been successful in some organisations.
- Critical to get right balance between home based assessment and bed based assessment in this model.
    - Early success in reducing placements for patients with dementia from discharge to assess model at Watford and using more home based care.
    - Learning can be shared from areas such as South Warwickshire and Sheffield.

Key improvement opportunities are summarised below:

Acute Trust	Community Trust	Primary Care
•Although processes in ED have improved, the current pit-stop/senior assessment model would be strengthened by having a senior clinician available matched to the activity profile •emergency care pathways for surgery require review •appropriate streaming from early assessment to the right place of care for the patient's needs •Implement an early support discharge model for patients post fracture •Implement an early support discharge model for patients post fracture	•review of the opportunities to create a joint model of working across community and acute therapy services. •PACE team work with the acute trust to find appropriate accommodation co-located to the ED •Bucks PACE model is created that this is integrated into the existing PACE team so that any team member can assess any patient and access the appropriate care regardless of location •PACE team might consider frontloading their therapy assessment further by taking handover from the ambulance crews	•Improved medical cover for nursing and residential homes •Improve relationships between primary care clinicians and acute trust clinicians. •Enhance/increase use of advanced care plans in primary care and across nursing/residential homes •Review the use of the existing risk stratification tool and ensure it is capturing the right patient group

1.3 Approach to involving key local organisations

Effective change and resilience of this nature can only be achieved through a sustained and shared commitment from leaders, clinicians and staff of all organisations involved, as well as patients and the public. The CCGs have set up a System Leaders Group with leaders of the CCGs, unitary authorities, health provider organisations and the Area Team. This will remain in place and the SRG will ultimately be reporting through these mechanisms.

The CCGs will continue to engage extensively with patient groups and with the public, listening and adapting to concerns and points. Engagement will include a focus on changing patient and carer behaviours, thereby taking more responsibility for their own health and wellbeing and for the way they access care.

All organisations will engage with staff through the transformation programme. Staff will be motivated by the opportunities to transform care and encouraged to take advantage of the opportunities for personal development and career progression. All staff will be supported through this process.

1.4 Links to BCF and H&WBB

The prioritisation of schemes within this ORCP are entirely congruent with the strategic direction of local Better Care Fund programmes and the desires of local health and wellbeing boards. Specifically, the ORCP is committed to ensure that **patients'** independence is maintained for as long as possible and that no patient should be treated in hospital unless is clinically necessary. Supporting the system to ensure that there are alternatives to A&E and that treatment in the community is made easier are all part of the focus of this ORCP and are reflected in the Better Care Fund priorities of the local system.

As part of the Better Care fund process, section 75 funding has already been committed and as such is not available for allocation for separate winter pressures schemes.

Details of the local Better Care Fund can be found in the following locations:

http://www.windsorascotmaidenheadccg.nhs.uk/better-care-fund/

http://www.sloughccg.nhs.uk/images/Slough_GB_Slide_Deck_Better_Care_Fund_050114_v4.pdf

http://democratic.bracknell-forest.gov.uk/documents/s71025/HWBB%20-%20Better%20Care%20Fund%20130214.pdf

Final submissions of BCF plans are due on 19th September 2014.

1.5 Confirmation of signoff and stakeholder agreement

As described above, this ORCP has been taken through a programme of engagement and prioritisation. This version of the plan has been signed off by the following organizations and we are continuing to agree final sign off with Heatherwood & Wexham Park Hospital Trust for the final version of this plan:-

- Windsor Ascot and Maidenhead CCG
- Slough CCG
- Bracknell and Ascot CCG
- Berkshire Healthcare NHS Foundation Trust
- Slough Borough Council
- Royal Borough Windsor and Maidenhead Council
- Bracknell Forest Council
- South Central Ambulance NHS Foundation Trust

2. Non Elective Care Pathways

2.1 Pathways

Ambulance Service

Ambulance Handovers is one of the key overall outcome measures within East Berkshire and has shown great improvement over the past 12 months with over 75% of handovers within 15 minutes. This has been a challenging area within this locality for some time. However, through work between SCAS and HWPH, a double verification system has been put in place following learning from work at Royal Berkshire Hospital and the flow through hospital at the front end has improved.

At Wexham Park, dedicated on the day demand ambulance discharge crews are running until midnight and the non-urgent Patient Transport service is also available for use for discharges.

SCAS operate predictive modelling in order to understand demand on the system and to understand the appropriate response to call outs. Vehicles will be profiled in line with recent Hospital turnaround profile and last winter profile of hospital turnaround times, overlayed against hospital and system escalation.

SCAS is also the provider of NHS 111 services. SCAS have experience in managing NHS 111 services through winter including a Boxing Day service. Modelling of expected demand and required staffing levels has taken place based on their experience. There is a robust resilience plan in place to manage this process through winter.

South Central Ambulance Service have a strategic commitment to move to using NHS pathways to support the system.

NHS Pathways sets out to deliver a single clinical assessment tool that provides effective triage over the telephone in any setting taking calls from the public. This will ensure every patient accessing urgent and emergency care services is effectively triaged, reducing the need for them to repeat information and helping to make sure that they are directed to the right care, first time. This will mean that patients calling 999 will go through the same process as those calling 111 allowing a more integrated approach to managing acute sector demand.

South Central Ambulance is currently running high intensity user reports by CCG using both 111 and 999 data. It is planned that SCAS will collaborate with the patients' GPs to develop care plans detailing more appropriate pathways for those patients resulting in fewer calls/reduction in conveyance to ED as appropriate.

Any SCAS patient that has no immediate need for A+E is discussed with the GP through GP Triage, thus avoiding unnecessary admittance to A+E. We are currently attempting, via audit, to furnish commissioners with a report by surgery of GP acceptance and therefore hospital evidence. Currently there are two GPs mobile within East Berkshire every morning. They support GP surgeries in delivering home visits early in the day. This allows for any patients who require further investigations, be it at A+E or at an Urgent Care Centre to be booked early. These patients are then better placed to receive ambulatory care.

During winter 13-14 "Hospital Ambulance Liaison Officer" (HALO) deployment has supported a system approach to Ambulance Hospital interface. The HALO have proved to be effective in improving handover

and clear up time. Expediting treatment of those arriving and providing by intervention turn-around of resource to the next member of public calling 999.

In providing HALO, SCAS will directly improve the handover process and the ambulance turnaround and also improve the liaison between A&E and direct discharge (in conjunction with the System Capacity Vehicles). Having direct access and links to a SCAS supervisor on scene will also expedite and coordinate direct entry to appropriate wards.

Name of Scheme	Description	Expected Impact	Timescale of delivery	Cost	Lead Organisation
HALO	Presence of HALO at WPH site at specific times	Improved Handover performance at front door. Support to flow through system and surge control	Mobilisation Q3	£75,000 (through central fundinig)	SCAS

Acute Trust

The spring to green project within Wexham Park Perfect Week is an improvement programme based on the "the perfect week" initiative used throughout the country. It involved running the hospital in an "ideal world" and removing constraints, financial or otherwise, from the flow of patients through the system.

The project has been planned since April and was built on the following principles:

- Strongly interventional improvement initiative;
- Achieve and sustain best in class patient flow;
- Support our staff to provide compassionate care;
- Right bed, right area of the hospital – first time;
- Support services to enhance patient flow by exceeding steady state service standards;
- Non-clinical staff to have the opportunity to directly support clinical colleagues;
- Review and enhancement of capacity escalation policy;
- Gain organisational learning from the event;
- Test/rehearse potential future operational service standards – links to Operational Resilience Capacity Plan (ORCP = Winter Plan).

The objectives of the project were developed over time using information from:

- ECIST Urgent care best practice framework;
- RUH Bath's S2G project;
- Individual input from HWPH Execs;

- CQC Feedback;
- HWPH urgent care recovery plan;
- Discussions at S2G project meetings;
- Refinements by senior stakeholders.

The project has seen results in a number of key areas. Specifically, the cultural effect on the organisation during the week has been an outstanding success. The entire organisation worked together around a clear set of objectives and worked well with and for each other and the patients and relatives. Following a challenging time for the organisations teams needed a 'win'. The success of S2G and sustained improvements (esp when compared to peers) delivered this. It has also offered an important opportunity to reset the organisation's perception and vision of service delivery and support the ORCP process.

The enhancements to Radiology was a particular success with additional sessions being put in place and availability of services across the whole week. This service enhancement has been continued but is provided at a cost and consequently represents a risk to the hospital system.

Other key successes have been the ongoing good performance in A&E since Spring to Green. While it is accepted by the system that high performance will be more challenging as the additional resources that were in place during the project are now gone, the changes to clinical practice and process improvements that have been identified will facilitate better services throughout the winter period this year.

The spring to green project proves that the specifically enhanced resource concept can work in HWPH to deliver the 4 hour standard and manage escalation status whilst protecting and even enhancing our elective capacity. It is worthy of note that since the project was completed, the trust has not escalated

A further Spring to Green initiative is planned in December to build on this success. Plans to include primary and community care into the process of a perfect week are currently being discussed. The final report from the project is included as an appendix.

Within Wexham Park Hospital, ambulatory care pathway provision became a live service in March supporting the requirement to have rapid assessment and treatment systems within emergency departments and acute medical units during hours of peak demand. These pathways aim to provide a quick turnaround time from the emergency department and the implementation of a trigger list in ED for escalation, both medical and operational improve response during pressured times will provide an efficient flow.

There is a live project within the East Berkshire system to provide an integrated Respiratory Service. This service is being put in place to provide East Berkshire patients with a comprehensive, secure and efficient integrated service to deliver their care, in the right environment for them in a timely and cost effective manner. From available data, it is clear that the impact of respiratory patients in the system is high and requires robust attention. Through using additional winter funding the system will be able to pump prime and enhance this service. Specifically, funding will be made available for a Band 6 Ward Respiratory Nurse into the Integrated Respiratory Service and allowing one of the Respiratory Nurse Specialist/Practitioner (within the IRS) to work Monday to Friday 8 am to 4 pm at the Trust within A&E and the Wards, dealing will all respiratory attendance and admissions and implementing a discharge bundle for all patients. The main focus of this proposal is to ensure that patients that are attending A&E are not admitted unnecessary and

patients that have been admitted can be managed back into their normal place of residence as soon as possible with the support of the specialist nurses.

Community Trust

End of Life care is also a key priority area which is being addressed. In January 2014 a 'Planning My Future Care" booklet was launched and forms the basis of discussion and initiation of an Advanced Care Plan (ACP) which has been identified by the End of Life Locality group as a key factor in helping reduce the number of acute admissions at End of Life. Each practice has been sent some paper copies and the digital copy is available on the doctor's desktop.

Mental health services are represented on the SRG through the involvement of the main mental health provider, Berkshire Healthcare Foundation Trust. Crisis teams are in place across East Berkshire who are able to support patients in the community to avoid crisis and also support in the event of an admission.

The Adult Mental health team assesses and work with people who have severe and complex mental health difficulties. They also work with and offer support to carers and family members through education therapy. Where appropriate, they can refer you to other services and support groups.

The service consists of professionals from a range of disciplines including: psychiatrists, nurses, occupational therapists, psychologists, psychotherapists, social workers, personal budget workers and administrative staff. A care coordinator will also work with patient to draw up a care plan.

Additionally, Liaison services are in place within Wexham Park and are being focussed into the Post Acute Care Enablement (PACE) team having had their roles adjusted to enable greater flexibility. Mental health issues within the hospital can be managed through this function.

The frail elderly population represent a high intensity user of health services within East Berkshire. There is strong evidence that a large number of ambulance call outs and subsequent hospital visits are attributed to falls. There is currently a falls pathway in existence which enables vulnerable patients to be assessed appropriately. At a falls clinic people aged 65 and over are offered an in-depth assessment by a physician, nurse, physiotherapist and occupational therapist. People may be offered a special falls prevention exercise programme and receive advice on healthy eating, home hazards, how to get up after a fall etc.

Those older people whose falls are due to environmental and/ or mobility problems *only,* can be seen by a physiotherapist and/or occupational therapist in their own home if this is more appropriate.

Additional Support for Winter 2014/15

Name of Scheme	Description	Expected Impact	Timescale of delivery	Cost	Lead Organisation
Integrated Respiratory Service	Community Outreach COPD patients: Recruitment of 1 x band 7 and 2 x band 6 nurses	This service is in place to significantly reduce the numbers of A&E attendances and	This project has already commenced and consequently mobiisation is expected for Q3.	£38,913	BHFT/ HWPH

		subsequent admissions by focusing on a key high intensity user group			

2.2 Primary Care

Our three CCGs have developed visions for primary care and integrated services, working with unitary authorities, the Area Team and local stakeholders. Key themes are:

- Primary care will come together in clusters and federated groups, to pool the limited resources and expertise to create efficiencies to sustain primary care
- Primary care clinicians will develop further areas of specialist expertise and refer patients to each other
- The CCGs will develop a model of primary care for 7-day working from 8am to 8pm ,which complements the existing high quality services
- New arrangements will be introduced to manage demand, including initial telephone consultations to assess whether an appointment is necessary and non-face-to-face appointments

Integrated care teams are in place to monitor vulnerable people in the community. These have been identified by the ACG tool as being individuals who are most at risk of admission to hospital. Caseloads of the most vulnerable patients are referred into the multi-disciplinary team meetings for a review where appropriate packages of care can be put in place and ensure patients have the support they need. The service is coordinated by case coordinators employed by Berkshire Healthcare NHS Foundation Trust (BHFT). Overall the aim of these integrated structures is to aim to deliver considerable reduction in permanent admissions of older and vulnerable people.

Primary care transformation is a major project which has got off to an energetic start with newly appointed GP clinical leads heading up work streams on 7-day working, and collaboration between practices to gain efficiencies. There are also plans under development to tackle workforce issues and promote self-care and prevention as well as better support for people with long term conditions.

Within Slough, from where the majority of Wexham activity resides, the Prime Ministers Challenge Fund is being focussed heavily on the provision of primary care across 7 days. All patients will have access to a GP practice up to 8pm on weekdays. This will be provided by groups of practices clustering and providing access to 8pm from one central site. There will be four clusters of practices across Slough offering a mixture of on the day and pre booked appointments. A new appointments system will be trialled to build in extra capacity for GPs and nurses, spreading demand over a longer period; with the ultimate aim of the Out-of-Hours (OOH) service starting later. With shared IT, clinicians from other practices within a cluster will be able to appropriately have read and write access to patient records at any time they are consulting.

The four locality clusters will also operate during the weekend from 9am – 5pm, with a focus on access for those who cannot attend primary care during the week and better management of key long term

conditions. Patients affected by conditions such as diabetes and asthma will be offered longer appointments with their GP. The incidence of these diseases locally is above the national average. The provision of weekend appointments is scheduled to be in place by the end of August 2014 and will consequently be in place for the coming winter. This represents significant progress towards the overall vision for primary care and will provide additional ongoing additional capacity.

Out of Hours GP services are supplied by East Berkshire Out of Hours service. This service has robust plans in place to support through the winter period and is engaged at urgent care board and operational levels. There is also a key commitment to ensure that out of hours services has access to and are able to actively support alternative referrals to A&E. This is being managed through a process of IT interoperability and is expected to be operational in time for winter.

Through the additional funding for winter, the system also plans for additional support into primary care with a focus on admission avoidance. Specifically, this is planned to be the following schemes:

Name of Scheme	Description	Expected Impact	Timescale of delivery	Cost	Lead Organisation
Nurse led Support to community hospital	7 days a week between 3pm-9pm. This role will have a focus on the avoidance of paediatric admissions to hospital	This role is in place to reduce the number of unnecessary paediatric attendances and subsequent admissions to hospital	Mobilisation for Q3	£20,000	CCG
GP support to Care homes (Slough)	Admissions from care homes is a key priority area as it relates to high intensity users of the health system. Additional medical cover is proposed to support admission avoidance by ensuring care is correctly co-ordinated including	Role to support admission avoidance and support to discharge in care home beds	Mobilisation for Q3	£33,000	CCG

	medicines optimization and social care input				
GP support to Care homes (WAM)	Admissions from care homes is a key priority area as it relates to high intensity users of the health system. Additional medical cover is proposed to support admission avoidance by ensuring care is correctly co-ordinated including medicines optimization and social care input	Role to support admission avoidance and support to discharge in care home beds	Mobilisation for Q3	£33,000	CCG

2.3 Seven Day Working

In spite of the strategic intention to move to a 7 day working system, it is important to recognize that 7 day services are currently available in critical areas of system resilience and will be maintained through the winter period.

South Central Ambulance Service

- 999- This is a 24/7 service with dedicated 111 senior management on call if required.
- 111- This is a 24/7 service with dedicated 111 senior management on call if required.
- PTS- Transport arranged for both day / outpatient and discharged patients across 7 days

Heatherwood and Wexham Park Hospital

The Trust is a 24/7 facility within for emergency and critical services. Additional funding allocation will seek to support the provision of additional out of hours services such as the following. This list represents a clear set of aspirations, some of which were identified through the spring to green project, which will require prioritisation within the financial headroom of the trust and the available funding.

- Within the acute hospital additional recruitment to senior consultant posts and additional diagnostic equipment is planned to allow for work to continue over the weekends.

- 2 consultant physicians on duty on General Medical consultants at weekends. One of these is consultants is present all day across both days while the other is is in for half a day on both days.
- A&E consultant is rostered 10am-7pm Saturday and Sunday.
- Orthopaedic surgery lists are scheduled on Saturday and Saturday and is a consultant led service.
- Plastics trauma list is in place on Saturday and is consultant led.
- On call consultant cover in all surgical specialities which includes patient rounds and assessments.
- 8-am -10am on labour ward on Saturday and Sunday.
- 7 day MRI availability.
- 7 day ultrasound availability.
- 7 day CT availability.

Through the provision of additional winter funding, it is planned to Implement 7 day working in both medical and surgical specialties. However, it is noted that there is considerable pressure nationally on recruitment in various specialties.

The provision of winter funding will therefore support an increase in capacity at Wexham Park. This will include:

- Alignment ED Consultants rotas to activity profile and increased Consultant presence at weekends or senior nurse consultants (Achieve Early Senior Assessment/Eliminate Ambulance queues/Maximize Senior Medic presence).

- Better matching additional ED Staffing to demand patterns and variation, combined with increased data analysis to support this.

- Increase working hours for support services on weekends and OOH.

The Trust have noted that unless the £4.8M recurrent funding shortfall from FY 13/14 is filled then the available funding for 14/15 will have to be prioritized against other resilience and capacity schemes still running from last year.

Berkshire Healthcare Foundation Trust

- There are plans in place to extend the 7 days working across community services that provide unscheduled care. This includes the provision of an enhancement to the Post Acute Enablement (PACE) team. The PACE team's role is to undertake comprehensive, multidisciplinary assessment in WPH in order to identify patients' needs, if possible prevent unplanned admission to an acute hospital bed and to establish suitability, if appropriate, for a rehabilitation programme in a community setting. This service Saved 340 bed days (based on WPH Estimated Date of Discharge) and 168 admissions were avoided from A&E (AMU, EDDU and GP unit) during the previous winter and was subsequently funded for an additional year. For this winter additional funding will be provided to enhance this service across weekends and provide an ability to focus on specific wards to improve flow through the hospital system.
- Rapid Access Community clinic is having hours increased during winter period. This is supported through winter pressures funding as well as through the commissioning contract cycle where additional funds have been committed.

- An additional Rapid Access Community Clinic is also being planned to service the Slough locality through the winter period. With the addition of primary care capacity being put in place across Slough, it is important to complement this with an admission avoidance structure for use.

Intermediate care services are 24/7 with a single point of access. Planning, review and co-ordination of intermediate care services is looked at as part of a whole system approach to managing demand and capacity across health and social care through a number of schemes.

Intermediate care services are available through a single point of contact for each of the unitary authorities within the patch. The full range of service/s should be available through this point of contact and processes are in place and the system is aware of how to contact this service. There is no single point of contact for the whole East Berkshire patch.

With additional resources being provided to the Local Authority partners, we are confident that they will be able to support discharging patients over the weekend. This is accompanied by an escalation process from each of the local authorities to flag delays as soon as possible and allow solutions to be put in place rapidly. It is currently not possible to secure new packages of care across a weekend. This is largely due to the need for system infrastructure such as brokerage panels. However, the CCGs and the system are assured that options are available across seven days for discharge of patients while packages of care are finalised.

Additional support for Winter 2014/15

Name of Scheme	Description	Expected Impact	Timescale of delivery	Cost	Lead Organisation
Additional consultant cover, rota alignment	Align ED Consultants rotas to activity profile and increase Consultant presence at weekends or senior nurse consultants (Achieve Early Senior Assessment/Eliminate Ambulance queues/Maximize Senior Medic presence) 2. Match ED Staffing to demands patterns and variation 3. Implement 7 day working in both medical and surgical specialties (pressure	95% A&E performance and improved discharge including reduction in DTOC	Mobilisation expected Q2	£986,000	HWPH

	nationally on recruitment in various specialties) 4. Increase working hours for support services on weekends and OOH				
Rapid Access Community Clinic	Extension of RACC in Maidenhead to cover Saturday and ensure continued admission avoidance. This includes contingency funding for additional transports and consultant sessions where required. Additional provision for Slough based RACC service	Admission avoidance in order to cover extension of primary care 7 day	Mobilisation during Q3. Slough elements are currently being negotiated	£330,000	BHFT
Enhanced support to Post Acute Enablement Service	This role will also be able to signpost and facilitate appropriate referrals into social service beds and Henley Suite. Benefits: Timely discharge out of WPH, Reduced lengths of stay in WPH, Improve system capacity and flow within WPH, Appropriate and safe discharges into relevant community services, Improved patient experience and outcomes	Improved A&E performance Admission avoidance	Moblisation for Q3	£32,820	BHFT

Note that the schemes within the primary care and pathway section are focussed on an increase to seven day working during the winter period.

2.4 Measurement

An urgent care dashboard has been developed as a system wide to enable the system to monitor the performance of urgent care across the East Berkshire System. This has been achieved through learning from previous iterations of the dashboard and through specific recommendations of the Urgent Care Board. The dashboard will monitors on the following indicators for the four CCGs and the main provider :

Entry into the system

- A&E attendances by age and time
- Ambulance conveyances
- Ambulance handovers
- A & E referral type
- A&E daily performance wait

Ambulance data

- See and treat
- Hear & treat
- Ambulance conveyances

Flow through the hospital

- NEL activity
- Link to 18 week dashboard for all three standards and detail at specialty level

Exit out of hospital

- Delayed transfer of care (DTOC)
- Community bed occupancy
- NEL readmission within 3 days
- Emergency readmission within 30 days vs NEL activity

The dashboard will be presented at each SRG meeting as a standing agenda item and circulate to all key partners to ensure consistent messages are received on relevant pressure points. Additional monitoring ability is provided by SCAS who use predictive modelling to to assess predicted demand and have robust plans in place and Wexham Park who use real time systems to understand the flow through the system.

Daily Capacity planning

Thames Valley Emergency Access is a support team for NHS unscheduled services throughout the Thames Valley region, working across organisational and geographical boundaries, with particular expertise in whole system resilience, escalation and emergency planning across the health economy. TVEA acts as an "honest broker" between NHS organisations, and aims to maintain an impartial position, attempting to deal fairly with all NHS agencies in pursuit of the best possible patient care. TVEA provides a point for liaison

and integrated working between all key organisations (commissioners, providers and social care) in the Berkshire East area and in neighbouring health economies.

Across the Thames Valley region, commissioners have authorised TVEA to manage the roll out of the Pathways DoS capacity management modules to provide close to real time system-wide data about capacity and pressures across acute trusts, community services and primary care. The widespread availability of this intelligence to commissioners and senior managers of trusts will provide a range of benefits:-

- It will provide a reliable basis for sound decision making and the effective use of services and resources;
- The overview of capacity across the whole health economy will inform area-wide capacity planning;
- It will provide a safe basis for managing patient flow and the distribution of pressures between emergency departments;
- It will provide the ambulance service with further real time information about capacity pressures in emergency departments;
- It will provide an accurate basis for planning capacity for the following day/weekend/week;
- It will mitigate unintended negative impact of pressures in neighbouring areas;
- Over time it will enable more accurate capacity modelling;
- National intelligence will support the management of Major Incidents.

A meeting is planned imminently between Wexham Park and TVEA to arrange log ins for staff, training on system usage and to discuss concerns. This process will then be followed by other local providers. It is planned that the system should be fully operational by the end of October 2014.

It is important to note that daily information is also available to understand the demands on the system through the escalation and daily resilience processes. The daily capacity plan will be linked to the dashboard.

The most recent version of the urgent care dashboard is included as Appendix 1.

It has been noted by the SRG that additional information regarding the appropriateness of admissions may be helpful in understanding further opportunities for improvement. A contract query notice (CQM) that has been issued to the Trust states that if it is deemed necessary an independent audit of admissions will be undertaken to assess appropriateness of admissions. This will be actively considered in due course. The time taken to implement this process will need to be a consideration for this audit to go ahead.

2.5 Summary of schemes and financial allocations

The prioritization and subsequent allocation of funding of centrally provided winter pressures money is based upon a number of key assumptions:

- The successful acquisition process between Frimley Park Hospital and Heatherwood and Wexham Park Hospital.
- South Central Ambulance service using centrally allocated funding for ambulance services to support additional capacity and surges in demand.

- Additional support for the Heatherwood and Wexham Park system being provided through the Frimley and South Buckinghamshire systems.

The process of prioritization has been challenging due to the increasing pressure on the system and the reduction in funding from the winter 2013/14. A large number of additional schemes were also put forward. The following represent the schemes that were deemed those that would have the most impact with the available funding.

	Level of additional funding
Non-elective additional support	£1,434,820

3. Elective Care Pathways

3.1 Planning

Heatherwood and Wexham have reviewed and revised the Trusts' patient access policy, and supporting operating procedures. The policy includes reference to cancer and other urgent patients, and will be made accessible to patients and the public. (http://www.heatherwoodandwexham.nhs.uk/sites/default/files/Trust%20Access%20Policy.pdf) There is no plan to update the policy again in September 2014. Further development of supporting operating procedures is planned following devolvement of booking centre.

Assurance is in place that an RTT training programme for all appropriate staff, focussing on rules application, and local procedures, ensuring all staff have been trained during 2014/15. There will remain in place a 18 week subject matter expert and Training is planned following devolvement and development of SOP.

The SRG has noted the requirement for annual analysis of capacity and demand for elective services at sub specialty level, maintaining a regular review and update when necessary. As part of the elective care recovery plan, there has been a commitment to High level (exec led) elective capacity and demand work stream established in HWPH. All specialties are developing capacity plans in relation to follow up activity. The Trust is currently validating a list of overdue follow up appointments, the results of which will also inform the specialty level capacity planning.

3.2 Building on existing work

The SRG understand and recognises the requirement to build upon any capacity mapping that is currently already underway, and use the outputs from mapping exercises as an annex to resilience and capacity plans. The ability to manage this process is a key part of the elective care recovery plan. The trust is developing normalised capacity plans to strip out urgent capacity to reduce backlog and has outsourcing contracts in place to support additional capacity, if necessary

3.3 Pathway Design

Heatherwood and Wexham park have processes in place to ensure that all specialties understand the elective pathways for common referral reason/treatment plans, and have an expected RTT 'timeline' for each. Plans are now in place to set up reasonable booking horizons to achieve 16 week RTT starting Q3 2014

To support the Right sizing of outpatient, diagnostic and admitted waiting lists, in line with demand profile, and pathway timescales additional funding will be made available through winter funding. This funding will specifically support additional diagnostic testing pressures. This should also service to support the implementation of the existing work of the elective care recovery plan that is in place and capacity shortages.

Across the East Berkshire system, CCGs are committed to a number of initiatives through the mechanism of QIPP programmes to improve and transform key pathways to improve outcomes and support the system to manage demand. Specifically these pathways include:

- Cardiology
- Cancer
- Dermatology
- ENT
- T&O
- Respiratory Services

A system wide policy is also in place to manage Procedures of Limited Clinical Value (PLCV) which is in place to reduce levels of demand on specialist services.

Name of Scheme	Description	Expected Impact	Timescale of delivery	Cost	Lead Organisation
Additional diagnostic support	As part of the endeavor to 'Right size' outpatient, diagnostic and admitted waiting lists, additional funding is being committed to support additional diagnostic testing	This additional resource will support 18 week performance throughout the winter period	Mobilisation in Q3	£100,000	HWPH

3.4 Referral Management

Management of the levels of GP referrals into hospital has long been a priority area for the CCGs within East Berkshire. Demand for unscheduled care has risen steadily, meaning CCGS have been focused on the causes of that rise and act to avoid unnecessary episodes. The provision of practice level benchmarked data has been used to support driving the approach to reduce GP referrals. This has led to the identification

and provision of community alternatives of provision where appropriate including MSK, ENT and dermatology services.

Across the CCGs, there is ongoing work which undertakes peer review with practices. Referrals are reviewed by Clinical Leads group on a monthly basis – practices that are referring above their QIPP target for three consecutive months are visited by two clinical leads with discussion taking place about referrals, pathways and best practice. It has been demonstrated from past experience that this peer review is effective in appropriately managing referrals. It also provides an opportunity for clinical leads to understand from different practice perspectives issues with existing pathways and providers.

Triage processes are in place for the four specialties where referrals are high: gynaecology, dermatology, ENT and orthopaedics. The triage process is currently being reviewed to assess its impact.

Plans are being developed for advice and guidance to be more widely available – this is a model that has been demonstrated to work will with paediatrics.

The CCGs runs regular education sessions, bringing in expertise from secondary care to disseminate best practice and introduce new/ re-enforce existing pathways. The topics are determined by high volume areas and when new pathways are developed. These receive very positive feedback from member practices.

3.5 Measurement

Heatherwood and Wexham Park have committed to undertake an external review of managing RTT rules and develop an action plan based on recommendations from this review. Additionally they are also committed to subsequent and implementation and training ahead of the winter period (October 2014).

As part of the elective care recovery plan within the trust, there is a continued focus upon data quality and there are continuing efforts to improve this element of the process. Elective Access Group (EAG) established in January and meets weekly with senior operational and service managers plus cancer, diagnostic and data leads.

Performance management arrangements are already in place on use of an accurate RTT PTL, and use this in discussion across the local system. The elective care recovery plan is governed and monitored by the Trust's Executive Officers via the monthly performance meeting for the Divisions (known as bilateral meetings) and at other forums as directed by the Trust's Executives. It will also be used by CCG colleagues to underpin 18 week recovery trajectory planning. As part of this process, KPIs and monitoring mechanisms are in place reviewed weekly and at divisional board meetings.

The SRG is assured that issues around elective care including performance and implementation of recovery plans are monitored through a number of governance structures including internal trust boards and system quality groups. This occurs, as a minimum, on a monthly basis.

3.6 Summary of schemes and financial allocations

The allocation of funding of elective funding has been subject to the same level of scrutiny and prioritization as non-elective funding. The significant reduction in winter funding compared to previous years has led to a dramatically reduced ability to allocate non-recurrent funding. However, the CCGs in East Berkshire are committed to supporting the trust through all possible contractual routes to ensure that services are maintained at a robust and safe level of provision.

	Level of additional Funding
Elective Care Additional Support	£100,000

4. Wider Planning Considerations for System Resilient Groups

4.1 Planning

A joint arrangement which is in place to manage delayed discharges is multi-disciplinary teleconferences, led by the acute trust. These teleconferences are in place to discuss delayed transfers of care and agree next steps. They are attended by all key partners and represent the forum to agree responsibilities for patients. These are a business as usual element to the health and social care system.

Additionally, a regular list is circulated to the system outlining current discharge delays and the required actions required. It is also a standard feature of the daily resilience process which is in place which is outlined in a later section.

As referenced in the non-elective pathway section of this ORCP, significant effort and funding allocation is being streamed into improving discharge processes to maintain effective system performance through pressurised winter periods.

Additional Support for Winter 2014/15

Name of Scheme	Description	Expected Impact	Timescale of delivery	Cost	Lead Organisation
Care-Co-ordination in the community	Work to co-ordinate with the hospital and GP's to arrange for timely assessment of need and initially look to provide required service in-house to facilitate	As a minimum: • Maintain low level of delayed transfers of care due to social care reasons • Effectiveness of Reablement – increased	Mobilisation for Q3	£155,000	RBWM

	discharge or prevent admission while other arrangements are put in place. This additional resource would add to our existing establishment to reduce pressures on the service outside of core hours. They will facilitate packages of care and small items of equipment. Costs include additional beds, social worker and administrative support.	activity • Decreased average length of stay • Responsiveness of Local Authorities to meet increased demand for social care services to support discharges • 100% of 2 hour response time from social care.			
The Recovery, Rehabilitation and Reablement (RRR) and End of Life service	To manage an increase of referrals to social care and support discharges from hospital to support people at home.	As above	Mobilisation for Q3	£50,000	Slough Borough Council
Additional Community Bed capacity	Additional bed capacity in the system to support patients to move out of hospital. This will include higher acuity patients as well as less complex discharges	As above	Mobilisation through Q3	£70,000	Slough Borough Council
Additional Social	To manage the	As above	Mobilisation	£35 ,000	Slough

Worker support	assessments and supports required to enable people to access the RRR service		through Q3		Borough Council
Additional system capacity vehicles	funding is reallocated to funding additional system capacity vehicles. The vehicles primary and secondary purpose will be to respond to the increase in pressure by facilitating extra contractual discharges, managing patients from a unit of high pressure to create capacity elsewhere this transfer of patients can be to a local, community or other provider setting including the home setting and to manage Health Care Professional admissions in a timely way. Also, this scheme will link closely with HALO to support flow throughout the hospital.	As above	Mobilisation through Q3	£68,000	SCAS

Daily Capacity planning

Thames Valley Emergency Access is a support team for NHS unscheduled services throughout the Thames Valley region, working across organisational and geographical boundaries, with particular expertise in whole system resilience, escalation and emergency planning across the health economy. TVEA acts as an "honest broker" between NHS organisations, and aims to maintain an impartial position, attempting to deal fairly with all NHS agencies in pursuit of the best possible patient care. TVEA provides a point for liaison and integrated working between all key organisations (commissioners, providers and social care) in the Berkshire East area and in neighbouring health economies.

Across the Thames Valley region, commissioners have authorised TVEA to manage the roll out of the Pathways DoS capacity management modules to provide close to real time system-wide data about capacity and pressures across acute trusts, community services and primary care. The widespread availability of this intelligence to commissioners and senior managers of trusts will provide a range of benefits:-

- It will provide a reliable basis for sound decision making and the effective use of services and resources;
- The overview of capacity across the whole health economy will inform area-wide capacity planning;
- It will provide a safe basis for managing patient flow and the distribution of pressures between emergency departments;
- It will provide the ambulance service with further real time information about capacity pressures in emergency departments;
- It will provide an accurate basis for planning capacity for the following day/weekend/week;
- It will mitigate unintended negative impact of pressures in neighbouring areas;
- Over time it will enable more accurate capacity modelling;
- National intelligence will support the management of Major Incidents.

Planning for Flu and infection control

The SRG recognise the vital importance of planning for Flu and the implementation of infection control procedures across all partners. As with previous years the importance of cross organisational working will be essential.

The assumption made within this draft of ORCP is that NHS England local Public health team will be leading the development of the flu campaign. Local plans will be in line with the Thames Valley Screening and Immunisation Team Seasonal Flu Immunisation Action Plan 2014-15 (Appendix 4). Sarah Bellars, Director of Nursing for the CCGs is taking the lead for the 3 CCGS on flu, and setting up a flu taskforce for our patch and working with Trusts, public health and practices on ensuring we have a good campaign for both at risk groups and staff.

All organisation will have in place a plan to encourage the uptake of flu vaccination amongst staff taking on board the best practice that has been demonstrated in other Trust in the Thames Valley areas to increase uptake numbers.

Infection control procedures and results have shown this to be a strong area for Heatherwood and Wexham Park. Infection control procedures in place in Heatherwood and Wexham Park Hospital. . The infection control team is made up of a dedicated consultant microbiologist clinical lead, a specialist lead nurse, three specialist nurses, two infection control data analysts and the infection control pharmacist all working closely with the microbiology department and hygiene and cleanliness service. It also incorporates the Outpatient Home Parenteral Anti-Infective Therapy Service (OHPAT).

All organisations have infection control protocols in place and are up to date and work as a whole system to ensure messaging is prompt and clear in the event of an outbreak. These include clinical and operating procedures which are embedded within trust strategies and cold weather plans. All relevant healthcare providers report that they are using the infection control toolkit.

Messaging will be circulated to staff and patients within organisations as part of their winter planning procedures. Additionally, the daily resilience teleconference allows the system to be notified at the earliest possible time of a suspected outbreak and allows organisations to put in place plans to manage the potential decrease in capacity across the system.

4.2 Patient Experience

The governing principles of the SRG and this ORCP are that patients are treated in the most appropriate place in the most appropriate method. The schemes that are being funded through additional non-recurrent funding are all based on this principle. Additionally, CCGs in the areas are united in their endeavor to commission alternatives to A&E in the community. As previously stated, respective better care fund programmes are based upon ensuring that the health needs of the population are appropriately addressed.

Children and their parents or guardians should be able to access appropriate emergency care as close to home as possible. Through this plan additional capacity is being allocated to support the avoidance of paediatric admissions and ensuring that that children are seen and treated quickly to provide reassurance to them and their families. The SRG is committed to ensuring that links are in place that enable them communicate with local children's networks and specialist clinical networks to understand local needs, develop opportunities for care at home, and ensure children and families are consulted wherever possible on aspects of service redesign.

4.3 Chronic conditions and home care

The management of chronic conditions is challenge within East Berkshire and is consequently a key priority for the CCGs. The current model for managing this priority is through the implementation of integrated care teams (section 2.2)

Planning for care home residents is a key area of potential pressure within the East Berkshire system. It is recognized that many care home residents have chronic health problems. In the knowledge that regular health surveillance decreases the risk of hospital admission, additional support is being put in place through the winter period to support care homes across key areas in the locality. This additional support is outlined in the primary care section.

There is a project in place to support admission avoidance from care homes focussed within Windsor Ascot and Maidenhead. This work will support care homes in identifying key risks and supporting them in the care home environment including training for staff. A similar scheme in place through the Slough locality and has a focus on reducing admissions. These projects are being measured on admission avoidance. Full delivery is expected during the course of this year although benefits are expected as the project progresses.

4.4 Engagement with the independent and voluntary sector

This SRG, CCGs and wider system are united in their view that collaboration with the voluntary and independent sector is an important element of service provision across health and social care. As a consequence the SRG is committed to engagement with third sector and voluntary organisations and local interest groups. We plan to regularly seek the views of our stakeholders not just in commissioning decisions but in how effectively we, as an organisation, are developing and performing.

The CCGs collectively recognise the Support from the voluntary sector will be needed extended to support people having timely discharges from hospital, in order to maximise their quality of life and independence at home.

The integrated teams will work closely with voluntary groups and with carers to help people manage their health more effectively. This will remain in place for these teams.

The CCG is working with partners including local police, social care, education, care homes and other local statutory and voluntary organisations and with GP practices and other health care organisations to strengthen arrangements for safeguarding adults and children.

Organisation name	Elective /Non Elective	Type of service	Current capacity commissioned	Additional potential capacity to support surge in demand	Notes (Key contact information)
BUPA	Non-Elective	Community Rehabilitation bed facility	20 bed facility for rehabilitation. Usage also extended for CHC patients waiting for assessment and can be flexed to manage surges in demand	0	This facility has been a hindrance to patient flow until recent contract negotiations resolved these issues. Home Manager – Wendy Marsh
Age Concern	Non-	Advocacy	Work across our	0	-

	elective	services –	local hospital sites and health service assisting individual patients in a dignified and non-judgmental manner. They ensure that clients' voices are heard and their needs are catered for, offering practical assistance with welfare benefits, housing issues and debts		
Depression Alliance	Non-elective	Friends in Need Group	Group adults living with depression in the Windsor Ascot and Maidenhead area. We meet up most days for social activities. Currently running an art group, a social and wellbeing group, a walking group and have started a community gardening project.	-	Phone: 07964 376951 Email: Louise@depressionalliance.org

4.5 Communications

Communications plays a key role in supporting winter pressure plans. It is recognised that a communications plan is a key requirement for the resilience of the system. A comprehensive Communications Plan for East Berks CCGs has been developed, and will be implemented in November 2014. It will also references joint working, such as the unitary authorities in ensuring clear and consistent messaging. Local Healthwatch representation on the SRG are committed to supporting the plan through their own communications networks.

Communications will work with or support any key messages required by the CCGs, Area Team / NHSE and the acute Trusts as required over the winter months. They have a number of methods to communicate with their staff and wider public whether by direct emails, social media, websites or local media.

Name of Scheme	Description	Expected Impact	Timescale of delivery	Cost
Communications	To support winter pressures and to supplement existing communications strategy, additional funding will be in place to support targeted communications to support admission avoidance and signposting to appropriate services	Admission Avoidance	Throughout winter period but will commence during Q2	£60,000

4.6 Summary of schemes and financial allocations

	Level of additional Funding
Additional considerations Additional Support	£360,000

4.7 Risks to plan delivery

	Risk to Delivery	Mitigation
1.0	This is a whole system plan and relies on the relationships between partner organisations for delivery. There is a risk that organisational priorities will compete with priorities in delivering this plan. This is also expressed in the cross boundary relationships between systems and the need to ensure that system resilience plans in Buckinghamshire and Frimley systems allow equitable access to their patients who may be admitted non electively into the HWWP system.	SRG/UCB meetings are planned throughout the winter period to account for delivery of the plan and supporting mutual accountability between organisations. This process is also supported through CCG operational meetings and performance meetings with the trusts. Discussions between Social Care organisations to discuss mutual aid and application of funding to all patients in particular the arrangements across Buckinghamshire health and social care system.
2.0	Key to success of the plan is clinical leadership and senior clinical staff will need to be actively involved in both delivery and monitoring. There is a risk that they will not be fully engaged.	The CCG has named clinical leads for urgent care who have been central to the process so far. A decision has also been made to include senior acute clinicians on the SRG.
3.0	HW&WP have a shortfall in their annual budget which currently unfunded which has resulted from the assumption that they would receive the same level of winter pressures funding as they did in 2014/15.	Discussions with NHS England, Monitor and CCGs to agree how Gap should be filled
4.0	There is a risk that the actions in the plan will not have the desired impact.	Robust performance arrangements linked to KPIs are being put in place. Urgent care dashboard will monitor the process .
5.0	Seasonal impact of influenza and/or norovirus could affect delivery of the plan.	The SRG will fully comply with flu programme being put in place.
6.0	Many schemes are predicated on the ability to recruit suitable staff on short term contracts which has historically been a big challenge	The majority of schemes that are being put in place are enhancements of current services and consequently there are different options available for recruitment including secondments and Fixed term work. Within the Acute trust, recruitment programmes are in

		place to source staff from multiple areas including Europe and beyond.

5. System Resilience Group Governance

5.1 Purpose

The purpose of the SRG in East Berkshire is to, by building on the progress and momentum of the urgent care board, to bring together both urgent and planned care and to enable systems to determine appropriate arrangements for delivering high quality services.

It will work across boundaries to improve patient experience and clinical outcomes, by establishing partnerships and maintaining working relationships between all health and social care organisations in a geographical area and health community.

5.2 Scope (Responsible for/ Not responsible for)

System Resilience Group will be responsible for...	System Resilience Group will not be responsible for…
Strategic guidance regarding standards, resilience plans and other ongoing work streams Co-ordination of and monitoring of resilience arrangements across the system. Oversight and horizon scanning of future challenges and provision of guidance to the wider system	Operational management of the health and social care system Day to day resilience processes Emergency Planning

Draft Terms of reference are included as Appendix 2.

5.3 Membership and Quorum

Membership of this group will be representation from the following organisations:

- CCG representation
- Heatherwood and Wexham Park Hospital
- Berkshire Healthcare Foundation Trust
- Slough Borough Council
- Royal Borough of Windsor and Maidenhead Council
- Chiltern CCG
- Bracknell Forest Council
- South Central Ambulance
- Link CCG director to Frimley System ORCP

- Thames Valley Area Team
- Healthwatch representation

To be quorate attendance of 50% of member agencies, including the CCG and Acute is required.

5.4 Frequency of Meetings

As with the Urgent Care Board, monthly meetings are planned for this group

5.5 Reporting Arrangements

This SRG will receive monthly reports on the usage and impact of non-recurrent funding. It will also receive updated dashboards as highlighted earlier this plan.

The ORCP projects and the bids which have been agreed will have the KPIs signed and baselines agreed at the SRG. The progress of these projects will be reported on monthly basis against their milestones, risk, KPIs and expenditure against the agreed budgets.

These reports will be provided via the Programme Office (PMO). The three CCGs have a PMO which is a central support and the use of the PMO services by project managers is mandated across the organisation

The role of the PMO:

- To provide advice to the governance group on business cases, risks and project performance.
- It also has a policing or regulatory role in ensuring projects and programmes conform to agreed standards and best practices.
- Project leads submit monthly report to the PMO and these are then challenged if there are gaps or delays in implementation phase or mobilisation phase.
- Programme reports will be provided on monthly basis to the SRG Board with rag rating on milestones, risks, Key performance indicators, finance.

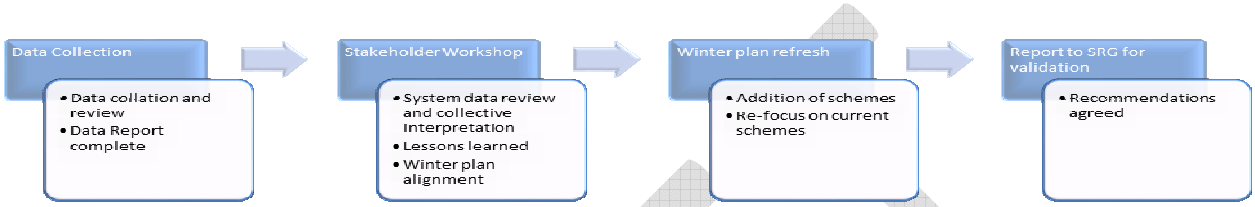
Outputs and agreements from the SRG will feed into the systems leader group and to CCG governing bodies. It is also expected that these outputs and agreements will be disseminated to partner organisations through the appropriate mechanisms for that system.

The SRG has noted the requirement to undertake a rigorous independent analytical review of the drivers of pressure in 2013/14 to inform their planning for 2014/15. Lessons learned from last winter have been used to inform the planning for this year and indeed services non-recurrently funded last year have been evaluated and given recurrent funding and as such are in place this year. However, an independent review has not been undertaken as yet.

Our process for completing this process is outlined below and will seek to understand:

- The level and drivers of increased demand;
- Whether acuity and complexity has actually increased;
- Whether there is any redistribution of demand;

- Changes to the volatility of demand;
- Reduced capacity in trusts to meet demand;
- Increased resource use in response to demand.



The SRG will commit to completing this review by the end of September 2014

5.6 Approval responsibilities

The group maintains the responsibility of approving schemes for non-recurrent funding to support the resilience of the system and approving strategic levers to secure system resilience.

5.7 Review

The SRG will review its Terms of Reference on a bi-annual basis.

6. System Escalation Management

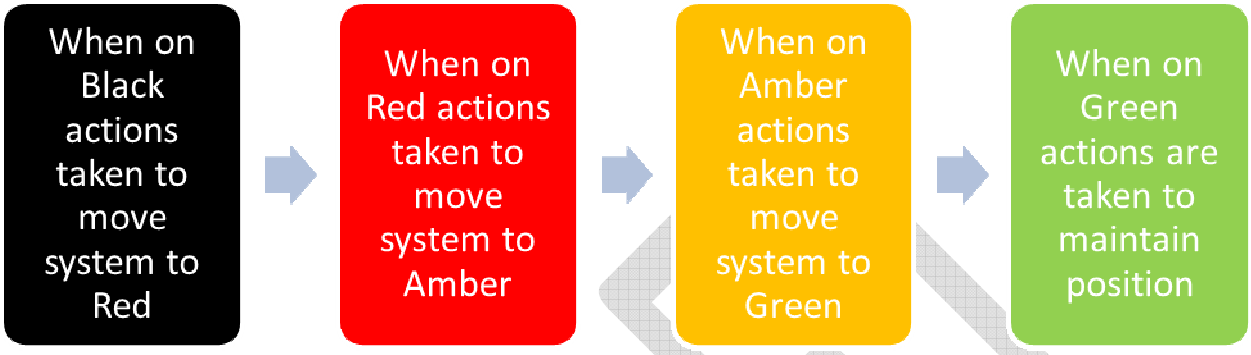
6.1 Daily operational resilience

The Thames Valley Emergency Access team provides a 24/7 service across the Thames Valley, facilitating cross-border working and the cost benefits of shared IT developments and support services. TVEA represents the interests of East Berkshire and the Thames Valley in national Pathways forums, including technical development.

On a daily basis, TVEA chairs a whole system resilience conference call, reporting the current system pressures, resources and capacity across Berkshire East and the whole Thames Valley region in the morning. A summary of system pressures across the Thames Valley region is collated late afternoon, to highlight progress made since the morning call, and to inform commissioners of the resilience status before going into the “out of hours” period.

The schedule of these calls allows the system to work systematically through the escalation framework and undertake any actions that are required. The process of using the escalation framework is to take the

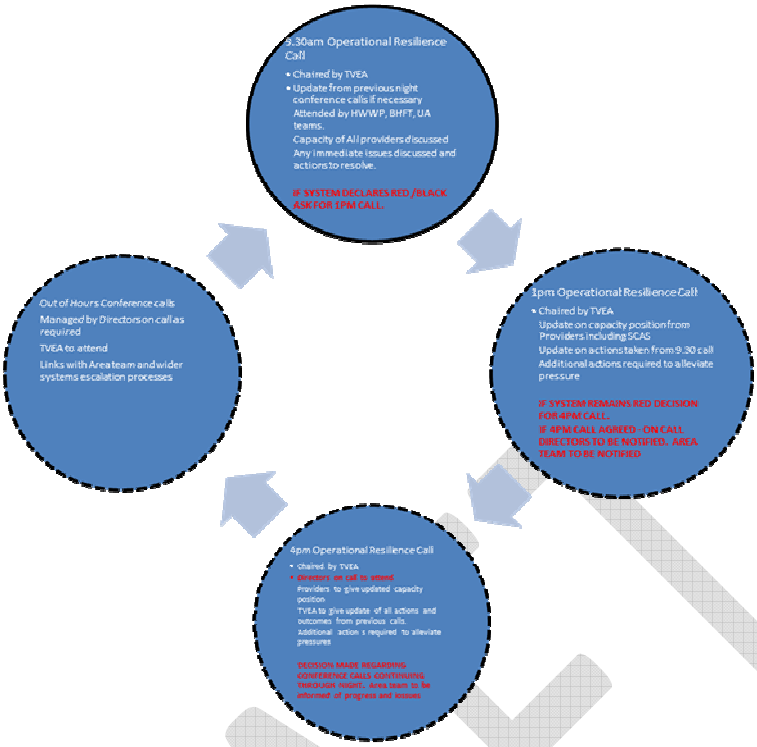
required actions to de-escalate from the current position. All the required actions are contained within the framework.



The escalation framework that is in place within Wexham Park Hospital is congruent with the wider system framework and all partners undertake the required actions through the process of the daily resilience call.

A director on call rota is in place covering both East Berkshire CCGs. An on call pack is provided to the CCG directors which outlines the key responsibilities and key contacts from across the system.

The diagram below shows how the cycle of daily calls supports the process of escalation and de-escalation of issues throughout any day.



Rigorous and consistent management and analysis of pressures and capacity on a daily basis throughout the year provides an understanding of the drivers of system pressures which underpins the development of solutions and the robust management of predictable increases in pressure, and a strong collaborative approach to manage pressures such as adverse weather, epidemics, Major Incident. Shared intelligence and an integrated approach support robust, sustainable year-round capacity planning.

Additional to this resilience monitoring, South Central Ambulance Service deploys the nationally agree REAP (Resource Escalation Action Plan). This allows the Trust to work with its internal and external stakeholder to make sure that resource levels are optimised to maintain performance. The REAP is monitored weekly by the Senior Operations Team with an Executive lead to agree REAP escalation. Within the REAP plan there are various trigger points which will raise the REAP level and subsequent actions will provide operational resource and support.

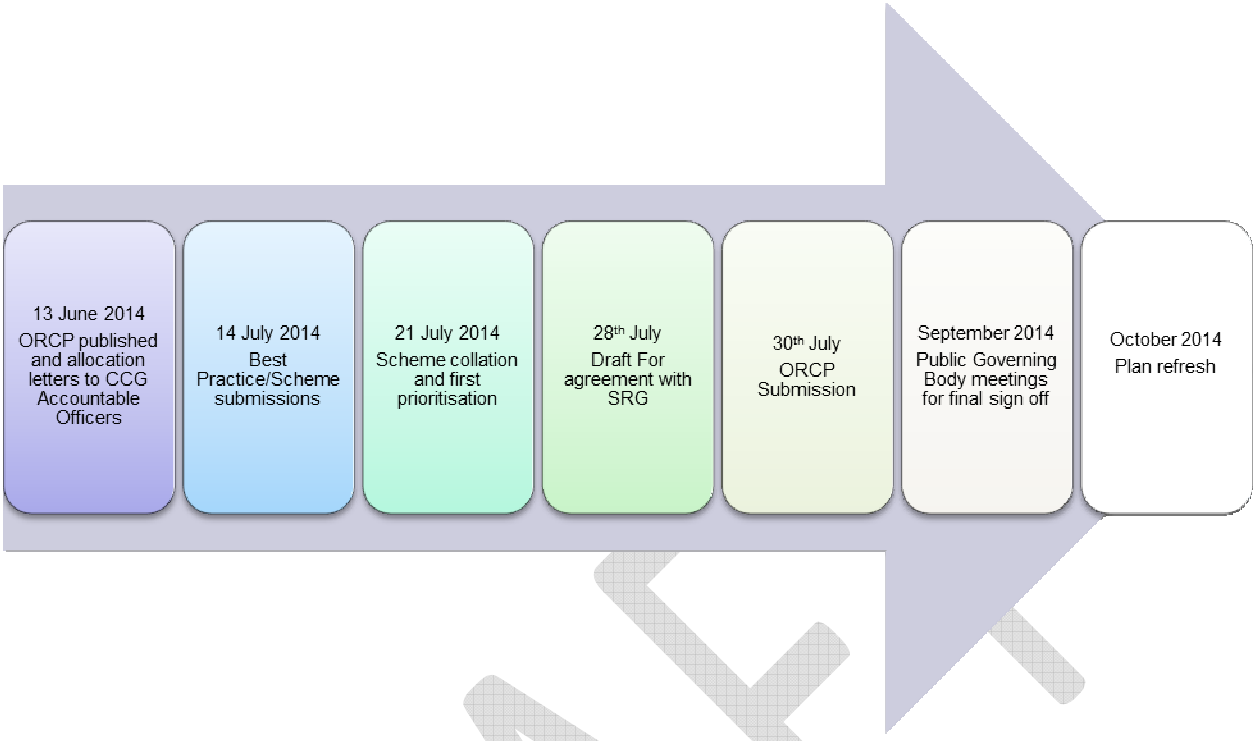
NHS 111 also has a robust resilience planned linked to the overall SCAS cold weather plan based on predictive modelling.

6.2 Business continuity planning

All partners have in place internal Business Continuity plans which address key risks and will ensure core services continue to deliver good quality care during times the system is under pressure. Buckinghamshire and Berkshire CCGs have a joint major Incident plan which has been shared with partner agencies.

The system is also committed to the EPRR process being set out by NHS England .

8. Delivery Roadmap



Publishing of ORCP Plan

The ORCP plan is required to be published so it can be accessed by the public. Supported by the communications team, the plan will be published on CCG websites only when it has been signed off by CCG governing bodies.

The next governing body meetings in public are to be held:

Slough
4th November public
WAM
5th November public

As an interim measure we seek to gain permission from governing bodies to publish the plan on the websites as a draft that is subject to their final ratification. We would seek to complete this by the end of September 2014.

Summary of all ORCP Schemes

ORCP Schemes – HWWPH System

Impact	Area of Focus	Description of Scheme	Funding	Key Performance Indicator
Non-Elective	Primary care	Nurse led Support to community hospital. 7 days a week between 3pm-9pm. This role will have a focus on the avoidance of paediatric admissions to hospital	£20,000	**Reduction in NEL by 3.5 % from baseline**
		GP support to Care homes (Slough). Admissions from care homes is a key priority area as it relates to high intensity users of the health system.	£33,000	
		GP support to Care homes (WAM). Admissions from care homes is a key priority area as it relates to high intensity users of the health system.	£33,000	
	Community Services	Integrated Respiratory Service in place to significantly reduce the numbers of A&E attendances and subsequent admissions by focusing on a key high intensity user	£38,913	**Reduction in A & E attendances from baseline**
	Seven Day Working	Additional consultant cover, Rota alignment in HWPH to ensure 7 day working continuity. – Plans subject to review of system feedback & 'Spring to Green' review	£986,000	**Delivery of A & E four hour performance**
		Extension of RACC in Maidenhead to cover Saturday	£330,000	

		and ensure continued admission avoidance.		

Impact	Area of Focus	Description of Scheme	Funding	Key Performance Indicator
Non-Elective	**Discharge Planning**	Care-Co-ordination in the community to co-ordinate with the hospital and GP's to arrange for timely assessment of need and initially look to provide required service in-house to facilitate discharge or prevent admission. Services provided by RBWM	£150,000	**Reduction In DTOC from baseline**
		The Recovery, Rehabilitation and Reablement (RRR) and End of Life service to manage an increase of referrals to social care and support discharges. Services provided by Slough Borough Council	£50,000	
		Additional bed capacity in the system to support patients to move out of hospital. (Slough Borough Council	£70,000	
		Additional Social worker support To manage the assessments and supports required to enable people to access the RRR	£30,000	
	Communications	To support winter pressures and to supplement existing	£60,000	**Reduction in A & E attendances**

		communications strategy, additional funding will be in place to support targeted communications to support admission avoidance and signposting to appropriate services		
Elective	**Right-sizing diagnostics**	additional funding is being committed to support additional diagnostic testing	£100,000	**Achieve the 18 week and the diagnostic NHS Constitution target**

Lessons Learned from Winter 2014/15

Lessons learned from Winter 2013/14	How it is addressed in 14/15 ORCP
What worked well	
The provision of additional GP appointments. A 5% increase of appointment slots was provided across key GP practices within Slough which enabled more patients to access primary care support	Additional GP referrals are now available in Slough as part of the Prime Ministers Challenge Fund work. The success of the last winter formed part of this process.
Hospital Ambulance Liaison Officers (HALO) were put in place as a dedicated resource to Wexham Park Hospital	HALO will be in place again this winter although at a reduced level. The need for a full time HALO last year related to the building work being undertaken at the time and it was agreed that less time would be needed during this eyar.
Communication to the public was comprehensive during the winter with every household in the locality receiving a personalised letter from their GP outlining the services that were available and information around how and when to access them.	While funding has been reduced this year considerably, communications will be working with all partners to ensure the appropriate messages are received by the local population. It is likely to be reduced to media campaign and the use of other wider campaigns.
Rapid Access Community Clinic enhancement of service provision and clear pathway design enabled referrals to the RACC to increase approximately three-fold across winter preventing a large number of patients reaching A&E.	This service is receiving money for enhancement over the winter
The introduction of the Post Acute Care Enablement (PACE) team. The PACE team's role is to undertake comprehensive, multidisciplinary assessment in WPH in order to identify patients' needs, if possible prevent unplanned admission to an acute hospital bed and to establish suitability, if appropriate, for a rehabilitation programme in a community setting.	This service is receiving money for enhancement this winter
Improved Communication across all partners in facilitating discharges with DTOCs remaining low throughout the period	Communication flows have remained in place to support discharge throughout the year and will be further supported by the SRG with a "transfer of care" project which will look to ensure all roles and responsibilities are clear for discharges.

Allocation of resource to local authorities to use flexibly in order to best react to escalating issues within the system	The same process has been applied ot this year but with a reduced level of funding.
What did not work?	
Services being set up quickly and only for a short period of time made recruitment to posts a real challenge and consequently delayed the implementation of schemes.	Most of the schemes being funded over this winter are enhancements of exisiting schemes and as such require less set up time than previously.
Management of KPIs related to projects was challenging due to a separate process being used from the standard East Berkshire PMO process	Management of ORCP schemes will be through Berkshire East CCGs PMO process and KPIS linked to the overall urgent care dashboard.
Schemes putting GPs into cars and roaming across care homes to provide support were not well supported and received little referrals.	This scheme has not been repeated. Instead, additional medical cover is being provided to nursing and care homes and focussed into high impact areas.
Funding designed to support emergency spot purchasing of beds required complicated protocols to manage which provided delays and was ultimately to helpful.	This process is not being repeated this year. Funding has been allocated to partners to ensure capacity is correct. Additional emergency capacity will be managed by directors on call decision.

This page is intentionally left blank

SLOUGH BOROUGH COUNCIL

REPORT TO: Slough Wellbeing Board **DATE:** 12 November 2014

CONTACT OFFICER: Samantha Jones, Policy Manager (Health & Social Care), Chief Executive's Directorate, Slough Borough Council
(For all enquiries) (01753) 875847

WARD(S): All

PART I
FOR DECISION

REVIEW OF SLOUGH WELLBEING BOARD'S GOVERNANCE ARRANGEMENTS

1 Purpose of Report

To seek the Wellbeing Board's approval to the dissolution of the following Sub Committees that report into the Board:

i) Skills, Employment and Enterprise Priority Delivery Group (SEE PDG) (including all 3 of this Sub Committee's associated Task and Finish Groups).
ii) Community Cohesion Priority Delivery Group (Com Coh PDG).

2 Recommendations

2.1 *Skills, Employment and Enterprise PDG*

a) That the SEE PDG (and its associated task and finish groups) are disbanded (having served their purpose) with immediate effect;
b) That the Wellbeing Board approves the outline structure for the proposed successor to this Sub Committee (see Appendix A);
c) That the Wellbeing Board's Terms of Reference (TOR) are revised to reflect these changes and clarify the role and responsibilities of this successor group, where appropriate.

2.2 *Community Cohesion PDG*

d) That the Community Cohesion PDG is disbanded (having served its purpose) with immediate effect;
e) That the Wellbeing Board's TOR are revised to reflect these changes, where appropriate.

3 The Slough Joint Wellbeing Strategy, the JSNA and the Corporate Plan

- Slough's Wellbeing Strategy 2013 – 2016 identified the following vision for Slough: that by 2028 *"… people are proud to live in Slough where diversity is celebrated and where residents can enjoy fulfilling, prosperous and healthy lives".*
- The SEE PDG's Economic Development Strategic Plan for Growth 2014 - 2018 supports the Wellbeing Board's vision of an economically vibrant, successful and entrepreneurial town. Its role is to support economic growth by increasing productivity, encouraging innovation and increasing resident's employment opportunities.
- The Com Coh PDG's "Living Together" Strategy 2013 – 2015 supports the Wellbeing Board's vision of an integrated and cohesive community where local people are treated fairly and equally. Its role is to promote "*equality and enhance civic responsibility and community cohesion*".

4 Other Implications

(a) Financial - The Com Coh PDG has used a limited Slough Borough Council (SBC) budget to support community cohesion activities in the borough. Applications for funding are required to demonstrate how they deliver against one or more of the "Living Together" Community Cohesion strategy's outcomes and/or objectives. The SBC budget previously used by this Sub Committee will form part of the council's savings programme for 2015/16.

(b) Risk Management - Disbanding these Sub-Committees will not impact on the Wellbeing Board's existing risk management arrangements - or the effectiveness of the council's corporate risk management framework.

(c) Human Rights Act and Other Legal Implications - Neither of these Sub Committees have delegated powers, nor do they provide recommendations for adoption by Council – they are purely advisory in nature.

(d) *Equalities Impact Assessment (EIA)* – An EIA is in hand to determine what impact disbanding these Sub Committees will have on the work of the council and on particular individuals and/or groups – as well as identifying any options for their elimination and/or mitigation, where necessary.

(e) Workforce - There will be some impact on SBC resources - but capacity will largely be taken up with supporting replacement arrangements, particularly for the SEE PDG.

5 Supporting Information

- The Wellbeing Board is currently served by 6 Sub Committees: Health PDG, Skills, Employment and Enterprise PDG, Climate Change PDG, Safer Slough Partnership, Children and Young People's Partnership Board and the Community Cohesion PDG.
- The Wellbeing Board discharges its health and wellbeing statutory responsibilities (prescribed through legislation) with the assistance of the Health PDG.
- The strategic priorities and governance arrangements of the Wellbeing Board's other Sub Committees (with the exception of the Children and Young People's Partnership Board and the Safer Slough Partnership are not prescribed by legalisation and can be revisited by the Board at any time.
- The activities of the Health PDG, Climate Change PDG, Safer Slough Partnership and Children and Young People's Partnership Board are **not** included in this report.
- The Policy team have considered the role and responsibilities, governance arrangements and current activities/work programmes of both the SEE and Com Coh PDGs and have the following comments to offer on each:

5.1 *Skills, Employment and Enterprise PDG*

- This PDG is a non statutory advisory Sub Committee.
- It was established in 2008 by Slough Forward (the predecessor to the Slough Wellbeing Board and at that time the borough's Local Strategic Partnership).
- It was, until recently chaired, by Fiona Mactaggart (MP for Slough) and its members include representatives from SBC, SEGRO and East Berkshire College.
- It is currently served by 3 task and finish groups: the Apprenticeship Task Group, Job Outcomes Group and the Business and Enterprise Task Group.
- It is supported by 2 members of staff from the council's Policy and Communications team and meets 4 times a year.
- Its achievements include:

- The borough's Economic Development Strategic Plan for Growth 2014 - 2018. This strategy sets out the key themes, priorities and delivery mechanisms needed to achieve the economic growth of the town.
- The creation of three task and finish groups to focus on the delivery of specific aspects of the Strategic Plan – particularly in relation to uplifting the local economy.
- Playing an important role in the development of Slough Aspire, which aims to increase the skills of local people (so that they can achieve high quality jobs in the area) and to support business development.

- A recent review of this Sub Committee's work programme(s) and activities suggests that a new set of governance and operational arrangements are now needed to ensure the continued delivery of the plan's competitive workforce, business generation, retention and inward investment and physical and transport infrastructure priorities.
- Various delivery models/structures have been considered and the consensus (amongst this Sub Committee's Chair (before they stood down) and various council officials with a policy interest in the successful delivery of one or more of the Strategic Plan's priorities) is that it should be disbanded and replaced by the new group outlined at Appendix A.
- TOR for this new group (which will be known as the Economic Growth Group) and information about the sub-groups that will report into it will be brought to a future meeting of the Board.
- It is also proposed to hold an annual conference on economic growth to involve all relevant partners - details about this event will also be brought to the Board in due course.

5.2 ***Community Cohesion PDG***

- This PDG is a non statutory advisory Sub Committee.
- It was originally established in 2008 (by the Slough Forward, but disbanded in 2010 and reconstituted in 2012) to deliver the community cohesion related priorities (based on the then National Indicator Set) agreed by central government, the council and other key partners for Slough under its Local Area Agreement.
- It currently has eleven members (from the following sectors: Thames Valley Police (the Local Police Area Commander is Chair), the voluntary and community sector, public health, business community, faith, young people; primary and secondary schools, community safety, housing equality and diversity) and has, since 2014, met twice a year.
- It is supported by 3 staff from the council's Policy and Communications team.
- Its achievements include:
  - "Living together – A Community Cohesion Strategy for Slough 2013 – 2015". This strategy sets out five outcomes (*1) People feel a sense of pride and belonging; 2) Better life opportunities for all; 3) Diversity is valued; 4) Positive relationships within and between communities; and 5) We all take responsibility*) and 30 objectives designed to support, strengthen and promote the borough's cohesiveness up to and including 2015.
  - Providing (financial) support to a number of council and voluntary and community sector organised events in 2013/14 and 2014/15, designed to encourage people from different backgrounds to mix in non-threatening environments (e.g. via cross-cultural activities).
- A recent review of the "Living together" Strategy's outcomes and objectives shows that a significant proportion of these have been/or are being effectively delivered by other structures reporting into the Wellbeing Board and/or the council. In the light of these findings, the Policy team have taken the opportunity to consider what the Board now needs to do to maintain good oversight of its civic and community

cohesion related responsibilities in future: We found a clear consensus (amongst this Sub Committee's Chair (who is also a member of the Wellbeing Board) and council officials with a policy interest in the successful delivery of one or more of the "Living Together" outcomes/objectives) that a dedicated Community Cohesion PDG was no longer required.

- Consultees did however recognise that ensuring the borough's continued resilience to all forms of extremism (a key objective under outcome 5 of the "Living Together" strategy) remained a fundamental part of the Wellbeing Board and the council's role in keeping Slough's residents safe. The council will therefore continue to look for opportunities to identify and where necessary deliver activities that support those communities where this threat is most acute.

6 Comments of Other Committees

- The Chairs of both of these Sub Committees have been consulted about these proposals: both agree that these Sub Committees have achieved their original goals and should now be disbanded.

7 Conclusion

- These Sub Committees were originally established to address certain challenges and deliver specific outcomes on behalf of Slough Forward.
- They were retained when the Wellbeing Board was formally constituted as a committee of the council in 2013 in order to retain their expertise and ensure that the borough's subsequent Joint Wellbeing Strategy included a strong emphasis on the wider determinants of health, which are also key to improving the health, wellbeing and economic prosperity of Slough's residents.
- Both Sub Committees have developed robust, overarching and strategically focused strategies designed to challenge, prompt and support others in the delivery of the Board's wider economic development and civic responsibility/community cohesion aspirations. As a consequence, the Policy team considers that:
    - a more effective structure is now required to ensure the continued delivery of the borough's Economic Development Strategic Plan for Growth's priorities; and
    - a dedicated Community Cohesion PDG is now no longer required - sufficient arrangements have effectively been embedded across a number of work streams to ensure the continued delivery of the Board's civic responsibility/community cohesion aspirations.
- The Wellbeing Board can be assured that the dissolution of both of these Sub Committees will not impact on either the achievement of its strategic priorities or the council's corporate goals. If the Board agrees with this conclusion, a simple majority vote is required to disband both Sub Committees. This will enable both Sub Committees to immediately enact the dissolution clauses in their respective TOR and wind up their activities (in accordance with their exit strategies and the Council's corporate partnership guidance) without the need for a Council resolution, in a matter of weeks.

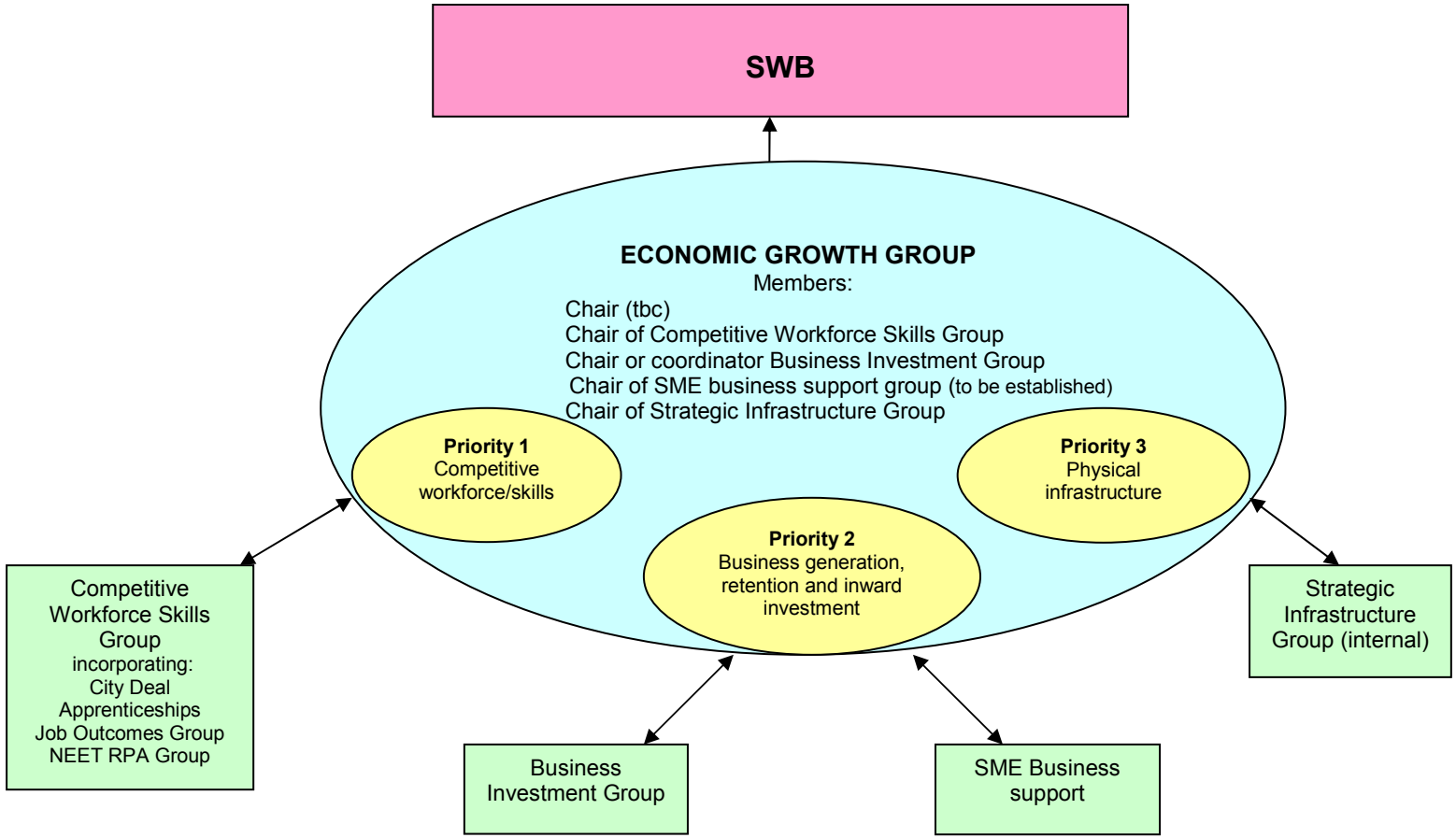
8 Appendices

'A' - Diagram showing the proposed structure of the replacement to the SEE PDG

Background Papers

None

APPENDIX A - DIAGRAM SHOWING THE PROPOSED STRUCTURE OF THE REPLACEMENT TO THE SEE PDG



This page is intentionally left blank

SLOUGH BOROUGH COUNCIL

REPORT TO: Wellbeing Board **DATE:** 12th November 2014

CONTACT OFFICER: Nazia Idries, Corporate Policy Officer
(For all Enquiries) (01753) 875553

WARD(S): All

PART I
FOR INFORMATION

PLACE-SHAPING UPDATE - IMPACT ONE YEAR ON AND FORWARD PLANNING

1. Purpose of Report

1.1 This report provides an update on the progress of the place-shaping working group which was set up in June 2013, completed activities for July 2014 and plans for future activities. Members are also asked to note that locally, place-shaping is referred to as the 'shaping my place' initiative and this is the terminology used in the report.

2. Recommendation(s)/Proposed Action

2.1 To note the impact and outcomes achieved by the Group and the actions.

3. The Slough Joint Wellbeing Strategy, the JSNA and the Corporate Plan

3.1 The 'shaping my place' initiative will work across all of the priorities and cross-cutting themes of the Slough Joint Wellbeing Strategy, working on a number of these to improve wellbeing in two Wards initially.

4. Other Implications

Financial
If the actions within the report are agreed, there may be financial implications for those partner organisations that take part in the approaches proposed in the two Wards. Any direct financial implications will be the subject of a further report for agreement.

Risk Management
Risk management would require consideration as appropriate to any work programmes agreed. Similarly these might require Equality Impact Assessments to be undertaken and Human Rights Act and other legal implications assessed.

5. Supporting Information

What is Shaping my place?

5.1 The aim of 'shaping my community' was to commission and oversee a programme of partnership working focused on improving wellbeing at a

local level that achieved added value and community benefit. Agreed actions were:

- Carry out activity / activities on a given day and / or over a longer period of time to deal with issues at a specific location.
- Join up with partners to add value and increase impact and link with and endorse potential projects.
- Improve outcomes for local people as well as those groups requiring endorsement and support in providing a partnership approach for their projects.

Chalvey:

○ the set up of a mobile clinic at the school to encourage GP registration amongst communities with low GP registration rates ○ organised walk to a local health clinic to highlight the importance of health checks and encourage better oral health ○ awareness raising of fire safety concerns amongst vulnerable homes ○ organised walk along paths to reduce perception and fear of crime ○ meet your local councillor session
Organise and co-ordinate school walk to 'sites of citizenship' with passport to citizenship to be stamped.

Foxborough:

○ Community engagement to lead to an increase in participation and take up of service provision i.e. literacy and numeracy for which a need has been identified, namely, for the white working class community.

Progress to date

5.2 The last report to come to the SWB was on 25th September 2013 where an outline of the place shaping work programme for the two deprived wards of Chalvey and Foxborough was introduced.

5.3 Subsequently, a policy model was piloted Foxborough and Chalvey. Data was collated from all partner organisations and analysed to produce a needs analysis and to develop a model appropriate to each area. To accompany the quantitative data, in-depth interviews were carried out with a cross-section of residents within both Wards to ensure any policy implementation was reflective of local need.

5.4 Based on the evidence which highlighted poor health and wellbeing outcomes in these areas; subsequent gaps were identified in linked partnership working and a lack of recourse to funds for developing projects to improve the communities in these areas. The aim was to reduce duplication of services, reduce resource requirements and utilise budgets and to show the impact of imbedding wellbeing services across the two Wards.

5.5 As part of the initiative, raising the profile of the partners was also a priority as well as improving health outcomes for residents and family participation at community based events. The working group meets on a bi-monthly basis and partners include representatives from: Public Health, Thames Valley Police, Clinical Commissioning Group, Children's Centres, Slough schools, Slough Voluntary and Community sector, dental health, Slough Borough Council.

Shaping my place in Chalvey

5.6 £1000 of funding was secured for a local fete in Chalvey organised by a community organisation so they could increase family participation in return for allowing partners to set up health and wellbeing activities. This event took place on 28th June 2014 and was attended by all partners, local residents and local activity groups.

5.7 A monitoring tool was developed to assess the impact of the event. The impacts of this event were as follows:

- saved costs by allowing partners to add-on to the community event
- improved partners' presence and awareness through the local press
- improved the engagement of the local community with health related issues.

Shaping my place in Foxborough

5.8 In Foxborough, partners have been brought together for the first time to work with Foxborough Primary School. The working group have been looking at re-locating local events and activities from, for example, Children's Centres to underused community centres / areas within the vicinity of the Ward. This has commenced in September / October 2014 to contain health and wellbeing focussed to the needs of the community. In addition health and wellbeing activities will have an increased presence in future at local area based fetes.

Going forward

5.9 The next steps for Shaping my place in Chalvey are to work collaboratively with wider local community groups and the Chalvey Community Centre in order to network and develop relationships with the voluntary sector and further improve engagement with the local communities to deliver specific health activities such as a diabetes clinics, and to look at innovative solutions for better community cohesion.

5.10 Foxborough has been noted as a community does not report enough on issues such as anti-social behaviour rather than looking to the police or educational services. To tackle this, service areas are using a variety of approaches such as 'day of action' where all partners can speak to residents directly. As well as this, individually, service areas are trialling various ways in which they can reach out to the residents in person.

5.11 As an example, Children's Centres have identified low attainment in early years with male learning and attainment of particular concern. Engagement with the service has been consistently poor from Foxborough so Children's

Centres will be going to the residents rather than expecting residents to come to them.

5.12 Due to Foxborough identified needs a ‘day of action’ was agreed by the working group as the best next step forward.

5.13 The aim of this ‘day of action’ is to encourage participation in community services, develop positive relationships with residents. This approach is based on a ‘week of action’ event that was held in Colnbrook where partners such as the police, school and local businesses were involved in a range of activities to encourage the community to get out and participate in activities and services set up for them.

5.14 By service areas taking part in the ‘day of action’, residents will be able to relate their issues and identify points of contact for the future thus leading to better participation. This will form the building block to then improve upon the poor health, education and community safety outcomes for Foxborough residents.

5.15 Some of the activities that are being considered to be joined up through this approach are as follows:

- Public health ‘walk and talk’ and get active sessions
- ‘Living in harmony walks’
- National schemes such as ‘out and about’ where Foxborough residents are taken out to Black Park.

The work in the two pilot areas will be complete by March / April 2015 after which plans to rolls out the policy model and approaches will be taken to other wards in Slough.

6. Comments of Other Committees / Priority Delivery Groups (PDGs)

None.

7. Conclusion

To conclude, ‘shaping my community’ is working together to encourage the behaviour change required to increase take-up of services and in turn, improve the health and wellbeing outcomes the SWB is collectively looking to achieve.

8. Background Papers

None

9. Appendices

None

SLOUGH WELLBEING BOARD – 12th NOVEMBER 2014

ACTION PROGRESS REPORT and FUTURE WORK PROGRAMME

Progress key

√√ **C**	-	Action completed
√ **P**	-	Action commenced but not yet complete
A	-	Awaiting action

Meeting date	Action agreed	Progress / comment	Lead member/officer
29/01/14	Better Care Fund • Slough Vision and key outcomes approved • Core funding for 2014/15 and minimum proposal for 2015/16 approved • Focus on prevention and support for families • Governance and programme management structure approved • Delegation to further develop and submit draft plan for 14th February 2014 • Additional BCF 2014/15 investment and detailed proposals to be submitted to 26th March meeting	√√ **C** √√ **C** √ **P** √√ **C** √√ **C** √ **P**	David Williams/Alan Sinclair
29/01/14	Strategic Asset Planning Report – Options for Improving Primary Care • Endorsed the use of spatial planning guidance in future decisions about land use, to improve health outcomes such as mental health, obesity, physical activity, alcohol harm reduction etc. • Endorsed the use of the data on ward outcomes when considering the disposal of sites such as future health hubs. • Endorsed the adoption of spatial planning as a key enabler in any revisions of the Wellbeing Strategy. • To request the NHS England Area Team to discuss ways to increase the number of GPs/surgeries in Slough, progress to be reported to the next meeting of the Board.	√ **P** √ **P** √ **P** √ **P**	Lise Llewellyn / Angela Snowling
29/01/14	Annual Review of SWB Activity and Effectiveness The Kings Fund be engaged to facilitate a full day annual review and development workshop, to be held in June 2014 after the new Council had been elected.	√√ **C**	Sam Jones

29/01/14	Childhood Immunisation Update To note: • Past and current performance in childhood immunisations. • Changes in the immunisation schedule and the amended roles and responsibilities for commissioning and monitoring immunisations. • Opportunities for local support to develop the action plan with partners, identify resources and implement it with a view to improving uptake and reducing inequalities.	√ **P**	Angela Snowling
26/03/14	Better Care Fund and Local Delivery Plan • To note the benefits of the BCF planning for Slough and future planned activity • Subject to final updates and completion, the Local Delivery Plan be signed off by the Board for submission to NHS England on 4th April 2014.	√√ **C**	Alan Sinclair
26/03/14	Slough CCG Commissioning Plan 2014-2017 / 5 Year Overview Plan • To note the Slough CCG Commissioning Plan for the next 2 years and the 5 year Unit of Planning Summary • The 2 and 5 year Commissioning Plans and overall direction be endorsed, Subject to comments made, in line with the Wellbeing agenda.	√√ **C**	Jim O'Donnell
26/03/14	Public Health Strategy • To note the consultations carried out to inform the Health Slough Strategy and the development of a performance scorecard view of the reported actions to underpin longer term outcomes. • To endorse the partnerships work and strategy for 2014-16, subject to a further report to develop a prioritised list of key objectives and an order in which they are to be tackled.	√√ **C**	Angela Snowling

26/03/14	Upgrade to the Slough Trading Estate Multifuel Site To note: • The health risks of the proposal are low and will be monitored through the EIA process and subsequent controls in the construction phase • The impact of traffic pollution through the relationship of particulates on health outcomes such as respiratory and cardiovascular admissions, excess mortality and deaths from all causes has been modelled and estimated. No separate health impact appraisal (HIA) be requested at this stage.	√√ **C**	Angela Snowling
16/07/14	The Care Act 2014 – Reforming Care and Support • To note the report and the implications arising from the Act for Slough. • To bring a report to a future meeting on progress toward implementation of the new provisions.	√√ **C**	Alan Sinclair
16/07/14	Slough CCG 5 Year Final Plan To receive a progress report at a future meeting.	√√ **C**	Jim O'Donnell
16/07/14	Safer Slough Partnership (SSP) Strategic Assessment and Priority View The SSP to continue to review and analyse the crime data available, to ensure resources are targeted appropriately and used effectively.	√√ **C**	Louise Asby

DRAFT FUTURE WORK PROGRAMME

Meeting date	Business Items	Lead member/officer
02/02/15	Housing Update Children & Young People's Partnership Board Pharmaceutical Needs Assessment	
25/03/15		
13/05/15		

To be scheduled:

- Progress report on The Care Act 2014 – Reforming Care and Support
- Progress report on Slough CCG 5 Year Final Plan

SLOUGH WELLBEING BOARD - ATTENDANCE RECORD 2014/15

MEMBER	16/07	24/09	12/11	02/02	25/03
Cllr Rob Anderson	P	P			
Ruth Bagley	P	P			
Simon Bowden	Sub	P			
Cllr Sabia Hussain	P	Ap			
Ramesh Kukar	P	P			
Lise Lllewellyn	Ab	P			
Jim O'Donnell	Ap	P			
Dave Phillips	Ap	P			
Colin Pill	P	P			
Business Representative	-	-			
Matthew Tait	Ap	P			
Jane Wood	P	P			

P = Present
Ap = Apologies given
Sub = Substitute sent
Ab = Absent, no apologies given

This page is intentionally left blank