NHS South of England

BCF Plan 2016/17 - Cover Sheet

Health & Wellbeing Board Name	Bracknell Forest HWB
Date of submission	29 April 2016
Has the plan been signed by CCG(s)?	Yes
Date the plan was Signed off by HWB	See Health and Wellbeing Board minutes from meeting of 3rd March 2016 http://democratic.bracknell-forest.gov.uk/mgChooseDocPack.aspx?ID=5903 (Agenda item 8 refers in Public Reports Pack) Approval given from the Health and Wellbeing Board to give delegated authority to the Director – Adult Social Care, Health and Housing to submit the 2016/17 plan to the Department of Health.
Are the minutes of the HWB at which the plan was agreed attached to this submission?	See above.
Response to draft feedback from 31st March 2016?	See Appendix at the end of the Narrative at page 56

Section 1 – Confirmation of funding contributions

Requirement	Response
Describe how your BCF Plan meets the minimum contributions for: • CCG minimum contributions • DFG • Care Act monies • Formers 'Carers Breaks' funding • Re-ablement funding	Our approach to 2016-2017 mirrors and builds on the 2015/16 BCF narrative submission. The BCF for 2016 fully itemises and details • CCG minimum contributions • DFG • Care Act monies • Former Carers Break funding • Reablement funding. See content for further detail of scheme expenditure and Template submitted on 29th April 2016.
Is any additional funding from the LA or CCG(s) included?	Yes. There are contributions from the local authority over and above the minimum requirement. This includes a contribution to the intermediate care project, and additional other contributions, which are estimated at this stage as the exact amounts cannot be determined until the outturn for 2015/16 is known.
Please confirm if this narrative plan, and the planning return template, has been signed by all parties and include the name, role, organisation and contact details of the authorising officer(s)	The narrative plan was considered and approved at the Better Care Fund Steering Group on 14th March 2016. The Planning return template was approved by the Chair of the Health and Wellbeing Board, Cllr Dale Birch on 2nd March. Delegated authority to approve this narrative has been given to the Director of Adult Social Care, John Nawrockyi. Mary Purnell, Head of Operations, Bracknell and Ascot CCG has authority to sign off on behalf of the Bracknell and Ascot CCG.

Requirement	Response
	Contact details: John Nawrockyi – john.nawrockyi@bracknell-forest.gov.uk Zoë Johnstone – zoe.johnstone@bracknell-forest.gov.uk Mary Purnell – mary.purnell@nhs.net
Your plan should provide a full overview of the funding contributions for 16/17 and set out any changes from 15/16. Please summarise here any changes from 15/16 and how these have been agreed.	Funding levels and contributions for the 2016 BCF remain substantially the same as for the 2015 schemes. Please refer to this submission at section 2 for the detailed breakdown, together with the Planning Template at Tab 4 which outlines the funding contribution for each scheme.
Please summarise the impact assessment of any changes you have made	Overall, we are seeking to maintain stability, build on the successes achieved and address the challenges encountered in the first year of the BCF for Bracknell Forest, whilst continuing to take a strategic and managed approach to transformation and review of health and social care provision. Full impact assessments will be included with any new business cases submitted to the BCF.

Section 1a – Response to initial Key Lines of Enquiry / feedback received on 10th March and narrative for metrics adopted for 2016 submission

Describe	
• Please explain the difference in social care funding and demonstrate that the drop in funding will not adversely impact performance on NEL and DTOC. BCF Feedback from 2nd March - Bracknell	Looking at the table sent to us from the KLOE arising from our 3rd March submission (see pdf in adjacent column), it is not clear how the "Protection of Social Care" 15/16 figure of £3,177,000 has been calculated. The Bracknell Forest BCF approved 2015/16 plan identified an amount of £1,345,000 for protecting social care services. See http://www.bracknell-forest.gov.uk/bracknell-forest-better-care-fund-plan.pdf (page 28). This amount is the same in 2016/17 and therefore no deterioration in performance is expected.

	15/16	16/17	Difference
Funding Contributions	£9,962,773	£8,383,000	19%
Protection of Social Care	£3,177,000	£1,345,000	-58%

	Regarding funding contributions, the 2015/16 and 2016/17 amounts appear in the wrong columns in the table submitted to us in the initial KLOE. £8,383,000 is the contribution per our 15/16 plan and £9,961,773 is the contribution per our 2016/17 plan. Therefore there is an increase not a decrease in funding for 2016/17.
• Please explain the decision not to include a HWB NEL reduction target and the methodology used in the decision making process. • Please explain how the risk share figure of £459K was arrived at	**Risk sharing on Non Elective Admissions.** Bracknell Forest has performed significantly better than the National average in terms of Total non-elective admissions in to hospital (general and acute) all – age, per 100,000 population and has also demonstrated consistently better performance when compared with other authorities within Berkshire. Please refer to the table within this section. This reflects the range of schemes delivered through the Better Care Fund which will deliver improved outcomes including a reduction in NELs. These include:

	Actuals & Forecast							
	2014-15 Q1	2014-15 Q2	2014-15 Q3	2014-15 Q4	2015-16 Q1	2015-16 Q2	2015-16 Q3	2015-16 Q4
National	2,536	2,468	2,565	2,452	2,494	2,517	2,613	*2,557*
Other Berks Unitary Authorities	2,350	2,433	2,534	2,323	2,360	2,371	2,572	*2,543*
Bracknell Forest	1,839	1,894	1,959	1,856	1,981	1,968	1,981	*1,974*

(source: NHS South, Central and West Commissioning Support Unit monthly intelligence) Non - Elective admissions (general and acute) - Actuals - Unitary Authority Based all-age, per 100,000 population

Integrated Care Teams – based in 3 clusters, working in multi disciplinary teams, in conjunction with primary care, to provide support to people with a Long Term Condition (LTC) and / or the frail elderly to effectively manage their condition(s) and improve their outcomes and experience. The teams offer an equitable service for all Bracknell and Ascot residents diagnosed with a LTC, regardless of where they live. People who are having difficulty in managing their conditions are referred to the team for a short period of time in order to help them stabilise their health.

Prevention and Self-Care programme. The Bracknell Forest BCF funded Prevention and Self-Care programme received national recognition during 2015 (see https://socialcare.blog.gov.uk/2015/09/09/self-care-for-life/ and provides co-ordination for the wide range of preventative and self care programmes ongoing across Bracknell Forest. The intention is that work carried out by Public Health, Social Care and NHS teams are brought

	together and planned in a way that avoids both duplication and gaps in provision. The results in a more transparent, cost-effective and comprehensive prevention and self care programme that will serve to improve health and reduce the need for unplanned care. An ongoing public promotion campaign over the year provides information to the public on appropriate use of Accident and Emergency services and alternatives to A and E within the local area. See http://www.bracknell-forest.gov.uk/choose-better-2015.pdf The work has been further strengthened by the launch of the "Year of Self-Care" which is about helping Bracknell Forest residents take control of their health in 2016. Each month during 2016 there will be a different self care theme – (see the list on the 'Calendar' page at http://jsna.bracknell-forest.gov.uk/self-care-guide/year-self-care/calendar). For example, in February information and advice was sent out to all Bracknell Forest householders on mental well-being and in June the focus will be on carer well-being. The Year of Self-Care is promoted through a number of means including the JSNA and the Bracknell Forest Twitter feed @BFC_Health. The programme also ensures that individuals and local organisations wishing to promote self-care themed messages can do so, through contacting the Year of Self-Care team at the Council. See additional information within this narrative at the section "Joint approach to assessment" pages 41-43. **3 Tier Falls Prevention Service** - delivering a professional led system of falls risk assessment and support coordination in the community at Tiers 1 and 2 and more intensive intervention for those at highest risk of falling who have previously been admitted into hospital (Tier 3). **Care Home quality programme** – an ongoing programme aimed at improving quality of life issues associated with care and residential homes, as well as addressing issues such as falls, medication optimisation etc. See section below for further information. The cumulative impact of these various schemes within the Bracknell Forest Better Care Fund is demonstrated through the strong performance on NELs when compared with the national and other East Berkshire Unitary Authority

	picture and therefore the recommendation to the HWB from the Better Care Fund Steering Group was not to include a reduction target for 2016-2017 but to consolidate the sound progress to date. This is reflected also in the CCG Operating Plans separately submitted. In line with the previous year, the BCF Steering Group and Programme Board have recommended to the Health and Wellbeing Board to retain a contingency (this year to be £459,000) in the 2016 BCF budget to allow for over-performance in the acute sector. This figure matches the Payment for Performance element from the 2015-2016 BCF. This is reflected in the scheme breakdown submitted on 3rd March and 29th April in the Bracknell Forest HWB (See "Tab 4" HWB Expenditure Plan in the Excel document separately submitted.) The emergency admissions baseline for 2016-2017 is not set any higher than the BCF stretch ambitions used in 2015-2016, endorsing the principle that "the same pound cannot be spent twice".
Please detail how the DTOC target has been calculated	For detail on how the DTOC target has been calculated, please see section entitled "Agreement on local DTOC plan".
• Please explain the decision not to increase the ambition on re-ablement and admissions to residential care homes	**Reablement:** Our performance on successful reablement (people who did not go on to need long term support) is already good – 90.3%, which is second best within the comparator group*. The demographic profile of Bracknell Forest is such that the proportion of older people will increase disproportionately, and this will have an impact on this outcome. The ambition on reablement already reflects much progress that has been made to date. For this year, it was agreed that the targets, which continue to be stretching, would be maintained in order to ensure a realistic reflection of the system. However this does not mean that these areas are being overlooked.

	ASCOF Comparator Report Published - 20 *See page 22 in the attached ASCOF data. **Permanent admissions to Residential Care**: Since 2010, Bracknell Forest has implemented a policy of "Home First", where every effort has been made to prevent or delay permanent admissions to residential care homes. This has involved every person receiving the offer of reablement, and considerable investment in expanding the domiciliary care market. That we have been supporting people to stay at home for as long as possible is evidenced by the increased number of more complex care packages including those involving overnight support, and live-in care. Other approaches have included ensuring all possible assistive technology options are explored and implemented. We have a team of people providing end of life care at home, for those people for whom this is an option. Recent additions to the Extra Care offer have contributed to this performance. Our performance in comparison to other LAs remains high, as evidenced by the ASCOF Comparator report, 2014-15* (See pdf above and refer to page 20/21 within the Comparator report). Our admissions of people aged 18-64 is the lowest in the comparator group, and that of people 65 and over is the 4th lowest. From our scrutiny of proposed admissions we are confident that people are only being admitted to residential care when all other viable options have been explored. The demographic profile of Bracknell Forest is such that the proportion of older people will increase disproportionately, and this will have an impact on this outcome. Whilst it is important to maintain this level of performance, it is not felt that a further reduction is achievable without placing people at risk.

Section 2 – Narrative overview

Supporting documents which contribute to the local vision for health and social care services.	**Joint Strategic Needs Assessment**. The Bracknell Forest JSNA identifies 5 key opportunities for improvement, along with 80 topics related to health and well-being in Bracknell Forest. Each one aims to highlight areas of need. Of the 5 key opportunities, 2 form part of the work being undertaken through the Better Care Fund (Falls Prevention; Self Care). http://jsna.bracknell-forest.gov.uk/jsna-summary **Joint Health and Wellbeing Strategy**. A revised 5 year Joint Health and Wellbeing Strategy has been developed by the Bracknell Forest Health and Wellbeing Board, in partnership with key stakeholders. The new strategy can be found here: http://www.bracknell-forest.gov.uk/seamless-health-2016-2020.pdf **CCG Operating Plan 2016 2017** (aligned to the "Delivering the Forward View: NHS Planning Guidance 2016/17-2020/21) The 3 East Berkshire Clinical Commissioning Groups have produced the 2016 2017 CCG Operating Plan, which is attached.  CCG Operating plan 16 17 Final 080216.p This reflects the nine national "must dos'" for 2016 2017 as set out in the "Delivering the Forward View: NHS Planning guidance 2016/2017" https://www.england.nhs.uk/wp-

	content/uploads/2015/12/planning-guid-16-17-20-21.pdf **New Vision of Care**. Working closely with the 3 CCGs (but not funded from the Bracknell Forest Better Care Fund) the New Vision Of Care aims to deliver an ambitious new model of care that integrates care around each individual and supports them to maximise their independence. See http://www.bracknellandascotccg.nhs.uk/wp-content/uploads/2015/03/NVoC-Model-in-detail.pdf **Joint Commissioning Strategies** The Joint Commissioning Strategies respond to national agenda and local priorities, as identified through JSNA, local consultation and other information sources. They set out commissioning priorities for a five year period. A large number of the Joint Commissioning Strategies have been updated since the original BCF submission, following consultation with stakeholders, people who use the services and people working in health and social care. The new list is set out below: **Joint Commissioning Strategy for supporting people in an unpaid Caring role 2015 - 2020** http://www.bracknell-forest.gov.uk/joint-commissioning-strategy-unpaid-caring-role.pdf **Joint Commissioning Strategy for Intermediate Care 2015 - 2018** http://www.bracknell-forest.gov.uk/joint-commissioning-strategy-for-intermediate-care-2015-2018.pdf **Joint Commissioning Strategy for Dementia 2014 -2019** http://www.bracknell-forest.gov.uk/Dementia-strategy-2014.pdf **Living with positive choices - Commissioning Strategy for people with long term conditions aged between 18 and 64 2013 - 2018** http://www.bracknell-forest.gov.uk/long-term-conditions-commissioning-strategy-2013-to-2018.pdf **Older People's Partnership Board Commissioning Strategy for Older People 2013-2016**

	http://www.bracknell-forest.gov.uk/Bracknell_Forest_Older_People_Strategy.pdf **Joint Commissioning Strategy for adults with autism 2015- 2020** http://www.bracknell-forest.gov.uk/joint-autism-commissioning-strategy-2015-2020.pdf **Joint Commissioning Strategy for people with learning disabilities 2014 – 2019** http://www.bracknell-forest.gov.uk/LD-strategy-2014-19.pdf **Healthy Minds - a commissioning strategy for adults with mental health needs 2013 – 2018** http://www.bracknell-forest.gov.uk/Healthy-Minds-strategy.pdf **Bracknell Forest Sensory Needs Strategy 2015-2020** (Approved by Council January 2016; awaiting final print version) http://democratic.bracknell-forest.gov.uk/mgChooseDocPack.aspx?ID=5859 See Agenda item 6 in the "Public Reports" pack. **Bracknell Forest Advocacy Joint Commissioning Strategy 2016- 2020** (Proof text version awaiting Executive approval in March 2016) http://democratic.bracknell-forest.gov.uk/mgChooseDocPack.aspx?ID=5861 See Agenda item 6 in the "Public Reports" pack. **Joint Commissioning Strategy for Assistive Technology 2012-2017** http://www.bracknell-forest.gov.uk/assistive-technology-strategy-2012-2017.pdf **The Dementia Directory** http://www.bracknell-forest.gov.uk/Dementia-directory.pdf **Bracknell Forest -Helping you Stay Independent Guide 2015/16** http://www.bracknell-forest.gov.uk/helping-you-stay-independent-guide-201516.pdf
Please describe the local vision for health and social care services, including changes to patient and service user experience and outcomes.	Section 1B i) to KLOE. *Please refer to the 2014/5 submission[1] for the original context and background to the Bracknell Forest local vision for health and social care which described in detail the*

[1] http://www.bracknell-forest.gov.uk/bracknell-forest-better-care-fund-plan.pdf

	successful integrated health and social care teams, operating through a pooled budget under a S.75 Agreement. These have been in operation in the Bracknell Forest HWB area for many years. In summary these comprise the Integrated Intermediate Care and Reablement services hosted by Bracknell Forest Council in partnership with Berkshire Healthcare NHS Foundation Trust and the development of the Integrated Care Teams for people with complex needs (part of the Long Term Condition QIPP workstream); with leads from Bracknell Forest Council, Bracknell and Ascot CCG and Berkshire Healthcare NHS Foundation Trust. Since July 2015 the team has been enhanced by the addition of a BCF funded Age UK Personal Independence Co-ordinator also forming part of the multi disciplinary team. **Update from original submission:** *The commentary below reflects the 2016 context, updated in the light of the Five Year Forward View and updated Strategies summarised above.* The local vision for health and social care is explained in the following key documents. **a. "Seamless Health - Bracknell Forest Joint Health and Wellbeing Strategy"** The new 2016 – 2020 Joint Health and Wellbeing Strategy produced by the Bracknell Forest Health and Wellbeing Board[2] outlines the local vision for health and social care as follows: "To make sure that every resident of Bracknell Forest lives in a healthy, safe and caring place, and gets good services and support when they need them." The strategy states that "Joining together is a fundamental principle underpinning future developments: this may be joining together roles, teams, provider organisations or commissioning". Furthermore, 1. People will be expected to take responsibility for their own health and wellbeing first. They will know how to look after themselves and their family

[2] http://www.bracknell-forest.gov.uk/seamless-health-2016-2020.pdf

	2. Everybody will have equal access to treatment or services 3. Organisations will work together to make the best use of all the resources they have to prevent, treat and manage ill-health 4. The support and services that people get should be of the best possible quality regardless of which organisation provides them".[3] The overarching health and social care priorities outlined in the Strategy are based on what is known about the health of people in Bracknell Forest, and what they have said is important to them, namely: • Promoting active and healthy lifestyles • Mental health support and services for children and young people • Preventing people becoming socially isolated and lonely • Workforce – having enough people with the right skills and suitable premises from which to deliver services. These priorities were identified after the Board consulted with the public to see what they thought about the "look and feel" of the strategy, and whether they thought the priorities were the right ones. The Board requested for the Joint Strategic Needs Assessment[4] (JSNA) to be refreshed, in order to get more up-to-date information on the priorities for local residents. In addition the views of people who use services and the general public were obtained during the consultations on the Joint Commissioning Strategies; 6 of which have been updated and re-written in the last 12 months since the original BCF submission, reflecting the issues seen as local priorities. The priorities identified in the JHWS and the JSNA link closely to schemes within the Better Care Fund, including Prevention and Self Care; Intermediate Care; Falls Prevention and Care Home Quality.

[3] Ibid – see page 7
[4] http://jsna.bracknell-forest.gov.uk/jsna-summary

b. The Bracknell and Ascot Clinical Commissioning Group Priorities and Objectives identified in the 2016 17 Operating Plan:

The East Berkshire Clinical Commissioning Groups Operating Plan 2016 – 17[5] sets out the response to the three challenges (the "triple aim") laid out in "NHS "Delivering the Forward View" which were:

- Reducing excess deaths by increasing the level of consultant cover and diagnostic services available in hospitals at weekends
- Improving access to out of hours care by achieving better integration and redesign of 111, minor injuries units, urgent care centres and GP out of hours service and
- Improving access to primary care at weekends and evenings

The way the CCG Operating Plan demonstrates delivery of the 9 priorities in the NHS Delivering the Forward View and links to Better Care Fund schemes is set out below.

Priority 1 *Develop a high quality and agreed Sustainability and Transformation Plan to achieve the locally determined critical milestones for accelerating progress in 2016 2017 towards achieving the "triple aim" described above*.

In order to achieve the "Triple aims", the following plans and priorities have been incorporated into the CCG Operating Plan:

- In line with the New Vision of Care, to work with the three Unitary Authorities, (Bracknell Forest Borough Council, Royal Borough of Windsor and Maidenhead and Slough Borough Council); Berkshire Healthcare Trust and Frimley Health to develop integrated social care, primary care and community care for populations of approximately 50,000 people. This demonstrates clear alignment with the Integrated Care Teams which form part of the Better Care Fund schemes.
- To work collaboratively with Chiltern CCG, North East Hants and Farnham and Surrey Heath CCGs to commission high quality acute care from Frimley health for those people who cannot be supported safely in the community.

Priority 2 *Return the system to aggregate financial balance*.

[5] See document embedded at page 10

	Detailed programme funding allocations for the three CCG's for 2016 2017 are explained in the CCG Operating Plan on page 8. To access the Operating Plan please see the pdf embedded in this document on page 3. ***Priority 3*** *Develop and implement a local plan to address the sustainability and quality of general practice.* For Bracknell Forest, the following high level plans will deliver this priority: o Infrastructure: Practices, working at scale will deliver extended opening hours by centralising and sharing access points across practices and through smarter use of technology, including online and email consultations. The Primary Care Transformation Fund will be used to support premises to meet the needs of modern general practice o Focus on care and quality. A local Quality dashboard to support vulnerable practices, with a local support team to lead development and training for CQC standards. A review of how the QOF for General Practice could be re-engineered will be undertaken to provide the most relevant local patient quality outcomes. o Workforce analysis and development. Bracknell and Ascot CCG will have clear data to show GP workforce in primary care and highlight areas of risk by June 2016. In addition, the CCG is extending the role of the "Healthmakers" project see http://www.bracknellandascotccg.nhs.uk/getting-involved/healthmakers/ in 2016 to optimise self-management and support to others. The aim is to recruit 420 health makers by March 2017 and 800 by March 2018. This aligns with the Prevention and Self-Care Programme, which forms part of the Better Care Fund schemes and the "Year of Self-Care" which seeks to enable residents of Bracknell Forest to take responsibility for their own health and wellbeing through a series of themed monthly campaigns[6]. The work of Healthmakers and the Year of Self Care are supported at the Prevention and Self-Care Steering Group and Board. (See Section on Governance) The following outcomes, linking to the "triple aims" are expected to result from the

[6] See http://jsna.bracknell-forest.gov.uk/self-care-guide/year-self-care-2016/what-year-self-care

	above: o 20% of the population will have enhanced access to primary care at evenings and weekends. o Reduction in A&E attendances. This contributes to the overall aims of the Better Care Fund and the National Performance Metrics relating to Reductions in Non-elective admissions**.** o All practices to be rated good or above by the CQC. ***Priority 4*** *Urgent and Emergency Care Transformation.* For Bracknell Forest, the following high level plans will deliver this priority: o Undertake further detailed study to understand patient behaviours and choice concerning use of A&E instead of NHS 111 or alternative services. This contributes to the overall aims of the Better Care Fund and the National Performance Metrics relating to Reductions in Non-elective admissions. o Extend the Out of Hours Contract and commence integration with NHS 111 services including directly bookable appointments into OOH primary care centres. This contributes to the overall aims of the Better Care Fund and the National Performance Metrics relating to Reductions in Non-elective admissions o Review and transform the NHS 111 Directory. o Improve discharge flow from hospital. This includes developing and agreeing a single common transfer of care protocol that clearly defines the processes that will transfer a patient to their home or other care provider. This contributes to the overall aims of the Better Care Fund and the National Performance Metrics relating to improvements in Delayed Transfer of Care (See the separate section titled “Agreement on local DTOC plan” and the Out of Hospital Transformation plan being developed by the three East Berkshire CCGs as a system wide initiative.) o Commence investigating “Discharge to Assess” models where patients are discharged once they are medically fit and have their support needs assessed on arrival at home by members of the Bracknell Forest Community Intermediate Care team (comprising a joint health and social care workforce as described in the original 2015 BCF submission and earlier in this narrative). This links to a number of schemes within the Better Care Fund (Intermediate care; Red Cross

	Home from Hospital service; Integrated Care teams with Age UK Personal Independence Co-ordinator addressing social isolation issues;) and contributes to the overall aims of the Better Care Fund and the National Performance Metrics relating to improvements in Delayed Transfer of Care. ***Priority 5*** *Improvement against and maintenance of the NHS Constitution standards of 92% non emergency pathways.* The main acute provider, Frimley Health has been achieving this 92% standard, although the alternative provider, Royal Berkshire Foundation Trust has not. Specific planned initiatives are detailed in the CCG operating plan. ***Priority 6*** *Improve Cancer survival rate via early diagnosis and treatment..* The three CCG's support the East Berkshire wide strategic cancer steering group. See the CCG operating plan for further detail. ***Priority 7*** *Improve Mental Health service.* The Mental Health programme supports the continued delivery of parity of esteem and delivery of the national priorities for mental health as outlined in the Delivering the Forward View NHS Planning Guidance 2016/17. ***Priority 8*** *Deliver actions set out in local plans to transform care for people with learning disabilities.* See the CCG operating plan for more detail. A three year plan across Berkshire is in place to improve services. The Mental Health programme supports the continued delivery of parity of esteem and delivery of the national priorities for mental health as outlined in the Delivering the Forward View NHS Planning Guidance 2016/17.

Priority 9 *Develop an affordable plan to make improvements in quality.*

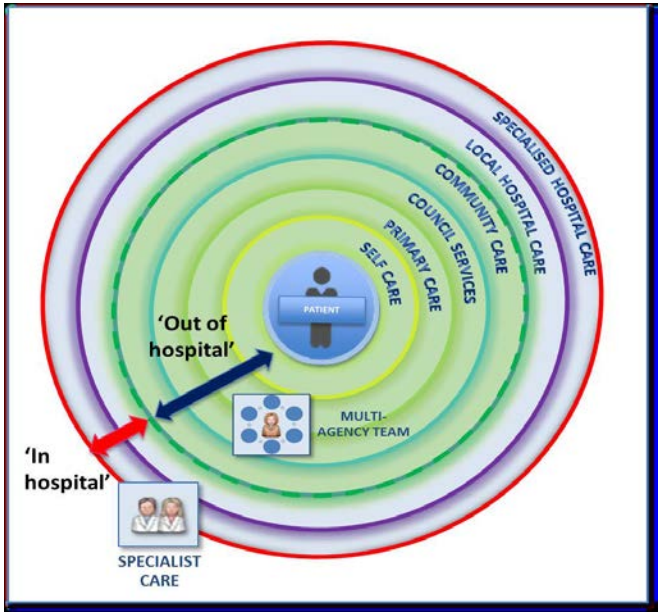
See the CCG operating plan for more detail.

c. The New Vision of Care.

The CCG Operating Plan 2016 2017 adopts the principles set out in the "New Vision of Care" approach to patient care[7] in which General Practice is seen as the foundation on which all other services are built, in tandem with excellent community and hospital based care. The New Vision of Care can be demonstrated in the following way:

[7] see http://www.bracknellandascotccg.nhs.uk/wp-content/uploads/2015/03/NVoC-Model-in-detail.pdf

The New Vision Of Care:



PERSON

We all need to manage our health and give ourselves the best opportunity to lead a healthy and independent life. We sometimes need help to make healthy choices and need services that support wellness so we can maintain and restore our health and are less likely to become dependent upon more complex services

FAMILY AND FRIENDS

There will be times when we and our families need more support and to work more closely with care providers to meet our more complex needs - so the new vision of care proposes that, as our needs increase, we will get closer to the centre of a local partnership where we work together with a multi-skilled team to help meet these changing needs.

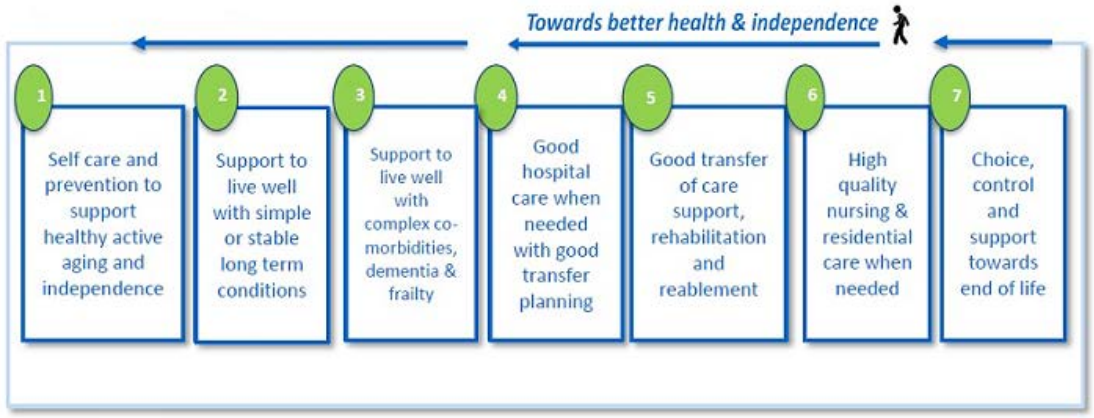
MULTI SKILLED TEAM : These can include connecting us when necessary to: housing, addressing isolation and loneliness, preparing for winter, identifying and addressing fuel poverty, prioritising minor needs that limit independence, planning timely access to aids, as well as meeting the more complex health care needs that often come as we get older

LOCAL AREA: This multi-skilled team will include all the council, health and voluntary services we normally use but arrange them so they behave like one single organisation that will help promote and provide holistic care and support to meet our preventative and more complex needs.

The New Vision of Care model describes success as being dependent upon creating a coordinated and integrated system that is focussed upon the changing needs of the individual. In this way the local multi-skilled team reduces the sometimes disjointed or uncoordinated services that may be experience today into a single service covering health, social care and the voluntary sector and which interfaces seamlessly along the stages of the model.

This shows clear alignment to the principles outlined in the Bracknell Forest Joint Health and Wellbeing Strategy (see earlier) which envisages that "Joining together is a fundamental principle underpinning future developments: this may be joining together roles, teams, provider organisations or commissioning". This also mirrors the work of the Integrated Teams operating within Bracknell Forest and forming part of the Better Care Fund schemes.

The New Vision of Care approach envisages a shift away from the current reactive approach of waiting until we get sicker, towards a proactive approach, using prevention, self –care and early intervention at every stage. This can be illustrated in the following 7 staged approach.



	This again shows clear alignment to the principles set out in the Bracknell Forest Joint Health and Wellbeing Strategy which envisages that "People will be expected to take responsibility for their own health and wellbeing first. They will know how to look after themselves and their family" and where there will be promotion of "active and healthy lifestyles" as well as "equal access to treatment or services; organisations working together to make the best use of all the resources they have to prevent, treat and manage ill-health and support and services for people being of the best possible quality regardless of which organisation provides them". It also demonstrates the key features of the Better Care Fund "Prevention and Self-Care" scheme.
Describe how the BCF contributes to the local implementation of the vision of the FYFV and the move towards fully integrated health and social care by 2020; and the aspects of the change the local area is intending to deliver using the BCF.	For a detailed analysis of the BCF schemes and how they contribute to local implementation of the vision of the Five Year Forward View and integrated health and social care, please see the attached. 2016 BCF schemes and links to vision anc
Please list the issues that the BCF will be used to address in the local area	Section 2B i) to KLOE. *Please refer to the original BCF submission[8] at pages 16 - 21 which sets out the evidence base supporting the case for change. This still remains extant. In summary this includes:* • *The need to consider frail and / or older people as the key priority based on local growth population projections;* • *The need to better support self-care of long term conditions, based on projections from data showing a growth in the number of older people with long term conditions;* • *The need to improve quality and reduce costs, based on segmented risk stratification;* • *The need to prioritise Musculo Skeletal and Trauma and Injuries admissions, with a particular emphasis on the prevention of falls among older people.*

[8] http://www.bracknell-forest.gov.uk/bracknell-forest-better-care-fund-plan.pdf

	Updates for 2016 include a phased performance improvement during 2016 in Delayed Transfer of Care from the acute sector through a series of new initiatives funded through the BCF including: a) Provision of additional Social Care capacity in the Community Intermediate Care Service. Evidence shows that community Intermediate Care services in to people's homes can enable the following: People to live independently in their own homes Improve the persons experience Reduce admissions and or support timely discharge from hospital Realise significant financial savings either through reablement prevention or "rightsizing" support, reducing the extent of long term support required. This in turn can release capacity in the domiciliary care market where delays in setting up care packages have contributed to the high numbers of DTOC over the last 9 months in Bracknell Forest. b) Commissioning by BA CCG of the new Red Cross Home from Hospital service which commenced in July 2015, providing a 6 week support service to frail and or elderly people leaving hospital. (See pages 37/38 in this narrative for more detail) c) Establishment of a Registered Manager service to enable the provision of emergency personal care as a new service enhancement to the Forestcare Emergency alarm / Telecare service operated by the Council. This potentially both prevents hospital admission and improves transfer of care from hospital back into the residents' own home. See Section relating to "Delayed Transfer of Care" planning for further information and links to the Metrics on DTOC submitted in the 1st Planning Template.
Explain how the BCF will address quality and reduce costs based on segmented risk stratification. (Reference local issues and how integration will be used to drive improvement). If relevant please provide supplementary data to support the case for change, including quantifying levels of unmet need,	It should be noted that Bracknell HWB already have fully integrated teams in operation in the Intermediate Care service; the Community Team for People with a Learning Disability; Community Team for People with Autistic Spectrum Disorder and Community Mental Health Team (Older Adults).

issues of service quality, and inefficiencies in service delivery.	Furthermore there are jointly funded integrated posts operating within the Better Care Fund programme, including the Prevention and Self-Care Project Manager and the BCF Programme Manager. Segmented Risk Stratification using the Adjusted Clinical Groups methodology is in use for 100% of the population in the HWB area to identify the 2% of the population most at risk of admission / re-admission to hospital, with multiple co-morbidities. Using a cycle of continuous improvement methodology, the Integrated Care Teams based in 3 cluster areas (North, South and Ascot) have developed and now include not only Community Health and Social Care practitioners, but Community Mental Health (Older Adults) and 3rd sector (Age UK Berkshire) practitioners who support the individual to address issues around loneliness and social isolation. Since the beginning of April 2015, the integrated team has received 137 referrals, with an average of between 10 and 15 active cases per cluster per month. Further opportunities for integration include plans in 2016 to develop a more integrated and responsive service to support End of Life Care using the Intermediate Care service, so that through use of the risk stratification tool, people can be earlier identified as potentially approaching the End of Life stage and can be offered appropriate health and social care support, services and intervention in their own home.
Please provide a description of the specifics of the overarching governance and accountability structures in place locally to support integrated care, including: • A description of the specifics of the management and oversight in place to support the delivery of the BCF plan? • An articulation of the arrangements in place to support joint working? • Key milestones associated with the delivery of the plan of action in 2016-17?	Please refer to the original BCF submission at pages 22-28 which remains extant and sets out in detail: • The governance arrangements and accountability structures in place locally to support integrated care; • management and oversight in place to support the delivery of the BCF Plan; • the articulation of the arrangements in place to support joint working. **Additional information updating the original submission:** **"A description of the specifics of the Management and oversight in place to support the delivery of the BCF plan and arrangements in place to support joint working"**

• A fully populated and comprehensive risk log, with evidence that it has been developed in partnership with all stakeholders and a description of how risks will be managed operationally including:
  • A quantified pooled funding amount that is 'at risk'
  • Demonstration that this has been calculated using clear analytics and modelling
  • An articulation of any other risks associated with not meeting BCF targets in 2016-17
  • An articulation of the risk sharing arrangements in place across the health and care system, and how these are reflected in contracting and payment arrangements
	"An articulation of the arrangements in place to support joint working"
	
	There are fully integrated care teams operating across the HWB area as well as joint funded posts delivering the BCF Programme and Project Management. This ensures representation and full partnership working within BA CCG and Bracknell Forest.
	
	The Better Care Fund Steering Group meets on a 4 weekly basis and receives monthly update reports on each of the BCF schemes, together with key milestones associated with the delivery of the plan of action of each scheme. Each scheme also has a separate Risk log, which is again updated on a monthly basis and considered at the Steering Group.
	
	The governance and structures to support joint accountability are detailed in the "Terms of Reference" for the Better Care Fund Steering Group and Programme Board, which comprise Senior Management within the CCG, Council and in the case of the Programme Board, Chair of the HWB and the local Healthwatch. The Terms of Reference also detail the level at which strategic issues will be dealt with within each Group / Board. The Terms of Reference for both the Steering Group and Programme Board have recently been updated to reflect the 2016 schemes, together with updated mechanism for approval of virement and financial authorisation levels and are awaiting final HWB sign off. See attached.
	
	 
	Amended Better Care Fund Steering G
	 
	Amended Draft Terms of Reference f
	
	Key milestones associated with the delivery of the plan of action in 2016-17?
	
	For evidence of the key milestones associated with the delivery of the plan for 2016, please refer to the monthly update reports which detail progress on each of the BCF schemes and which are considered at the BCF Steering Group each month. An example is attached, which represents the project milestones covering the period January – February 2016.

BCF Highlight Report January to 12 Februa

" **A fully populated and comprehensive risk log, with evidence that it has been developed in partnership with all stakeholders and a description of how risks will be managed operationally** "

In addition, the Steering Group receive on a monthly basis a detailed Risk Log, which itemises each of the 9 BCF schemes showing the main risks within each scheme and the "pre mitigation" and "post mitigation" risk scores. See the attached 9 pdfs which show the February update on the individual schemes.

Scheme 1 Bracknell Forest BCF January t

Scheme 2 Bracknell Forest BCF January t

Scheme 3 Bracknell Forest BCF January t

Scheme 4 Bracknell Forest BCF January t

Scheme 5 Bracknell Forest BCF January t

Scheme 6 Bracknell Forest BCF January t

Scheme 7 Bracknell Forest BCF January t

Scheme 9 Bracknell Forest BCF January t

The Better Care Fund narrative submitted in 2014 set out the risk sharing arrangements. These remain extant and are set out as follows, updated to reflect the 2016 situation.

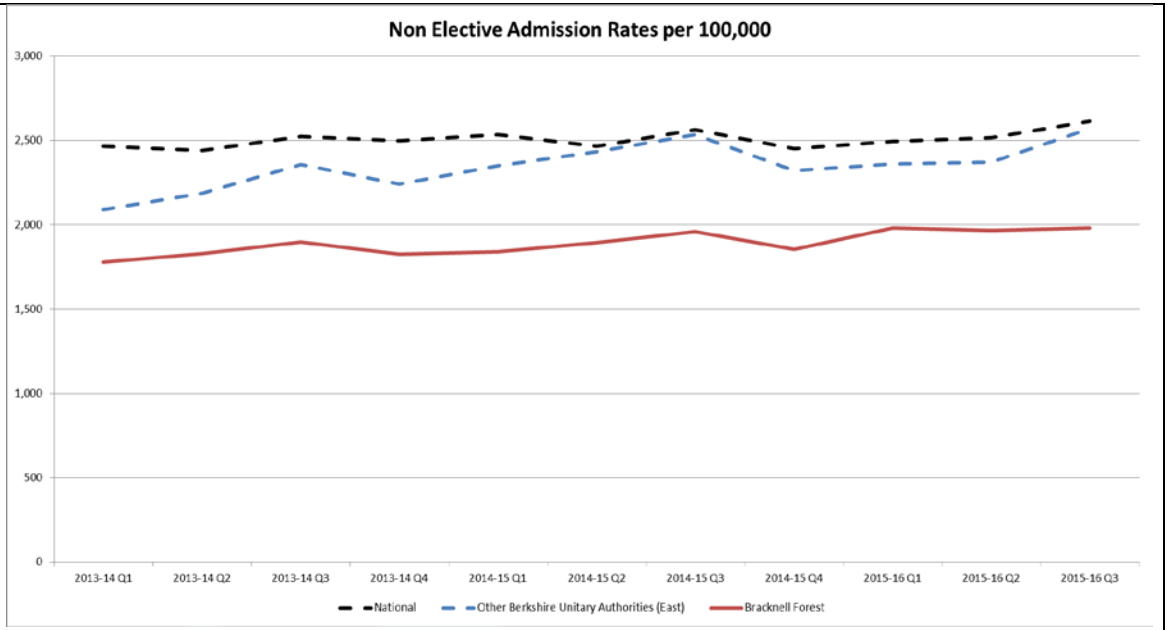
"Provide a description of how risks will be managed operationally including:

- **A quantified pooled funding amount that is 'at risk'**
- **Demonstration that this has been calculated using clear analytics and modelling**
- **An articulation of any other risks associated with not meeting BCF targets in 2016-17**
- **An articulation of the risk sharing arrangements in place across the health**

	and care system, and how these are reflected in contracting and payment arrangements" **Update from the original submission:** In Bracknell Forest the management of risk is built on a track record of pooling health and care budgets via Section 75 arrangements within the context of strong local relationships and trust. All plans for BCF expenditure scheme proposals, developments, pooled budget amounts and proposed hosting arrangements have been developed jointly with all partners with the Health and Wellbeing Board and with other stakeholders. In developing our plans for the delivery of the BCF, the financial impact of the pooled funding on both the council and the CCG is considered each month at the Steering Group and issues or concerns, brought to the Programme Board. The main issues identified for 2016 continue to be: • the ring fenced funding for NHS commissioned out of hospital services; • the funding for protecting Social Care including the identification of the funding for the responsibilities under the Care Act **Arrangements for managing financial risk** The plan for the delivery of the BCF and its financial impacts have been jointly considered and agreed by the HWBB, the CCG's governing body and the Council's Executive as per our governance structure. In governance terms the HWB maintains overall responsibility and oversight for the achievement of the shared vision for integrated care and the BCF. The HWB has delegated operational delivery to the Better Care Fund Programme Board (BCFPB). The BCF programme and budget continue to be standing items on the Better Care Fund Steering Group agenda - with ongoing updates to track progress, identify slippage and options for timely intervention and ensure that there is adequate value to meet the transfer fund needed at year end. This is formalised in the Section 75 Agreement which articulates:

	• The BCF scheme / sub projects; Scheme manager and respective financial contributions from the CCG and Local Authority; • Financial governance arrangements including confirmation of which party is Host for the pooled budget and how transactions are recorded on the Council's accounting system; • Mechanism for defining the "scheme manager" for each individual BCF scheme and how the scheme manager is responsible for forecasting outturn costs each month, for distribution to the Steering Group and Programme Board / HWB. • Levels of authorisation for budget virements up to £25,000; between £25,000 and £50,000; over £50,000 to £100,000 and over £100,000 with details of Programme Board / Health and Wellbeing Board / Executive and Full Council delegated authority for sign off. • The risk to partners in respect of any over-spend and underspend. • Arrangements for sign off for Year End statements by authorised Section 151 Officer from the Council or Chief Financial Officer from the CCG. • Model form of Statement of compliance and statement of expenditure to be signed off by Section 151 Officer or Chief Financial Officer. • Arrangements for managing the fund; the Pool Manager (Better Care Fund Programme Manager) and the governance mandated to the Better Care Fund Programme Board to oversee the development and implementation of the BCF plans. • The schemes to be provided (the 9 BCF schemes and sub-projects) including Care Act funding and Disabled Facilities Grant funding. Please see the attached services schedule (an appendix to the draft S.75 agreement)(Subject to HWB approval) outlining the points described above:  Draft S 75 Agreement 2016 201 **Risk sharing on Non Elective Admissions.**

	Bracknell Forest has performed significantly better than the National average in terms of Total non-elective admissions in to hospital (general and acute) all – age, per 100,000 population and has also demonstrated consistently better performance when compared with the other East Berkshire Unitary Authorities. This is reflected in the graph overleaf. (Red graph line showing Bracknell Forest; black line showing national trend and blue line showing other East Berkshire authorities) However, in line with the previous year, the BCF Steering Group and Programme Board have recommended to the Health and Wellbeing Board to retain a contingency (this year to be £459,000) in the 2016 BCF budget to allow for over-performance in the acute sector. This is reflected in the scheme breakdown submitted on 3rd March in the Bracknell Forest HWB (See "Tab 4" HWB Expenditure Plan in the Excel document separately submitted.) It was also recommended to the HWB that for planning purposes for forecasting Non elective admissions for 2016-17 for the BCF Expenditure plan, the level of NELs would remain at the same level. This is reflected also in the CCG Operating Plans separately submitted. The emergency admissions baseline for 2016-2017 is not set any higher than the BCF stretch ambitions used in 2015-2016, endorsing the principle that "the same pound cannot be spent twice".



Risk sharing on Delayed Transfers of Care

Please refer to the separate Section at the end of this narrative regarding Delayed Transfers of Care and the development of an action plan.

Section 3 - National Conditions

Plans Jointly Agreed Does the BCF Plan cover a minimum of the pooled Fund specified in the Spending Review, and potentially extending to the totality of the health and care spend in the HWB area, and is it signed off by the HWB itself, and by the constituent Councils and CCGs? Explain how, in agreeing the plan, have you engaged with health and social care providers likely to be affected by the use of the Fund in order to achieve the best outcomes for local people. Please illustrate: • There is joint agreement across commissioners and providers as to how the BCF will contribute to a longer term strategic plan • This includes an assessment of future capacity and workforce requirements across the system • The implications for local providers have been set out clearly for HWBs so that their agreement for the deployment of the Fund includes recognition of the service change consequences? As the Disabled Facilities Grant (DFG) will	**The BCF Plan – the Pooled Fund and HWB sign off.** The BCF Planning Return Template, submitted on 3rd March detailed the BCF plan and individual scheme funding allocations, showing the individual scheme breakdown and allocation (£6.11m from BA CCG and £2.7m from the Local Authority totalling £8.8m). This was signed off by the Chair of the Health and Wellbeing Board; with a paper having been submitted to the HWB at the beginning of March, outlining the timescales for submission of the Narrative. The dates for the BCF Programme Board were re-aligned in order to comply with the short deadline for approval of the 2016 narrative by NHS England. As stated earlier, the governance of the BCF Steering Group and Programme Board ensures that the BCF schemes receive sign off by the CCG, Council and HWB. **Explain how, in agreeing the plan, you have engaged with local health and social care providers likely to be affected by the use of the Fund in order to achieve the best outcomes for people. Illustrate how there is joint agreement across commissioners and providers as to how the BCF will contribute to a longer term strategic plan** *Please refer to Section 8 ("Engagement") to the original BCF submission (Pages 46-54) which outlines the different ways in which the Council and CCG continue to engage with local health and social care providers. In addition:* As stated earlier, there are fully integrated teams operating across Bracknell Forest, ensuring that commissioners and providers work closely together. Recently the membership of the Health and Wellbeing Board has been enhanced by the addition of Frimley Health NHS Foundation Trust and Berkshire Healthcare NHS Foundation Trust to the membership of the Board; ensuring the acute and community health providers will be a future integral part of the decision making process. The voluntary and community sector is also well represented on the Board, ensuring a wide range of engagement and participation. Bracknell Forest has a long history of successful multi –agency working, demonstrated through its work with the Partnership Boards which regularly meet: • Intermediate Care Partnership Board (attended by the Council, Public Health, CCG, Berkshire Healthcare FT, Domiciliary care providers, Voluntary sector)

again be allocated through the BCF, please confirm that local housing authority representatives have been involved in developing and agreeing the plan, in order to ensure a joined-up approach to improving outcomes across health, social care and housing.	A similarly wide range of representation is demonstrated in the other Partnership Boards which are: • Older People's Partnership Board • Learning Disability Partnership Board • Autism Partnership Board • Long Term Conditions and Sensory Needs Partnership Board • Dementia Action Alliance and Dementia Partnership Board • Mental Health Partnership Board • Carers' Issues Strategy group See http://www.bracknell-forest.gov.uk/searchresults?q=Partnership%20Boards As previously stated, a number of new and refreshed Joint Commissioning Strategies have been produced over the last 12 months; each based on information gathered from various consultation and communication events held with the public and people who use the services. From these events, the Council and CCG have been able to draw on invaluable insight and comment from the public, which has helped shape the local priorities. See pages 4/5 for the full list of strategies and hyperlinks. A number of events have been held during 2015 which illustrate the process of consultation and engagement. Mapping these against individual BCF schemes shows: **Scheme 3 Prevention and Self-Care and the Year of Self-Care:** Health and Wellbeing Stakeholder Workshop Event on Loneliness and Social Isolation – held on 27th January 2016. Invited members included Voluntary and Community Sector, Council, Public Health, NHS, Fire and Rescue Service and private business[9]. **Scheme 3 Prevention and Self-Care and the Year of Self-Care:** Prevention and Self-Care Week 2015. See activity report setting out engagement with a wide range of key groups across Bracknell Forest during the year and during the week itself[10]. **Scheme 6 Bracknell Forest Care Home Quality initiative**: Quarterly workshops are held with Care Home Providers in the area, covering topics such as Nutrition and Hydration, Oral Health, Falls, Medication optimisation.

[9] See http://consult.bracknell-forest.gov.uk/public/ascteam/hwbsg/hwbsg
[10] See http://www.bracknell-forest.gov.uk/self-care-week-2015-final-report.pdf

	Care Act implementation: Care Act implementation workshops held for members of the public and key stakeholders during 2014/5. **Scheme 6 Care Home Consultation:** A public consultation was undertaken in February / March 2016 using the Council Consultation Portal, seeking views on Care Home quality issues[11] . **Sensory needs strategy development:** 13 week public consultation and conference to develop the Bracknell Forest Sensory Needs Strategy 2015-2020[12] . **G.P. Council -** the member forum for the CCG. Overview and update on BCF schemes each month, with BCF representatives in attendance each month. Meetings held every month and hosted by the Bracknell and Ascot CCG. **General CCG communications** and events with preventative / self- care health related themes. CCG ongoing communication and engagement with a wide range of groups and stakeholders, including consultation on Improving General Practice – A Call to Action which was issued by NHS England to collate views on how to shape the future of general practice services in England. The CCG commissioned a programme of stakeholder engagement[13] through ELC (experience Led Commissioning) to consider the services across 7 days that would benefit patient with long term conditions and those who find is difficult to access services in core hours i.e. working age population. See the report here.[14] **Please include an assessment of future capacity and workforce requirements across the system and confirm that the implications for local providers have been set out clearly for HWBs so that their agreement for the deployment of the Fund includes recognition of the service change consequences?** There are key issues associated with capacity and workforce requirements across the system and across the South of England, which have been highlighted in several strategic documents: • New Vision of Care – A workforce Development stream is in place (See "Key enablers" in NVOC

[11] http://consult.bracknell-forest.gov.uk/portal
[12] http://www.bracknell-forest.gov.uk/sensoryneedsconference
[13] http://www.bracknellandascotccg.nhs.uk/our-work/better-futures-for-all/extended-access/
[14] http://www.bracknellandascotccg.nhs.uk/wp-content/uploads/2015/05/Final-report-BACCG-High-impact-changes-v3-06052015-AT.pdf

	referenced on page 4/5 in this narrative), linking to Health Education England and working on wider regional initiatives. • Bracknell Forest Health and Wellbeing Strategy 2016-2020. Priority 4 identifies "Workforce- having enough people with the right skills and suitable premises from which to deliver services". The Strategy identifies that in Bracknell Forest there are particular difficulties in recruiting good domiciliary care workers (home care); residential care workers – especially registered managers; social workers; approved mental health practitioners; district nurses; geriatricians and general practitioners[15]. The strategy notes the impact the shortage of these workers creates on the hospital system, which itself impacts on DTOC figures for this area. A Task and Finish group has been established to explore different options which will be considered by the HWB, which may include further joint working with other local authorities and CCGs. • The CCG Operating Plan 2016/2017, Priority 3 (Develop and implement a local plan to address the sustainability and quality of general practice, including workforce and workload issues) identifies a number of initiatives specifically relating to infrastructure, focus on care and quality and workforce development. See CCG Operating Plan pdf within this submission (located at page 10) • Future capacity within the Domiciliary care sector in Bracknell Forest. Information from the Bracknell Forest Joint Strategic Needs Assessment shows that around 6,000 people aged 65 and over living in the Borough are estimated to be unable to manage at least one domestic task on their own, with this figure estimated to increase to around 7,000 by 2020[16]. The number of people unable to manage at least one self care activity task on their own also rises from 5,000 people in 2012 to 5,500 by 2020. • In terms of homecare funded by the council within Bracknell Forest, in 2014/15 twelve domiciliary providers provided home based care to an average of 400 individuals each week; equating to around 5,000 hours of domiciliary support per year [17] Additional capacity to the domiciliary care market in Bracknell Forest was provided through the BCF in 2015, (£225,000) to enhance the hourly market rate paid to the Care Providers to reflect the factors with supply and demand identified above. This has been agreed to be continued for 2016. In turn it is expected that this will contribute to a reduction in DTOC attributable to "care package" delays, although this may take several months to show effect, reflecting the recruitment process for domiciliary care staff.

[15] See http://www.bracknell-forest.gov.uk/seamless-health-2016-2020.pdf page 16
[16] See http://jsna.bracknell-forest.gov.uk/ageing-well/living-well/independence-older-age
[17] Bracknell Forest Council Brokerage January 2015

<table>
<tr><td></td><td>As the Disabled Facilities Grant (DFG) will again be allocated through the BCF, please confirm that local housing authority representatives have been involved in developing and agreeing the plan, in order to ensure a joined-up approach to improving outcomes across health, social care and housing.

This is confirmed. The Director of Adult Social Care, Health and Housing is Chair of the BCF Programme Board.</td></tr>
<tr><td>Maintaining the Provision of Social Care

Please specify the total amount from the Better Care Fund that has been allocated for supporting of adult social care services and confirm:

• That at least the local proportion of the £138m for the implementation of the new Care Act duties has been identified

• The amount of funding that will be dedicated to carer-specific support from within the BCF pool?

Please describe how the local adult social care services will continue to be supported in a manner consistent with 2015-16. Has this support been agreed locally and, as a minimum, does the funding and services maintain in real terms the level of protection as provided through the mandated minimum element of local BCF agreements of 2015-16?

In setting the level of protection for social care in your local area, please describe</td><td>A sum of £1.345m has been allocated for protecting adult social care services in the 2016 BCF, which is the same level as for 2015/16. This is broken down as:

<table>
<tr><td>Protecting Social Care Services (s256)</td><td>Long term conditions / Integrated Care</td><td></td><td>Council</td><td>71,000</td></tr>
<tr><td>Protecting Social Care Services (s256)</td><td>Autism Support</td><td></td><td>Council</td><td>80,000</td></tr>
<tr><td>Protecting Social Care Services (s256)</td><td>Dementia Support and advisor</td><td></td><td>Council</td><td>108,000</td></tr>
<tr><td>Protecting Social Care Services (s256)</td><td>Stroke Support</td><td></td><td>Council</td><td>26,000</td></tr>
<tr><td>Protecting Social Care Services (s256)</td><td>Carers Support</td><td></td><td>Council</td><td>100,000</td></tr>
<tr><td>Protecting Social Care Services (s256)</td><td>Managing Demographic and Systems Capacity Pressures</td><td></td><td>Council</td><td>960,000</td></tr>
<tr><td colspan="4">Subtotal</td><td>£1,345,000</td></tr>
</table>

In addition to the above, a further £228,000 is allocated from the BCF 2016 for carer-specific support. See the detailed breakdown set out in the S.75 agreement and the BCF Template previously</td></tr>
</table>

how you have ensured that any change does not destabilise the local social and health care system as a whole? Please include a comparison to the approach and figures set out in 2015-16 plans and confirm this approach is consistent with the 2012 Department of Health guidance to NHS England on the funding transfer from the NHS to social care in 2013-14.	submitted. Funding from the BCF will be used to support outcomes for carers in a variety of ways. Outcomes include: • Maintaining carers health and wellbeing • Reducing social isolation and maintaining social and family relationships • Carers knowing that the person they care for will get the support that they need, when the carer is unable to provide that care because of an emergency. • Carers working and studying if they wish • Cares maintaining other roles and have the life that they choose. • Carers maintaining their caring role (should they wish to) and supporting the person they care for in the best way possible. Please refer to the Bracknell Forest Joint Commissioning Strategy for Supporting People in an unpaid Caring Role 2015-20 for further information[18]. **Please describe how the local adult social care services will continue to be supported in a manner consistent with 2015-16. Has this support been agreed locally and, as a minimum, does the funding and services maintain in real terms the level of protection as provided through the mandated minimum element of local BCF agreements of 2015-16?** As with last year, the total amount recommended for approval by the HWB in 2016/17 for protecting social care services is **£1.345m** to offset increases in demand arising from higher levels of need and other demographic pressures. This has specifically enabled the council to manage the reductions required in Adult Social Care in response to the local government settlement. The council has a strong record of reviewing its social care provision and looking at different ways to enable that support to be provided (often by others). This approach to modernisation and improvement has been at the heart of the Bracknell Forest approach. There will be a continued focus on what works, what is valued by carers and those who are supported by social care and appropriate arrangements developed for commissioning and decommissioning. The track record of using the s256 monies over the past two years should give confidence in the overall approach, especially when set alongside the performance of Adult Social Care and its comparison with others. The schemes that are being developed or are developed continue to meet

[18] http://www.bracknell-forest.gov.uk/joint-commissioning-strategy-unpaid-caring-role.pdf

	the overall objectives set out in national indicators and beyond. Where necessary these will be tweaked for improvement
7-Day Services Please detail your plans to deliver 7-day services (throughout the week, including weekends) across community, primary, mental health, and social care, and how your approach to 7-day services will: • prevent unnecessary non-elective admissions (physical and mental health) through provision of an agreed level of infrastructure across out of hospital services 7 days a week • support the timely discharge of patients, from acute physical and mental health settings, on every day of the week, where it is clinically appropriate to do so, avoiding unnecessary delayed discharges of care • is underpinned by a delivery plan for the move to seven-day services, which includes key milestones and priority actions for 2016-17	**Social Care**: Bracknell Forest residents can already access enhanced intermediate care with a 2 hour response time for urgent needs, from a multi-disciplinary team 7 days a week between 8am and 10pm. This part of the service is aimed at preventing unnecessary hospital admissions, while social care practitioners "in-reach" to 3 local acute hospitals to facilitate early discharge. The social care in-reach is available five days per week, with Social Care Occupational Therapy services also available evenings and the weekends. Additional services have been piloted using 'winter pressures' funding such as an in-reach nurse and discharge matron as part of the integrated response. These have been reviewed and made substantive, under OCRP plans where proven to be effective During 2015 the BCF Steering Group approved the commissioning of a Home from Hospital service using the Red Cross, which operates from Frimley Park Hospital 7 days a week. The commissioned service helps people regain their independence after a stay in hospital by supporting with low level practical and emotional needs, visiting once a week for approximately an hour at a time for a six week period. The Red Cross Team are co-located with the Adult Social Care Team and the hospital in-reach nursing team and take an integrated approach with the wider discharge team within the hospital. The service aims to: - Support patients registered to a Bracknell and Ascot Clinical Commissioning Group GP - Reduce hospital length of stay and prevent hospital re-admission - Integrate with other British Red Cross Independent Living services including Mobility Aids - Signpost patients to other local services - Reach on average 30 beneficiaries per month - Improve quality of life and independence - Provide 6 weeks face to face or telephone support as needed.

	Please see the latest activity report for further information, together with case studies illustrating the benefits of the new service and how it enables timely discharge of patients, avoiding unnecessary delayed discharges of care. Home from Hospital Q3 Report.pdf **Mental Health** Bracknell Forest Council has a 24/7 response capacity in Forest Care and the Emergency Duty Service which can be built upon as a portal to a wider range of services in response to local needs. Berkshire Healthcare NHS Foundation Trust (BHFT) has an out-of-hours crisis response team to respond to people with mental health needs. The Home Treatment team provides a 24/7 service, preventing inappropriate admission and facilitating discharge for people with non-acute needs arising from Dementia. These will be reviewed to ensure optimum scale, scope and integration. **Acute** Through our collaborative commissioning arrangements we will be reviewing the 7-day working arrangements in our acute providers, and putting in plans to ensure these are comprehensive so that no person is admitted to, or stays in hospital longer than is absolutely necessary. Schemes to strengthen 7 day working around acute trusts (Frimley Health NHS Foundation Trust) have been piloted using winter pressures monies. Following evaluation, successful pilots will be extended further. **Community** The new Bracknell Urgent Care Centre opened in April 2014 and offers a 7 day service, 8am till 8pm, for all minor injuries and illnesses. This is primary care led, and also provides for integrated pathways into intermediate care, and social care support as well as the existing Primary Care (GMS) and GP Out of Hours service. The Better Care Fund Prevention and Self-Care workstream provides an ongoing programme of publicity and promotion, highlighting “Choose Better” campaigns including use of NHS 111, Pharmacy and the Urgent Care Centre. See link[19].

[19] http://www.bracknellandascotccg.nhs.uk/health-campaigns/choose-better-using-the-right-health-service/

	Primary Care During 2016 the practices in Bracknell and Ascot CCG will be developing new models of extended access working to meet the challenges for patients who find it hard to access primary care during core hours Monday to Friday. Following a period of public consultation[20] and engagement with existing primary care providers and stakeholders, a local model for extending the hours of local general practices has been developed. For further information see the CCG 2 year Operating Plan 2016/17 Section 3 (page 10 in this narrative).
Data Sharing on the NHS Number Please use this section to demonstrate that the right cultures, behaviours and leadership exists locally, fostering a culture of secure, lawful and appropriate sharing of data to support better care. In your response please confirm if: • you are using the NHS Number as the consistent identifier for health and care services, and if not, your plan to do so • you are pursuing interoperable Application Programming Interfaces (APIs) (i.e. systems that speak to each other) with the necessary security and controls • you have the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott principles and guidance made	**Please confirm if you are using the NHS Number as the consistent identifier for health and care services, and if not, your plan to do so** This is confirmed. An interoperability project, funded through the Better Care Fund is being developed which will span 17 organisations across health and social care. The NHS number will be the primary identifier used across all 3rd party organisational systems. Within the Council, a project to incorporate the NHS number for the individual onto the Council LAS system is currently being developed, as a separate Better Care Fund scheme. This is expected to be complete by summer 2016. **You are pursuing interoperable Application Programming Interfaces (APIs) (i.e. systems that speak to each other) with the necessary security and controls** The interoperability project (named "Connected Care") acts as a "portal" pulling together information from existing organisational solutions. Where possible we will re-use exiting message feeds and where new feeds need to be developed we will use HL7 standards and/or whatever API's are provided by the source systems. The basis of Connected Care is the extraction of data from existing source systems. **You have the appropriate Information Governance controls in place for information sharing in line with the revised Caldicott principles and guidance made available by the Information Governance Alliance (IGA), and if not, when you plan for it to be in place.** As part of the governance structure Berkshire Connected Care has an IG Steering Group reporting directly into the programme board. The Steering Group is chaired by the LMC and has representation from each of the participating organisations (Caldicott guardian, individuals with delegated authority or

[20] http://www.bracknellandascotccg.nhs.uk/our-work/better-futures-for-all/extended-access/

available by the Information Governance Alliance (IGA), and if not, when you plan for it to be in place • you have ensured that local people have clarity about how data about them is used, who may have access and how they can exercise their legal rights (In line with the recommendations from the National Data Guardian review) Please also describe how these changes will impact upon the integration of services.	similar). It is the responsibility of this group to agree IG principles and supporting collateral and to ensure that these are agreed and adhered to. Copies of the ToR and the Principles have been attached for reference.  Berkshire interoperability.pdf  Interoperability Terms of Reference.p **You have ensured that local people have clarity about how data about them is used, who may have access and how they can exercise their legal rights (In line with the recommendations from the National Data Guardian review)** All organisations are obliged to ask for consent to share and disclose information to other organisations and inform the person how and what data they will be sharing with what organisation. The Connected Care projected has an overarching Communication Work stream which is chaired through the NHS and made up of representatives from each of the organisations and members of various patient groups. Depending on the organisation there will be different points of consent models and again part of the IG work stream have developed a consent model which will be adopted by all organisations. Once the Connected Care projected is implemented all organisations who are involved will be updating their websites to direct the person to the guidance around the consent to share model and the opting out process. Attached for reference is the consent model and the communication plan.  Communication and engagement plan.pdf  Consent model.pdf **Please also describe how these changes will impact upon the integration of services.** Currently across Berkshire there are 17 different organisations that hold data in one or more systems relating to an individual's health, social care and wellbeing. There are different culture, systems & technology, processes and legislation which drives each of the organisations so that it is always difficult to get a single view of a person at a point in time. What the Connected Care solution is offering the is ability to have a single point of access to a person's health and social care records giving accurate and up to date information at the point in time of accessing the data. This supports the different integrated services in the following ways: • Avoids the need for multiple laptops to access health and social care data separately

<table>
<tr><td></td><td>

Access to real time data reducing the need for phone calls to various organisations to collate pieces of information
Reduce the amount of time required to contact the relevant organisations in relation to a person.
More accurate data, therefore more appropriate interventions
The ability to streamline the integrated services better by creating true single assessments

The ability to streamline the transfer of a person's care from one service to another by developing health and social care pathways
</td></tr>
<tr><td>Joint Approach to Assessment

Please identify which proportion of the local population will be receiving case management and named care coordinator and which proportion of the local population will be receiving self-management help - following the principles of person-centred care planning.

Please demonstrate if you plan to identify dementia services as a particularly important priority for better integrated health and social care services, supported by care coordinators (for example dementia advisors). Please include a description of plans for health and social care teams to use a joint process to assess risk and plan care, and agreed milestones demonstrating how and when this condition will be fully complied with.</td><td>2% of the local population identified using the ACG risk stratification modelling as being most at risk of admittance or re-admittance to acute care, receive intervention through the Integrated Care Teams. The Integrated care team approach described earlier in this narrative, undertake case management, with a named care co-ordinator.

Following a workforce review within the joint teams in adult social care & health, business processes have been revised to ensure that they are Care Act compliant, and that everybody in receipt of ongoing community support has a named support coordinator. The support coordinator is responsible for coordinating assessments and person-centred support planning, and providing a single point of contact for the person and their family/carers. The hospital in-reach approach ensures this consistency and continuity of support through the hospital stay, (including for people with dementia) In terms of the proportion of the local population receiving person-centred care planning, please see the table below.

<table>
<tr><td>Population Figures for BFC</td><td>18-64</td><td>74202</td></tr>
<tr><td></td><td>65+</td><td>16000</td></tr>
<tr><td></td><td>Total</td><td>90202</td></tr>
</table>
</td></tr>
</table>

Type of Support	18-64		65+		Grand Total	
Long Term Support	456	0.61%	584	3.65%	1040	1.15%
Short Term Support	15	0.02%	47	0.29%	62	0.07%
Grand Total	**471**	**0.63%**	**631**	**3.94%**	**1102**	**1.22%**

This approach is taken for all people, including people with dementia. Early support and advice for people newly diagnosed with dementia and their families is provided through dementia advisors, who work within the memory clinic. The CMHT-OA is a multi-disciplinary team, which has been established for many years. With membership including social care practitioners (including dementia advisors), psychiatrists and CPNs the assessment, risk assessment and support planning functions are fully integrated. The Council has commissioned external support to establish the Dementia Action Alliance and provide support to ensure that it becomes self-sustaining within 18 months.

The comprehensive approach to prevention and self-care*; referral to organisations that can provide specialist support and advice to people who are not eligible for support from the Council all contribute to people having the information and advice required to maintain their independence for as long as possible and to manage their health conditions when necessary.

helping-you-stay-ind
ependent-guide-2015

* See the attached Bracknell Forest “Helping You Stay Independent Guide 2015/16”.
Bracknell Forest Council and Bracknell and Ascot Clinical Commissioning Group through the Better Care Fund, provide a jointly funded full time Project Manager delivering the Prevention and Self-care workstream, which provides information support and advice to people, with the aim of helping them stop long-term conditions deteriorating to the point where there is a need for emergency hospital admissions and to help improve quality of life. This approach does not just include the individual with the condition but also carers.

	The first Helping You Stay Independent Guide was published in March 2011 by Bracknell Forest Council and was produced as an informative read for people living in Bracknell Forest. The current Guide continues to ensure people of all ages are provided with a wide range of information and signposting to local support services, to enable them to maintain their independence and more effectively self-manage their long term health conditions. It should be noted that the Bracknell Forest approach to Prevention and Self-Care, including the Prevention and Self-Care week which is run each year in November has received national recognition (see link https://socialcare.blog.gov.uk/2015/09/09/self-care-for-life/ and the innovative approach has resulted in our programme being nominated for the Self Care Forum "Self Care for Life" award for 2015. See attached. Awards Criteria for SCW2015.pdf Please also see the attached Prevention and Self-Care plan of work and the Year of Self-Care plan of work for 2016-2017; both of which have been agreed by the Prevention and Self-Care Programme Board; a Board that reports to the BCF Steering Group and Programme Board. (See section 2 in "Governance" for more information). The Prevention and Self-Care communications plan for 2016/17 shows the monthly comms messages which are disseminated through partner websites (Bracknell and Ascot CCG, Healthwatch, Berkshire Healthcare NHS Foundation Trust, Bracknell Forest Council) as well as through Twitter, Mjog and other milieu relevant to social media. PSC Projects 16_17 Descriptions .pdf Bracknell Forest Events Calendar 201(For a summary of how the Prevention and Self-care programme of work contributes to the overall aims of the Better Care Fund; along with the context of other Berkshire strategic plans, see the pdf embedded in the section addressing the question "Describe how the BCF contributes to the local implementation of the vision of the FYFV and the move towards fully integrated health and social care by 2020; and the aspects of the change the local area is intending to deliver using the BCF" on page 22. This also describes how each scheme contributes to the National and local metrics.
Agreement on the Consequential Impact of Change	Please refer to previous sections in this narrative which explain in detail the process of public, patient and service user engagement for development of the local plans.

Please describe how the impact of local plans has been agreed with relevant health and social care providers and whether there been public and patient and service user engagement in this planning, as well as plans for political buy-in. Your response should demonstrate that these align to provider plans and the longer term vision for sustainable services. Please also articulate how mental and physical health are considered equal, and that your plans aim to ensure these are better integrated with one another, as well as with other services such as social care. You should also demonstrate clear alignment between the overarching BCF plan, CCG Operating Plans, and the provider plans.	Re Provider Plans, the Frimley Health operational plan for 2014-2016[21] states that "The impact of the Better Care fund and other National initiatives to reduce Hospital care will be felt through reduced patient volumes and associated income. Should these reductions exceed underlying growth (i.e. present a net reduction in activity for the Trust) then there will be a net reduction in income. There will however also be a reduction in associated cost, thus mitigating the financial impact of the change. The key task for the Trust will be firstly to continue to grow catchment to minimise any net reduction in income, and secondly to drive out as much associated cost as possible should there be a net reduction in activity." The Frimley Operational plan aligns with many of the key drivers for the BCF, including the development of a consultant delivered 7 day a week service, reducing delays in discharging patients through improved communication and discussion with social care teams. Previous sections also explain how there is alignment between the overarching BCF plan, CCG operating plans and provider plans. See pdf in the section "Describe how the BCF contributes to the local implementation of the vision of the FYFV and the move towards fully integrated health and social care by 2020" on page 22 The Council and CCG are ensuring mental and physical health integration by for example including mental health professionals within the Integrated care teams in recognition of the emerging and varied needs of those people being supported by the teams. In other examples, the Hospital inreach services are now undertaken by the most appropriate team to meet a person's needs. This means that if they are known to the CMHT older adults team, that will be the team that supports the individual to get back home, so that there is continuity of care.
Agreement to invest in NHS out of hospital commissioned services Please detail your agreed plan for using your share of the £1 billion that had previously been used to create the payment for performance element of the fund, in line with the national condition guidance, linking back to the summary and	BCF revenue funding from CCGs ring-fenced for NHS out of hospital commissioned services/risk share

[21] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/338357/FRIMLEY_Operational_Plan_14-16_1_.pdf

expenditure plan tabs of your BCF planning return template. Please describe if you have considered whether a local risk sharing arrangement is required, supported by analysis of the likely risk of unplanned activity in the area based on their track record of performance. Please make reference to the consideration of the long term trend in admissions, and the success of schemes implemented to date. If a risk sharing arrangement has been agreed please explain how the decision was arrived at, and illustrate the conditions are appropriate and consistent with guidance. For NHS commissioned out-of-hospital services, and services that were previously paid for from funding made available as a result of achieving your non-elective ambition, please confirm if these continue in a manner consistent with 15-16 and provide evidence to support any changes to service provision from 15-16 plan.	<table><tr><th></th><th>Fund</th></tr><tr><td>Local share of ring-fenced funding</td><td>£1,771,594</td></tr><tr><td>Total value of NHS commissioned out of hospital services spend from minimum pool</td><td>£3,837,998</td></tr><tr><td>Total value of funding held as contingency as part of local risk share to ensure value to the NHS</td><td>£459,000</td></tr><tr><td>Balance (+/-)</td><td>£2,525,404</td></tr></table> The arrangements for risk sharing have been described in detail earlier in this narrative. The BCF is operated under a pooled budget and Section 75 Agreement. The draft S75 Agreement for 2016 is attached as a pdf earlier in this document. As explained earlier in this narrative, Bracknell Forest has performed better than the national average and the East Berkshire average in NEA activity. (See graph earlier in the narrative in section 1a initial KLOEs.) However, the BCF Steering Group have recommended that the equivalent sum to last year's Payment for performance element (£459,000) be retained as a contingency in the event of any additional activity which results from BCF schemes not having the expected impact in reducing demand. The Steering Group meets on a monthly basis, with the BCF pooled budget being a standing agenda item. Therefore the decision on when to release this contingency funding will be reviewed each month and will be dependent on performance of the overall fund during the year.
Agreement on Local DToC Plan	**Situation analysis: DTOC – current performance. Analysis of the last 12 months and causes of**

All areas should consider their performance in relation to DTOC (and patient flow) and work together to develop a proportionate plan to improve their position. The key elements that local areas should include in their action plan are set out below. Situation Analysis In order to ensure that the plan developed is proportionate to address the local situation, partners should review their current performance and assess the level of opportunity within the system for reducing delays and improving transfers. This should include: Detailed analysis of current performance levels (including trend analysis) and the causes of delays An assessment of current schemes in place to reduce delays and improve transfers of care and how effective these are A gap analysis comparing local measures to the best practice interventions A consideration of whether additional measures are required where rates of delay are very high, including whether a risk sharing arrangement may be appropriate In developing their plan, local partners are expected to agree a target for reducing DTOC that is realistic but ambitious.	**delay.** For a detailed analysis of the DTOC performance over the last 12 months, please see the document attached.  Bracknell Forest HWB DTOC.pdf **DTOC plan for 2016- whole system approach** An East Berkshire wide transformation programme to improve performance on DTOC and improve the out of hospital process is being developed. This will ensure a coherent narrative will be adopted in discussions with the acute trust providers across all 3 CCGs. Bracknell Forest Council BCF representation will be provided on the programme. More information will be available on this as the project develops during this year. **Methods of engagement with the relevant acute trusts and risk sharing arrangements in place to manage DTOC within the local system.** Since the beginning of the year, membership of the HWB has been broadened, and now includes NHS partners from the acute sector. These are seen to be key in working with the HWB and BCF Programme Board in delivering the outcomes of the Better Care Fund within Bracknell Forest. In terms of other engagement with the relevant acute trusts and risk sharing, locally, Bracknell Forest BCF representation is provided on the Frimley Systems Resilience Group. The Frimley System Resilience Group's work seeks to build on existing initiatives that are underway and complements activities that are taking place as a result of the previously established Frimley System Urgent Care Board and Planned Care Groups, the Better Care Fund and the Integrated Care Agenda. (Please see Terms of Reference attached). The diagram at the final page of the System Resilience Group Terms of Reference attached shows the reporting lines / interface between the Better Care Fund, Health and Wellbeing Board, CCGs and System Resilience Group. (See page 6)

There should be a clear articulation of how the target has been set, with reference to the situation analysis. The DTOC target and CCG planning assumption should be in alignment and include a trajectory for reducing the number of delays. The target should be underpinned by a set of clear actions to deliver improvement that builds both on successful local initiatives and on the nationally agreed best practice interventions. Please provide assurance, with supporting evidence that you have established a stretching local DTOC target - agreed between the CCG, Local Authority and relevant acute and community trusts. Please describe how your plan sits within the context of an overall plan across the health and care system to improve patient flow and as a result performance, acknowledging action is required by all partners both in hospital and in the community (e.g. reducing avoidable admissions, effective in-hospital management and timely and safe discharge)? Please confirm your target is reflected in the relevant CCG(s) operational plan, and that you have considered the use of local risk sharing agreements with respect to DToC, with clear reference to existing guidance and flexibilities and with reference to the track record of current performance In agreeing the plan, please detail you	 Frimley System ORCP SRG ToRs v8.p BCF representation is also provided through the Frimley System Clinical Operation Group, a sub-group of the Frimley System Resilience Group. This group meets to review operational challenges including delays in the discharge process and recommends solutions to address these issues. See Terms of reference for the Clinical Operations Group attached.  Frimley System Clinical Operation Gro DTOC are discussed through the forum described above and the acute trust has agreed with the Council the plan to reduce DTOC for the Bracknell system. A monthly monitoring report is compiled and returned to the acute trust, showing the financial impact of the measures in place to reduce DTOC within the local system. See pdf attached (financial value of measures has been redacted)  Frimley ORCP reporting.pdf In addition, since 2015, the Frimley South system have introduced a system called “Alamac”. Alamac is a system wide dashboard which all partners, in the health and social care system, contribute key data to on a daily basis. This data reveals key indicators which can be used to predict system pressures and enable actions to be taken on a whole system basis to ensure demands on the system are forecast and can be mitigated. This is supported by a daily system resilience call where this real time data is discussed and any actions agreed. The Borough participates in daily conference calls and senior managers from both the CCG and Council will attend calls when the hospitals declare a “black” status. Examples of data items included within Alamac are numbers of attendances at A&E, ambulance handover delays, number of discharges to Integrated Care Teams etc. This way of working is well established in Frimley North and is being introduced in Frimley South

methods of engagement with the relevant acute and community trusts and confirm that the plan has been agreed with your providers. Please also detail any engagement with the independent and voluntary sector Please demonstrate clear lines of responsibility, accountabilities, and measures of assurance and monitoring, taking into account national guidance and best practice (as set out in technical guidance)	sponsored by the System Resilience Group. This should support proactive management of discharges and prevent delays by forecasting increases in demands on services **Plans to deliver improvements** As well as the measures included above, phased performance improvement in Delayed Transfer of Care from the acute sector is anticipated during 2016 through a series of new initiatives funded through the Bracknell Forest BCF including: a) BCF funding for 2016 for provision of additional Social Care capacity in the Community Intermediate Care Service. Evidence shows that community Intermediate Care services in to people's homes can enable the following: People to live independently in their own homes Improve the persons experience Reduce admissions and or support timely discharge from hospital Realise significant financial savings either through re-ablement prevention or "rightsizing" support, reducing the extent of long term support required. This in turn can release capacity in the domiciliary care market where delays in setting up care packages have contributed to the high numbers of DTOC over the last 9 months in Bracknell Forest. b) BCF funding for 2016 for continued commissioning by BA CCG of the new Red Cross Home from Hospital service which commenced in July 2015, providing a 6 week support service to frail and or elderly people leaving hospital. c) BCF Pump prime funding for the employment of a Registered Manager and the development and registration of the current emergency response service, to enable the provision of emergency personal care as a new service enhancement to the Forestcare Emergency alarm / Telecare service operated by the Council. This potentially both helps prevent hospital admission and improves transfer of care from hospital back into the residents' own home by ensuring not only the provision of a pendant alarm / Telecare service for the individual but the added assurance of an personal care service operated by the same team. d) A review of the Council's assessment and support planning arrangements for older people led to a restructure in January 2016, to enable more appropriate responses. This review was

based on how well business processes and organisational structures supported timely person centred responses, including hospital discharges and the commissioning of appropriate support arrangements.

Over the last few months capacity and response times from the Domiciliary care market in Bracknell Forest has improved, and this alongside some increased capacity in the community intermediate care service and implementation of winter pressure plans has all contributed to a positive impact on supporting people to be discharged from hospital and return home in a timely manner.

The metrics adopted for Delayed Transfers of Care for the 2016-17 Bracknell Forest BCF submission:

The pressures on the system during the last 12 months have been highlighted in the analysis at the start of this section. (See pdf "Bracknell Forest HWB DToC")

The BCF Steering Group has monitored performance on DTOC during 2015 and the range of measures highlighted in the "Plans to deliver improvement" section set out above, illustrate the actions that are taking place to tackle the causes of delay both locally and across the three CCG areas.

Nonetheless, some of the problems will not be resolved immediately and in recognition of the complexity of the system, the recommendation was made for HWB approval by the members of the Better Care Fund Steering Group, to structure DTOC targets for 2016-2017 which acknowledge the current performance levels across the whole health and social care system but build a cautious and measured approach to their reduction over the year. This anticipates a slight increase at the last quarter of 2015/16, then a gradual incremental reduction during the consecutive quarters of 2016, finishing at 800 by end of March 2017.

15-16 actual (Q1 & Q2) and forecast (Q3 & Q4) figures				16-17 plans			
Q1 (Apr 15 - Jun 15)	Q2 (Jul 15 - Sep 15)	Q3 (Oct 15 - Dec 15	Q4 (Jan 16 - Mar 16)	Q1 (Apr 16 - Jun 16)	Q2 (Jul 16 - Sep 16)	Q3 (Oct 16 - Dec 16)	Q4 (Jan 17 - Mar 17)
1132.0	1161.6	1181.4	1194.8	1064.4	977.5	923.2	860.8
1,030	1,057	1075	1100	980	900	850	800
90,992	90,992	90,992	92,069	92,069	92,069	92,069	92,940

This is considered to be a challenging target but one that reflects the range of measures that have

been collectively proposed and have been or are to be implemented during this year in order to address these issues.

Gap analysis - comparing local measures to the best practice interventions highlighted in the Social Care Institute for Excellence Signposting resource[22] "Delayed Transfers of Care"

Bracknell Forest SCIE DTOC checklist.pdf

An analysis of the Bracknell system has been undertaken, comparing with the best practice checklist laid out in the SCIE resource highlighted above. This can be viewed in the pdf attached. In summary, the recommendations within the SCIE resource are reflected in the integrated health and social care practice adopted within Bracknell Forest as detailed within this narrative.

Gap analysis – self assessment using the High Impact Change Model for Managing Transfers of Care.[23]

Using the "High Impact Change Model for Managing Transfers of Care" a self-assessment has been undertaken to review the system across Bracknell Forest. This is attached. The self- assessment provides a useful summary of the interventions and initiatives outlined in this narrative, operating across the system; all of which contribute to reducing DTOC in the Bracknell Forest HWB area.

Impact Change BFC BCF 2.pdf

[22] http://www.scie.org.uk/health-social-integrated-care/better-care/delayed-transfers-of-care.pdf
[23] http://www.local.gov.uk/documents/10180/7058797/Impact+change+model+managing+transfers+of+care/3213644f-f382-4143-94c7-2dc5cd6e3c1a

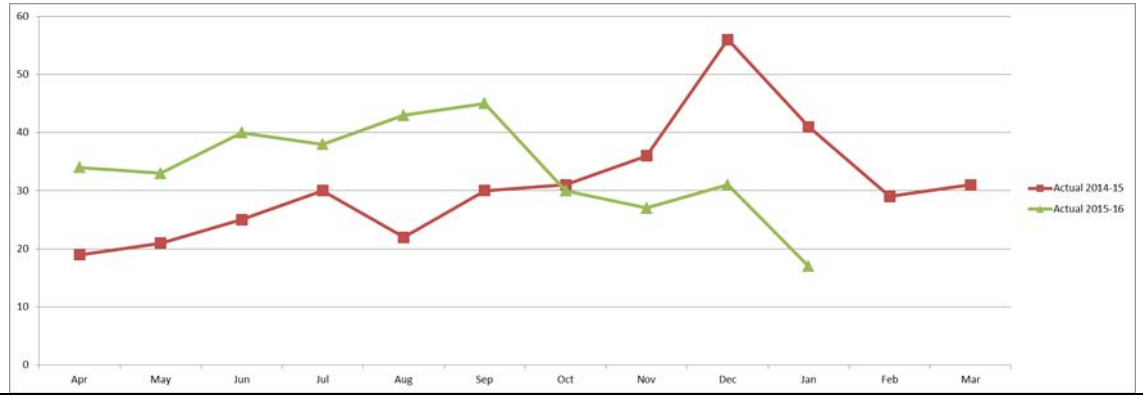
Scheme Level Spending Plan Please confirm if your scheme level spending plan, submitted as part of the BCF Planning Return template, accounts for the use of the full value of the budgets pooled through the BCF.	This is confirmed.
National Conditions (Metrics) If you have not already done so, please include here an explanation of how the targets against the National Conditions have been set, and your plans for how these targets will be met, and whether they represent a realistic assessment of the impact of BCF initiatives on performance in 2016-17.	The Bracknell Forest BCF schemes have been reviewed in detail within this narrative, including an explanation of how they link to the National Conditions. In terms of the National and Local Performance Metrics adopted for the Bracknell Forest BCF, these have also been reviewed in the following sections: • **Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population.** See narrative within initial KLOEs in Section 1a. • **Delayed Transfers of Care** (delayed days) from hospital per 100,000 population (aged 18+) See section entitled Agreement on Local DToC Plan above. • **Permanent admissions of older people (aged 65 and over) to residential and nursing care homes**, per 100,000 population. See narrative within initial KLOEs in Section 1a. • **Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services**. See narrative within initial KLOEs in Section 1a. Please also refer to the overview of each of the BCF schemes contained within the pdf document at page 22, showing how these measures are adopted against the 9 Bracknell Forest BCF schemes.

The remaining metrics are local performance metrics, which are reviewed below:

- **Number of people aged 65 and over (primary diagnosis) with external cause coded as due to falls** (ICD-10 W00-W19). Crude rate per 100,000 population aged 65 and over calculated using the 2012 ONS mid-year population estimates

As outlined within this narrative, the Bracknell Forest Joint Strategic Needs Assessment identifies 5 key opportunities for improvement, along with 80 topics related to health and well-being in Bracknell Forest. Each one aims to highlight areas of need. Of the 5 key opportunities, 2 form part of the work being undertaken through the Better Care Fund (Falls Prevention; Self Care). See http://jsna.bracknell-forest.gov.uk/jsna-summary

The effectiveness of the 3 tiered approach to Falls Prevention adopted within the Bracknell Forest Better Care Fund can be seen in the graph below, which shows the number of falls plotted against the local metric. December 2015 represented the greatest variance to date comparing 2014 against 2015, showing a 44% reduction in the number of falls in December 2015 as compared against the same month in the previous year. The trend has continued into January 2016 which shows the lowest recorded number of falls in the month over the period so far. (Data source: NHS Commissioning Support Unit monthly metrics)



A structured methodology and approach was used to set the local value for 2016-17 for this metric. This anticipated that the total number of falls events occurring in the last quarter of 2015/16 would be in the order of 104 falls. This would bring the year total to 417. Factoring a performance target of achieving a 3.5% decrease in this total would produce 402 falls events for 2016/17, which when expressed in terms of per 100,000 population, gives a metric value of 2448. This figure was recommended for HWB approval and sign off in the 3rd March Bracknell Forest BCF submission.

	Planned 15/16	Planned 16/17	Comments
Metric Value	1857.4	2448.1	Calculated as:Projected figure for falls admissions in 2015/16 of 417, based on actual figures Q1 to Q3 (313) and factoring an
Numerator	305.0	402.0	additional 104 (33%) as an estimate of what Q4 will add to that total.Based on that projection, a target 3.5% decrease on 417 would
Denominator	16421.0	16421.0	produce 402 for 2016/17.

- **Patient Experience Measure (Improving the health related quality of life of people with one or more LTC** (EQ5D Patient Survey, BF cohort)

In their webpage[24], NHS England state that People with long term conditions and their carers could be better equipped to manage their own condition(s). Improving people's health literacy – helping them to understand how they can help treat and manage their condition(s) – along with truly involving them in planning their own care helps improve the outcomes of treatment, prevents deterioration or complications (including admissions to hospital), and makes people feel more in control of their lives.

NHS Outcome Framework Domain 2[25] seeks to measure the health related quality of life of people with one or more Long Term Conditions through the use of the EQ-5D survey.

EQ-5D is a standardised instrument for use as a measure of health outcome and provides a simple

[24] https://www.england.nhs.uk/resources/resources-for-ccgs/out-frwrk/dom-2/
[25] https://www.england.nhs.uk/wp-content/uploads/2012/12/oi-data-table.pdf

descriptive profile and a single index value for health status that can be used in the clinical and economic evaluation of health care as well as population health surveys. EQ-5D is designed for self-completion by respondents and is ideally suited for use in postal surveys, in clinics and face to face interviews. It is cognitively simple, taking only a few minutes to complete. In Bracknell Forest, the Better Care Fund schemes all directly or indirectly contribute in seeking to improve quality of life for people with Long Term Conditions, so the EQ-5D Patient survey was adopted for use as one of the local metrics.

The NHS Outcomes Framework Indicator 2 results for EQ-5D are published annually. The performance for Bracknell Forest over the last 4 years is shown below.

Period of coverage	Breakdown	Level	Level description	Indicator value
July 2014 to March 2015	Lower tier local authority	E06000036	Bracknell Forest	0.759
July 2013 to March 2014	Lower tier local authority	E06000036	Bracknell Forest	0.791
July 2012 to March 2013	Lower tier local authority	E06000036	Bracknell Forest	0.739
July 2011 to March 2012	Lower tier local authority	E06000036	Bracknell Forest	0.810

In the original 2014/15 BCF submission, a planned value of 76.7 was set for 2014/15, increasing to 76.9 in 2015/16. The actual performance against this metric in the period July 2014 to March 2015 is 75.9; a slight decrease from planned.

Metric		Baseline 13/14	Planned 14/15 (if available)	Planned 15/16
Improving the health related quality of life of people with one or more LTC (Based on EQ5D Patient Survey)	*Metric Value*	76.5	76.7	76.9
	Numerator			
	Denominator			

To consolidate on the work achieved to date, the metric value put forward for approval by the HWB was 76.9 for 2016.

			Planned 15/16	Planned 16/17
Improving the health related quality of life of people with one or more LTC (Based on EQ5D Patient Survey)		Metric Value	76.9	76.9
		Numerator	614.1	614.1
		Denominator	817.1	817.1

Appendix 1 – Response to feedback on draft Submission of 21st March 2016

Describe: Feedback from NHS England	
draft Feedback letter BCF 2nd submission B **Comments from NHS England:** "The panel asks that you review the BCF Plan in the context of any revised activity growth assumptions in the final CCG Operating Plan submission on 11th April."	**Overview:** The BCF Technical Guidance (Annex 4) "Better Care Fund Planning Requirements for 2016-17" [26] confirmed that £1 billion of the CCG contribution to the Fund required to deliver investment to the NHS and previously linked to the performance framework, would continue to be ring-fenced to deliver investment or equivalent savings to the NHS. The guidance further states that local areas that did not meet their expected 2015/16 emergency admission reduction goals were expected to consider putting an appropriate proportion of their share of the ring-fenced £1bn into a local risk sharing agreement as part of contingency planning in the event of excess emergency hospital activity, with the balance spent on NHS commissioned out of hospital services. The high level planning template submitted during March details the allocation or local share of the £1bn ring fenced funding (£1,771,594) as well as the total value of services within the Bracknell Forest BCF which contribute to the NHS Commissioned out of hospital spend from the minimum pool (£3,871,998). These projects and schemes are detailed in the planning template at Tab 4, as well as in the main body of this narrative. For ease of reference, the majority of the main schemes can be seen in the attached pdf. 2016 BCF schemes and links to vision anc

[26] https://www.england.nhs.uk/wp-content/uploads/2016/02/annex4-bcf-planning-requirements-1617.pdf

It will be seen from the pdf "2016 BCF schemes and links…" above, that each scheme is expected to contribute towards a number of Key Performance Measures / National Metrics, including a reduction in Non Elective admissions. In summary, those that contribute to the NHS Commissioned out of hospital spend from the £3,871,998 minimum pool are:

- Extension of integrated multi-disciplinary care teams (NHS share)
- Falls Prevention service Tiers 1 and 2 (50% share)
- Carers' support (NHS share)
- Falls Tier 3
- Integrated Respiratory Service
- NHS Commissioned out of hospital service (Red Cross)
- Assistive Technology (Community Equipment)
- Intermediate Care (CCG Contribution)
- Care Home Quality Programme
- Interoperability for IT records

These are shown in the table below:

	Fund
Local share of ring-fenced funding	£1,771,594
Total value of NHS commissioned out of hospital services spend from minimum pool	£3,871,998
Total value of funding held as contingency as part of local risk share to ensure value to the NHS	£459,000
Balance (+/-)	**£2,559,404**

	As detailed in the main body of the narrative, the BCF Steering Group and Programme Board have recommended to the Health and Wellbeing Board that a contingency be held as part of the local risk share and for this sum to remain at £459,000 to cover for the event of excess emergency hospital activity. **The 2016 revised CCG Operating Plan – commentary and response to revised CCG Operating Plan 2016 and the amended projections for Non Elective Admission figures** Throughout the development of the 2016/17 BCF planning and submission processes, there has been close dialogue and liaison with the parallel development of the Bracknell and Ascot CCG Operating plan and supporting financial models. This approach has taken into account a number of new and historical considerations including: • National requirements of the 2015/16 funding streams, particularly those associated with the NEA admission targets. These established the parameters of each local contingency fund relating to the 3.5% NEA targeted improvement for the 15/16 period • New 16/17 national CCG planning assumptions reflecting the Integrated Hospital Activity Model data (IHAMS) • Impact on NEA data recoded using SUS data sources rather than MARCOM • Impact of local population data which is reflected in the HWB/BCF footprint and overlay with CCG data sources It is recognised that all these changes create a complex platform on which to establish a clear year on year position and basis for monitoring the future delivery of both Operating plan objectives and BCF targets. There is an expectation that continuing pressure from 2015/16 will be carried forward into 2016/17, particularly on Non Elective Admissions. The plans reflect joint working between the Council and CCG to mitigate and manage increased demand for services within a common financial envelope. Meeting both QIPP objectives and individual BCF plans and work streams is recognised as being key to the success of all stakeholders.

	The Bracknell Forest Better Care Fund will continue to reflect a tailored contingency arrangement which has been reviewed and aligned to the new reporting requirements and data gathering processes. Discussions have been held to explore new methods to create substantial improvement to the data monitoring mechanisms. From May 2016, enhanced data is programmed to be available from the Commissioning Support Unit, which will ensure that improvements to performance are captured, analysed and understood at a level of detail not previously provided. It is envisaged that this will enable the Bracknell Forest BCF leads to recognise the impact of specific improvement programmes, their sustainability and the platform of progress/baseline from which the improvement measures are being gauged. This will promote opportunities to enhance: • piloting of innovative projects and subsequent upscaling to maximise benefits • benchmarking performance between areas and • access to best practice • reconciliation with other measures that will reflect consequence of change • contract management discussion with key providers **The Bracknell Forest context – governance and oversight:** As has previously been highlighted, monthly Steering Group meetings take place for the Bracknell Forest Better Care Fund, where the performance of individual schemes is discussed. Each scheme is individually risk rated and any changes to performance are highlighted for action as appropriate. For an example of the individual risk register please refer to page 26 within this narrative. In addition, the Performance Metrics provided from the CSU are also tabled as a standing item for each meeting. These include Non elective admissions, where monthly progress is reviewed. See the attached pdf highlighting a recent Steering Group meeting and the standing agenda items tabled:

BCF Steering Group Agenda 20.01.16.pdf

Review of non elective activity – revised activity growth assumptions in the April 2016 CCG Operating Plan

The national context:

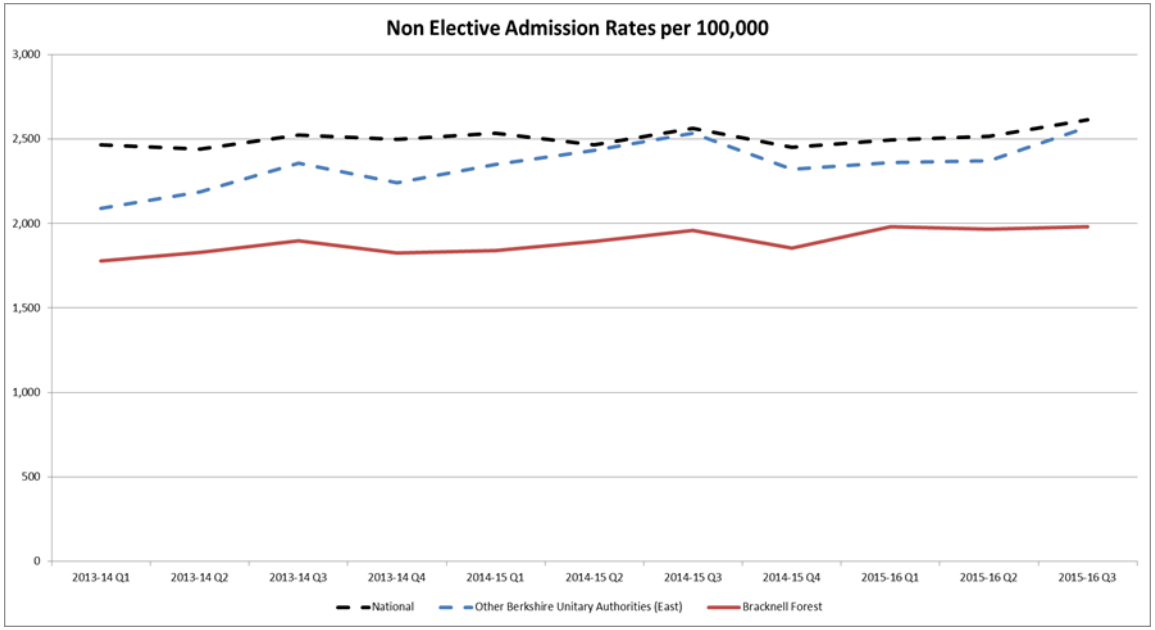
A recent study by Quality Watch (Fisher E and Dorning H (2016) *Winter pressures: what's going on behind the scenes?* Nuffield Trust and Health Foundation)[27], tracked 14 indicators within the English NHS over the past five years, from the first quarter of the 2010–11 financial year (for data published quarterly) or August 2010 (for data published monthly) to the latest data available at December 2015). The study found:

- That the number of emergency hospital admissions has increased over the period studied. Around 18 per cent of all A&E attendances result in an emergency admission. There is a small seasonal winter increase in the rate of emergency admissions.
- Similar to A&E attendances, the average daily number of total emergency admissions has increased over time, from 13,723 in August 2010 to 14,666 in August 2015 – a 7 per cent increase. The number of A&E attendances resulting in an emergency admission (A&E conversion rate) is relatively consistent and ranges between 16 and 20 per cent. However, there appears to be an annual pattern of a small peak during the middle of winter (December/January), having been consistently increasing since early summer (June/July).

In line with the national context, the revised Bracknell and Ascot CCG Operating Plan reflects that there has been an increase in non elective activity growth - although as highlighted in this narrative, the Bracknell Forest rate of growth has been significantly

[27] http://www.qualitywatch.org.uk/content/winter-pressures-what%E2%80%99s-going-on-behind-scenes?utm_source=The%20King%27s%20Fund%20newsletters&utm_medium=email&utm_campaign=6755429_HMP%202016-02-12&dm_i=21A8,40SIT,KDRPU4,EKA22,1#5

below the national average, which is attributed to the range of successful interventions introduced through the BCF. This can be evidenced in the graph below, tracking Non Elective Admission rates per 100,000 for Bracknell Forest (red line) against the National context (black line) and the other East Berkshire UAs (blue line).



Based on information provided through CSU and reflected in the latest BCF High Level Planning Template populated from data uploaded in the Unify2 Planning Template extracted on 12 April 2016, total non-elective admissions in to hospital (general & acute), all-age for the HWB population area for Bracknell Forest (population of 118,496;

rising to 119,678 in Q4 2015/16) show the following figures and projection:

14/15 Outturn	8,877
15/16 Planned (MAR)	8,463
15/16 Forecast Outturn (SUS)	9,120
Revised 16/17 forecast based on latest CCG Operating plan	9,422

The Better Care Fund Steering Group will monitor performance against this revised metric as well as the other national and local metrics through the monthly meetings. The contingency highlighted previously (£459,000) will be retained in the event of excess emergency activity.

In the unlikely event of a significant deterioration in performance against this revised non elective forecast, where the existing contingency of £459,000 is deemed to be insufficient to cover the excess emergency activity, a proposal is under consideration for the Better Care Fund Steering Group to recommend to the Health and Wellbeing Board to set aside a further sum from as yet unallocated funds within the BCF, to fund any further shortfall. This would again be held as contingency and as performance on non elective activity is tracked during the year, released into the fund for use on other out of hospital services or enhancements to existing schemes, should it not be required for funding excess emergency activity.

Overall, this is considered to be an appropriate, measured but pragmatic response to non elective trends, looking at the national context, as well as responding to the revised activity growth in the CCG Operating Plan; work achieved to date within the Bracknell Forest Better Care Fund and in the wider health economy.