READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	**ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE**		
DATE:	**5 OCTOBER 2017**	**AGENDA ITEM:**	**12**
TITLE:	**BERKSHIRE WEST 10, BOB STP AND THE WEST BERKSHIRE ACCOUNTABLE CARE SYSTEM**		
LEAD COUNCILLOR:	**COUNCILLOR HOSKIN**	**PORTFOLIO:**	**HEALTH**
SERVICE:	**ALL**	**WARDS:**	**BOROUGHWIDE**
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1. PURPOSE OF REPORT

1.1 This report seeks to clarify the links between the Berkshire West 10 (BW10), the NHS Buckinghamshire Oxfordshire and Berkshire West, Sustainably Transformation Plan (BOB STP) and Berkshire West Accountable Care System, including the current work streams which Reading Borough Council are involved in, and the impact on the Council and residents of Reading.

2. RECOMMENDED ACTION

2.1 That the report be noted.

3. BACKGROUND

3.1 The NHS and Local Authorities across Buckinghamshire, Oxfordshire and Berkshire West (BOB) are working together to support delivery of the NHS Five Year Forward View, which is a national plan to deliver better health, better patient care and improved NHS efficiency.

3.2 The Government has asked for this to be done in a number of ways. There are a number of challenges facing the NHS that require transforming the way in which the NHS provide local services and care and ensure local communities are the healthiest they can be.

3.3 These challenges include the changing needs of patients, new treatment options and increasing demand for services. At the same time, it is known that quality of care can vary, many illnesses are preventable and social deprivation can significantly impact healthy outcomes. Together with ongoing financial pressures, this means that there is

a need to take positive action to ensure patients, their families and carers are empowered to take more control over their own care and treatment; services are offered in a range of ways yet provide consistent high quality care and treatment and local budgets are spent wisely.

3.4 Across BOB, these challenges mean that over the next five years the NHS is facing the following gaps:

Health and Wellbeing gap due to:

- Increasing demand for services, particularly for over 75s
- Pockets of deprivation which are difficult to overcome
- The population growing faster than expected as a result of significantly increased new housing.

Care and quality gap due to:

- Community hospital buildings which require repair and are not fit for modern needs
- Variable access to specialised cancer and interventional cardiology treatments
- difficulty in recruiting and retaining staff due to the high cost of living, leading to unsustainable services and poor performance
- Fragmented and poorly coordinated specialist mental health services and out of area placements.

Financial gap

- In the current climate there will be an anticipated financial gap of £479m by 2020.

3.5 To address these challenges and close the gaps, NHS organisations and local authorities across Buckinghamshire, Oxfordshire and Berkshire West (BOB) have come together to develop and deliver a Sustainability and Transformation Plan (STP).

3.6 BOB is one of the 44 STP geographical footprints set up across England to become more efficient in the use of NHS resources, as well as improving the quality of care and health of the population while managing increased demand.

3.7 The footprint was determined by NHS England and aims to include all leaders of NHS Trusts, CCGs, and Local Authorities in planning to achieve financially sustainable and effective plans for the delivery of health and care.

3.8 Local Position: The development of the BOB STP was led by Oxfordshire CCG, and incorporates the local plans of the 3 communities as well as plans for collaborative work across the STP footprint

3.9 The BOB STP has An Executive Steering Board and the representative for the LA's is Rachel Shimmin the CEO from Bucks and she has set up a process for briefing her CEO colleagues from other authorities across the geographical area.

A West Berkshire 'Integration Board' of lead officers from Health and LAs meets to agree a collaborative strategic approach, and a West Berkshire 'Delivery Group' acts as a programme board to oversee the efficient and effective implementation of joint projects to enhance integration of health and care. The local Reading integration Board (RIB) oversees the efficient use of the Better Care Fund and monitors delivery. Reading Borough Council is involved with supporting a number of local initiatives which oversee and support the BCF locally. We have dedicated Social Work and OT

presence at the RBH including weekends facilitating earlier discharge from Hospital and provide assessments flats and step-down beds which aid reablement and a swifter more timely return home and the community for our residents. We also provide additional dedicated Social Work resource into Mental Health in-patient services, to ensure discharge planning at an earlier stage. RBC has played have worked in partnership on the getting home project enabling a pilot of the Trusted assessment programme to begin in October. We are progressing in efforts to be part of the first tranche of the Connected Care programme, enabling a more joined up and integrated information system with Health and other partners and are currently working in the development of an integrated discharge team which will support a more joined-up person centred approach to discharge planning

3.10 There is an expectation that greater integration of health and care will be achieved and facilitated by the BCF by 2020, but this 'integration' is for local determination and design. However, it is clear that the priority for the STP is to control expenditure and achieve financial sustainability by 2020 against a growing concern that without change the budget deficit for the STP footprint would be in the region of £480million.

3.11 RBC were not involved in the original STP plans and this was and remains an NHS Health led initiative despite there being a clear strategy to join up and Integrate services with Local Authorities.

3.12 Much of the integration work locally is being overseen via the BCF and the Reading Integration Board which is jointly chaired by Reading Borough Council and the CCG.

3.13 There are agreed targets for improvements within the BCF to keep people at home longer, prevent admissions to hospital and facilitate earlier discharges preventing delays. The details are contained within the recent BCF submission.

3.14 **The established STP programmes are:**

- Frail Elderly Pathway
- Mental Health
- Prevention
- Children

Reading is not leading on any of these work streams, however some of our Better Care Fund, for example, discharge to assess, hospital discharge, step down residential services contribute to the Frail Elderly pathway, and similarly services under the Mental Health pathway in terms of discharges from acute hospitals. There is further work in Reading to identify and contribute to the Prevention agenda for example step up services for prevention of hospital admission.

These are supported by the following work-streams:

- Finance (BCF, Sec 75 Pooled budgets)
- BW10 ASC Workforce Programme, STP Priorities
- Digital – Connected Care
- Estates – Berkshire one public estate

The workforce programme has been initiated and led by Berkshire Health Foundation Trust (BHFT) and Reading will be represented on this group. In relation to Connected Care, which will enable sharing of information and data across West Berkshire, Reading are well positioned to go live late Autumn 17. This is currently being led by our corporate colleagues supported by Adult Social Care.

4. POLICY CONTEXT

4.1 Sustainability and transformation partnerships build on collaborative work that began under the NHS Shared Planning Guidance for 2016/17 - 2020/21, to support implementation of the Five Year Forward View. They are supported by six national health and care bodies: NHS England; NHS Improvement; the Care Quality Commission (CQC); Health Education England (HEE); Public Health England (PHE) and the National Institute for Health and Care Excellence (NICE).

4.2 The development of STPs is driven by Joint Strategic Needs Assessment, (JSNA) and Health and Wellbeing Strategies. Reading is part of the Buckinghamshire, Oxfordshire and Berkshire West STP footprint (BOB STP).

5. CURRENT POSITION

5.1 Governance Arrangements

5.1.1 The BW10 Integration Board, made up of lead officers from Health and LAs meets to agree a collaborative strategic approach every two Months. The Board is chaired by Nick Carter the CEO West Berks. A Delivery Group acts as a programme board to oversee the efficient and effective implementation of joint projects to enhance integration of health and care. This is jointly chaired by Nick Carter and Sam Burrows from the CCG and meets every two Months. The local Reading Integration Board (RIB) oversees the efficient use of the Better Care Fund supporting some of the integration programmes and meets Monthly. This is jointly chaired by RBC and the CCG.

5.1.2 Update Reports are provided to the BW10 Integration Board on a regular basis as are reports to the Reading Health and Wellbeing Board relating the programmes detailed above. The next report to the BW10 Integration Board is due on 11 October and will be presented by the CCG to respective CEO's from the three Borough Councils and will contain further updates.

5.1.3 The STP further feeds into the ACS governance structure (see appendix A)

5.2 THE ACCOUNTABLE CARE SYSTEM

5.2.1 In April 2017 following the development of the West of Berkshire, Oxfordshire and Buckinghamshire Sustainable Transformation Plan (STP), West Berkshire CCGs launched their local Accountable Care System (ACS).

5.2.2 The Berkshire West ACS is an evolving local version of an STP which works as a locality integrated health system comprised of the following organisations:

- 4 x Berkshire West CCGs
- Royal Berkshire Hospital Foundation Trust
- Berkshire Healthcare Foundation Trust
- 3x Local Authorities in West Berkshire
- GP Alliances

5.2.3 The ambition of Berkshire West ACS is that all parties, including social care through Local Authorities will be full members. However to note this is at a "mutually agreeable pace". In April 2017 Wokingham Borough Council joined the ACS Programme. It is envisaged that commissioners and providers operate under a single capitated budget, which is based on collaboration and built on a combination of both formal statutory governance, and agreements.

5.2.4 Reading Wellbeing – Public Health team are leading from a Local Authority prospective on the STP Prevention Work stream, this is covering key areas of work on the following areas:

- Obesity
- Physical activity
- Making Every Contact Count
- Tobacco
- Improving Workforce Health
- Digital self care

See Appendix B for STP Prevention Dashboard).

5.2.5 In terms of joint working Reading Wellbeing Team are leading on the Cancer work stream at an ACS level, jointly commissioning the Carers Services, developing Alcohol Services, Making Every Contact Count, Blood Pressure initiative and Healthy Life Style Choices.

5.2.6 Impact on the Council and residents of Reading

5.2.7 Although Reading has not formally entered into the ACS there are positive contributions and impacts in terms of the joint Health and Wellbeing Strategy and the Public Health programmes listed below:

- Obesity
- Physical activity
- Making Every Contact Count
- Tobacco
- Improving Workforce Health
- Digital self care

Reading Borough Council is currently the lead authority on other keys areas which are:

- Cancer
- Obesity
- Making Every Contact Count

6. CONTRIBUTION TO STRATEGIC AIMS

6.1 The work being undertaken as part of the BOB STP in particular is the Prevention Work stream which contributes to the following Corporate Plan priority:

Providing the best start in life through education, early help and healthy living;

6.2 The Preventative work within BOB STP contributes to the following Council Strategic Aim:

To promote equality, social inclusion and a safe and healthy environment for all

6.3 There is also contribution to the aims of the Health and Social Care Act (2012) and the Public Health Outcomes Framework:

- Under The Health and Social Care Act (2012) local authorities now have a much stronger role in shaping services, and have taken over responsibility for local population health improvement. The Health and Wellbeing Boards have brought together local commissioners of health and social care, elected representatives and representatives of Healthwatch to agree an integrated way to improving local health and well-being. The aims for each LA are set out in the Health and Wellbeing Strategy that is based on the local JSNA.
- The Public Health Outcomes Framework (PHOF) Healthy lives, healthy people: Improving outcomes and supporting transparency sets out a vision for public health, desired outcomes and the indicators that will help us understand how well public health is being improved and protected
- The BOB STP Prevention work stream will help to improve the health and wellbeing of residents by preventing many long term conditions including diabetes, coronary heart disease, stroke, Chronic Obstructive Pulmonary Disease (COPD), osteoporosis, and some cancers. This will be achieved through helping residents to take responsibility for their own health and wellbeing and adopt healthier lifestyles including being more physically active, not smoking, eating a healthier diet and maintaining a healthy weight. In addition workforce health and digital solutions can also help to improve mental and emotional health and wellbeing of those who live and work in Reading.

7. COMMUNITY ENGAGEMENT AND INFORMATION

7.1 Section 138 of the Local Government and Public Involvement in Health Act 2007 places a duty on local authorities to involve local representatives when carrying out "any of its functions" by providing information, consulting or "involving in another way".

7.2 The Berkshire West CCGs have presented the concept of the BOB STP to their residents at a Public Consultation meeting. For North, West Reading and South Reading CCGs these meetings took place in March 2017 in local venues. Details of the Prevention work stream were touched upon only in general terms without details of the work planned.

8. EQUALITY IMPACT ASSESSMENT

8.1 The work of the BOB STP Prevention Work stream will continue to be developed with an awareness of inequalities of health identified through robust local data sets.

9. LEGAL IMPLICATIONS

9.1 Currently there are no legal implications.

10. FINANCIAL IMPLICATIONS

10.1 The work being undertaken by the BOB STP Prevention Work stream is being delivered within existing resources. Some funding may be made available from a variety of sources for specific pieces of work for example the Making Every Contact Count project has been funded through the STP process.

11. BACKGROUND PAPERS

11.1 BOB STP Prevention Work stream Update April 2017

12. Value for Money (VFM)

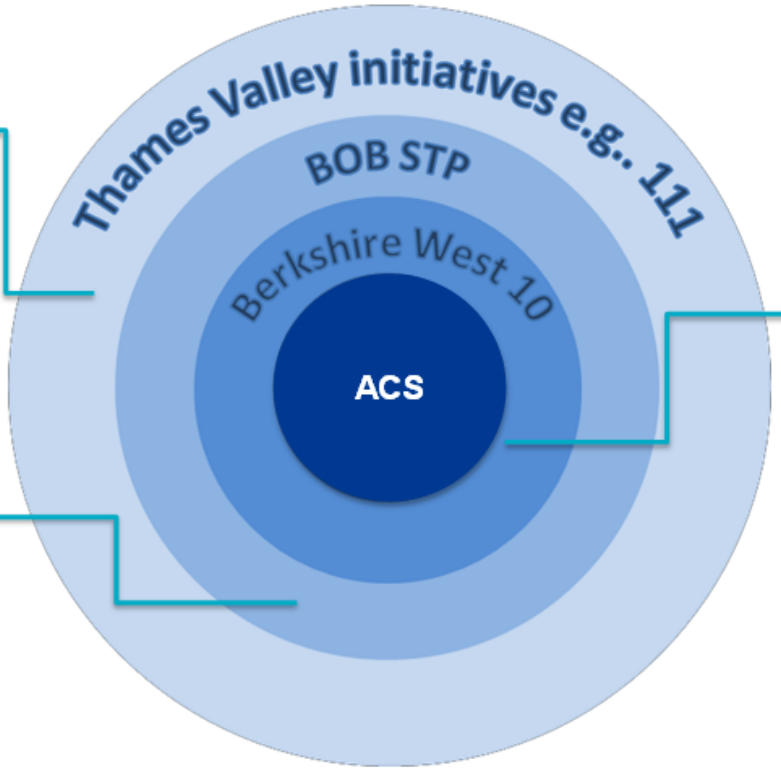
12.1 Currently there no addition financial contribution to Reading Borough Council apart from that identified within the current BCF contribution.

Appendix A

The ACS programmes fit with other initiatives in our region

We will continue our work with partner organisations to plan for and deliver services effectively at larger scales

Our individual ACS members are an engaged and active part of the Buckinghamshire, Oxfordshire and Berkshire West STP



The ACS compliments the well-established health and social care integration programmes which oversees joint investments and improved system working

Berkshire West
Accountable Care System

Appendix B

BOB STP Prevention Dashboard – Delivery Summary

26th July 2017

OBJECTIVES[1]

1. To embed prevention within our local transformation programmes and NHS organisation culture
2. To continue working together to identify other BOB wide opportunities, which may include alcohol and social prescribing

[1] source: Prevention PID

STATUS (against objectives)

Objective 1: Red - a programme of work has been established to close our anticipated financial gap for the next two years however there is currently no indication we will do so
Objective 2: Amber – The priority projects which have now been established for clinical improvement are aligned to this objective but have not yet been implemented
Objective 3: Amber – the clinical improvement priority projects identified are preventative in nature. However, the detail of how this will be delivered is still to be defined.

Red

ITEMS FOR BOB OPERATION TEAM ATTENTION

1. *The financial savings opportunities of each of the priority projects require urgent quantification and attribution (see Risk 1)*
2. *Finance support to consider investment to save on Obesity pathway*
3. *Focus on Tobacco to be on a) safe surgery and b) Manual workers and maternity inequalities (see – milestones) – Business Case refresh being undertaken*
4. *PHE working on Health inequalities for BOB to target services*
5. *MECC*

DELIVERY STATUS

#	Project / Scheme	Phase	Milestone Status[2]	Benefits Status[2]	Notes
1.	Obesity	Pre-implementation	A	A	Workshop held on 12 July, - outputs agreed – Further meet of CCGs and LA planned in August – joint proposal to commission a Tier 3 service – locality based..
2.	MECC	Design	A	A	Stocktake to establish baseline measure of MECC Trainer, number of conversations, and approach in process., Project approach to be considered at the July Operational Group. HEE supporting in the identification of benefit of MECC for BOB
3.	Workforce Health	Design	G	A	Outline project plan being drafted covering key engagement and decision points. Link with STP worksroce.
4.	Physical Inactivity	Pre – implementation	A	A	Prevention group agreeing 'design principles. Operational group to agree approach.
6.	Digital Self Care	Design	R	A	Outline project plan being drafted with the CIO group.
7.	Tobacco	Pre – Implementation	G	A	Berkshire West safe surgery draft statement shared with Bucks and Oxford, Further consideration required on the policy statement, link with locality smoking cessation services. Revised business case to be developed

R/A/G KEY: = complete = on track, no issues = some challenges = major challenges

BOB Prevention Dashboard – Milestones, Dependencies & Risks

26th July 2017

KEY MILESTONE STATUS – NEXT 3 MONTHS

Project	Milestone	Baseline Date	Forecast/ RAG	Notes
Obesity	*Workshop for scoping tier 3 services*	*17 May 17*	G	*12th July workshop held . Agreed to work up a case for a tier 3 service, see notes*
	BOB Obesity Specification	*01 Dec 17*	G	*Business case in development require Finance support for the review*
Tobacco	*Revised business case on opportunities*	*Aug 17*	G	*Clarification of opportunities required. Finance support for the review required*
	Inequality focus		G	*PHE confirmation BOB STP demonstrates smoking inequality in manual workers*
MECC	Baseline stocktake	*15 May 17*	A	*Stocktake sent to CEO, COO for BOB NHS organisations and LA Public Health Teams, deadline for extended to the End of July. Establish baseline, to design training and set trajectory for number of trainers and number of conversation - leading to BOB MOU*
	Approval of Project approach	*July 17*	G	*Approach approved by prevention group. Engamgmnent commenced with NHS England Pharmacy to leverage Pharmacy contract on MECC. Paper to be sign up by operational group in August 17 .* *Focus on MECC to around tobacco (esp in manual workers, and obesity)*
Workforce health	Link with BOB Workforce programme	*May 17*	Complete	
	Approval of project approach to Prevention group and Operational Group	*Aug 17*	A	*Approach reviewed by prevention group. Further clarification on objectives required*
Physical Inactivity	Workshop to identify opportunities with physical inactivity	By end May 17	Complete	*Project group to agree re-model following unsuccessful recruitment of community consultant.*
	Approval of project approach to Operational Group	Aug17	A	*Paper review Apps and uses across STP to be agreed by opeartional group in August. Delayed by to Annual leave*
Digital Self care	Complete detailed review and specification of services deemed in scope of an ACS corporate service	*By end May 17*	A	*progress will depend on availability of relevant people to participate and contribute*

R/A/G KEY: = complete = on track, no issues = some challenges = major challenges

KEY RISKS & ISSUES [5]

Ref	Aggregate risk score	Source / Date	Risk / issue	Owner	Actions requested / Actions Agreed
1.		June 17 – SRO	There is a risk that BOB Prevention priority projects will not deliver sufficient cost reductions to achieve financial sustainability. (£3m) This would lead to an impact / effect on partner financial positions	STP Operational Group & Finance Group	- The financial savings opportunities of each of the priority projects require urgent quantification and attribution
2.		April 17 – PMO	There is a risk that there is insufficient resource to deliver on the Prevention priority projects and achieve BOB ambitions. This would impact programme deliverables, outcomes	STP Operational Group	-Operational Group group to review programme resource schedule to ensure appropriate level of programme / project resources
3.					
4.					
5.					

[5] Addition project risks raised by project managers that do not meet the escalation criteria below and that are deemed to be in the scope of the project to manage and mitigate remain on the respective projects RAID log

PROJECT RISK ESCALATION CRITERIA

Project and/or identified process risks that meet one or more of the following criteria will be escalated to the Management Team as a programme risk:

- Any risk that is likely to impact on the delivery/achievement of one or more other partners milestones and/or benefits
- Any risk scored '5' for either likelihood or Impact
- The Operational Group Chair, a project SRO or the CFO Group Chair may escalate risks to the Leadership Team for inclusion on the Programme Risk register, following initial escalation and discussion with the PMO.

BOB Prevention Dashboard – Benefits

15th June 2017

BENEFITS TRACKING – SYSTEM WIDE

Reductions in Activity compared to Forecast Improvement						
Scheme	Baseline - 16/17 FY performance	2017/18				Notes
		Q1	Q2	Q3	Q4	
Obesity						
MECC						
Workforce Health						
Physical Inactivity						

Reductions in £Spend compared to Forecast Improvement						
Scheme	Baseline - 16/17 FY performance	2016/17				Notes
		Q1	Q2	Q3*	Q4	
Obesity						
MECC						
Workforce Health						
Physical Inactivity						

TO BE COMPLETED WHEN DATA AVAILABLE

BENEFITS – PROJECT SPECIFIC - alignment to BOB STP

#	Project							Other Notes

KEY: X = aligned to BOB STP II = aligned to Locality Oxford, Berkshire West, Bucks

Smoking Inequalities

So whilst we have low prevalence, in most cases over a ¼ of the smokers are routine and manual workers

Source:
http://www.tobaccoprofiles.info/profile/tobacco-control/data#page/0/gid/1938132885/pat/104/par/E45000019/ati/102/are/E06000036

Indicator	Period	England	South East PHE centre	Bracknell Forest	Brighton and Hove	Buckinghamshire	East Sussex	Hampshire	Isle of Wight	Kent	Medway	Oxfordshire	Portsmouth	Reading	Slough	Southampton	Surrey	West Berkshire	West Sussex	Windsor and Maidenhead	Wokingham
Smoking Prevalence in adults - current smokers (APS)	2016	15.5	14.6	16.1	19.9	11.2	17.1	13.6	15.3	15.2	19.0	11.9	20.1	15.8	18.0	17.8	12.4	12.8	15.4	12.2	8.8
Smoking Prevalence in adults in routine and manual occupations - current smokers (APS)	2016	26.5	28.2	28.4	33.1	26.8	34.3	25.9	26.9	29.0	34.2	24.6	25.3	30.4	24.9	29.5	23.6	21.9	33.7	22.0	20.5