Agenda Item:

Meeting: Reading Health & Wellbeing Board

Date of Meeting	15th July 2022
Title of Paper	Berkshire West ICP Unified Executive Priorities
Lead Director	Belinda Seston – Interim Director Place Based Partnerships
Author(s)	Belinda Seston – Interim Director Place Based Partnerships
Paper Type	Indicate whether the report presented is for: • **(Discussion) and (Information)**
Action Required	The Committee Members are asked to discuss and note the contents of the report. Please state rationale for purpose

Executive Summary

Berkshire West has in place robust partnership arrangements with a Unified Executive leading the integrated partnership discussions alongside close working with the relevant Health and Wellbeing Boards to deliver the Berkshire West Health and Wellbeing Board strategic priorities.

This paper sets out the Berkshire West 2022/23 Integrated Care Partnership (ICP) priorities along with intended benefits for both staff and residents. The Unified Executive development of the priorities has been undertaken in partnership based on emerging needs and has been subject to considerable discussion and debate leading to recent programme changes.

At the time of writing the scope of a further priority remains under development and subject to Unified Executive.

The SROs working with their Executive Sponsors have shaped the programme vision along with delivery metrics and intended benefits and the final version was agreed at the Berkshire West Unified Executive 14 April 2022.

The Unified Executive agreed to fund a Transformation pooled budget in Nov 2020 with the current FYE value of £240k (£40k per organisation). The 2022/23 future organisation financial contribution will be determined by the scope of the plans, the scale of ambition and appetite for testing the art of the possible.

Finally, this report seeks to establish connectivity across the various strategies and delivery plans to prevent duplication and to create a strong place-based narrative across Berkshire West. It therefore provides an oversight of the Berkshire West 2021-2030 Health & Wellbeing Board strategic priorities and guiding principles which frame the ICP priorities.

1. Reflections from Berkshire West Unified Executive (UE), Elected Members and Chairs have reconfirmed the commitment of all partners to the work of Berkshire West Integrated Care Partnership and partnership working more broadly. The national legislative changes will see Integrated Care Boards (ICB's) being put on a statutory footing from July 2022 with significant focus on delivery of integrated care through the development of Place-Based Partnerships.

2. As organisations emerged from Covid-19 waves and with a new financial year on the horizon, the opportunity arose for the UE to review and refresh its priorities, receiving inputs from a range of stakeholder organisations across Berkshire West. This provided a long-list of potential priorities which were then reviewed and a short-list agreed at a CEO meeting early November 2021. These priorities have been subject over recent months, to further refinement, the detail of which is presented within the appendix of this document.

Context

3. In developing the priorities set out below it was important to consider the wider context for planning including:
   - Berkshire West Health and Wellbeing Strategy 2021-2030
   - Current UE Flagship Priorities 2021/22
   - NHS long-term planning priorities, and
   - BOB ICS priorities.

4. These are summarised in the graphic below.

BW Health and Wellbeing Strategy Priorities

1. Reduce the differences in health between different groups of people
2. Support individuals at high risk of bad health outcomes to live healthy lives
3. Help children and families in early years
4. Promote good mental health and wellbeing for all children and young people
5. Promote good mental health and wellbeing for all adults

BW ICP Flagship Priorities

1. ARRS Workforce recruitment
2. CYP MH and EWB Transformation
3. Ageing Well
4. CVD – Health Inequalities

BOB ICS Service Priorities

1. Elective Care (delivered at ICS level)
2. CAMHS (delivered at ICS level)
3. Urgent and Emergency Care (delivered at Place level)
4. Temporary staffing (w/ Frimley)

2021/22 NHS Planning Priorities

1. Supporting the **health and wellbeing of staff** and taking action on **recruitment and retention.**

2. Building on what we have learned during the pandemic to transform the delivery of services, **accelerate the restoration of elective and cancer care** and manage the **increasing demand on mental health** services.

3. **Expanding primary care capacity** to improve access, local health outcomes and address **health inequalities**.

4. Transforming community and urgent and emergency care to **prevent inappropriate attendance** at EDs, **improve timely admission** to hospital for ED patients **and reduce length of stay**.

5. Feedback from colleagues across the BW ICP during priority setting and development is that any new set of priorities needed to be seen within the overarching Health and Wellbeing Strategy which sets the long-term direction for Berkshire West (BW).

6. Although each of the individual Health and Wellbeing Boards (HWB) for Reading, West Berkshire and Wokingham are responsible for their own residents, all three boards have populations in common, with people living, working, socialising, and being educated across the three local authorities.

7. The BW HWB strategy seeks to be ambitious, and it identifies five key areas which will make a difference to people's lives over a ten-year period, understanding that we need a long-term perspective to drive real change on the underlying causes of poor health and wellbeing, targeting work and resources where they are needed and can have an impact.

8. The 2021-2030 Berkshire West HWB Strategy is based on 8 guiding principles which underpin the 5 strategic priorities detailed in the table above. These principles are set out below:
    - Recovery from Covid-19 – building back fairer, reducing health inequalities
    - Engagement – building stronger structured feedback mechanisms
    - Prevention and early intervention – moving from ill-health to prevention
    - Empowerment and self-care
    - Digital enablement – building on the Covid-19 digital transformation response
    - Social cohesion – building cohesion through community partnerships
    - Integration -continued joining up of services and timely access
    - Continuous learning – review of actions and impact

9. Finally, the relationship of Berkshire West ICP Priorities to those of BOB ICB and of the three Health and Wellbeing Boards, delivered through Local Integration Boards, has been a source of discussion.

Priorities

10. As set out in the table below, the four priorities focus delivery at a 'Place' level. The scoping and deliverables of each programme is set out in greater detail within the appendix.

11. Key to success is understanding the additional resourcing required to deliver the programmes including access to the Berkshire West Transformation Fund. Importantly the use of this fund was agreed to support innovation and seed fund new initiatives where current resources are unable to do so.

12. It should be noted at this point the member contribution towards the 2022/23 Transformation fund for Berkshire West has not been agreed although the contribution set will be driven by the programme requirements and UE member agreement.

Programme	Current state problem	Future state improvement
Integrated Cardio-vascular pathway and service	• Cardiovascular disease (CVD) is a key priority within the NHS Long Term Plan.	Integrated Service model for Heart Failure wrapped round the need of the patient and carers. This will embrace proactive, anticipatory approaches for;

	• No of people living with more than one long term condition (LTC) • Shift towards multi-professional, integrated service Requirement for prevention strategies and earlier identification of Heart Failure • Earlier and accurate diagnosis, subsequent management of individuals to optimise outcomes and treatment • Reducing the number of people being diagnosed in hospital	• Earlier detection, diagnosis and improved management (including optimisation of treatments) • Proactive personalised care, recognising that patients live with co-morbidities • Use of digital/technology as enablers including supporting self-management, education
MDT working focused on 'low level' mental health and health inequalities (locality driven)	• MDT model in operation but not consistent across Berkshire West • Requirement to build on current MDT model to include identification of people at risk of developing mental health • Scope of programme under development	• Risk stratification process and algorithms in place to identify cohort population and effectively focus MDT working • Anticipatory care planning linked to preventative and mainstream services
Children Young People and Emotional Wellbeing Transformation	• Current Tier 4 hospital from home service supports higher than expected numbers of eating disorder patients. • There is no specific Mental Health service for CYPs in care • There is the need for better understanding of possible gaps or adjustments needed to support inequalities and care leavers/transitioning • Need to tackle waiting times and provide more bridging support whilst waiting	• Good emotional health and wellbeing is promoted from the earliest age and poor emotional health is prevented when possible. • Children, young people, their families and our communities are emotionally resilient. • More children and young people with both an emerging emotional health needs and diagnosable mental health condition access evidence-based services in a range of settings. • Fewer children and young people escalate into crisis, but for those that do; good quality care will be available quickly and will be delivered in a safe place enabling them to recover as quickly as possible. • Agencies work more closely together so that vulnerable children can access the help that they need easily
Additional Roles Reimbursement Scheme (ARRS) Workforce	• The **Additional Roles Reimbursement Scheme** (ARRS) was introduced in England in 2019 as a key part	• ARRS funding to bring significant additional staffing into primary care. Aim to increase utilisation of ARRS

	of the government's manifesto commitment to improve access to general practice. The aim of the scheme is to support the recruitment of 26,000 additional staff into general practice • ARRS funding has been made available to PCNs to diversify and increase the primary care workforce by employing clinical pharmacists, paramedics, physician's associates, first contact physiotherapists, social prescribers and others. • Recruitment has been slower than planned due to supply constraints and Covid pressures. • It is estimated that PCNs used 73% of the £6.3m funding available in 2021/22, up from 53% in 2020/21. • This was against a plan to recruit 79.34 WTE in 2021/22.	funding to 80% (stretch target 90%). • 80% of ARRS staff to be recruited from outside local health system to avoid detrimental impact on other local providers. • 10% of ARRS staff to be recruited to joint or rotational posts. • More sustainable staffing model for primary care • Primary care has more capacity to engage with wider system priorities through DES

Conclusion

13. This paper sets out the progress to date within Berkshire West in refreshing the 2022/23 Unified Executive ICP priority programmes, striving to deliver a clearer focus on the key issues facing our citizens at the moment and further deepen the relationships across 'Place' to deliver integrated care. Finally, the Unified Executive remains agile to changing needs with the scoping of an addit*ional priority* underway and working through the current governance and assurance process.

Appendix

Berkshire West ICP

Flagship Priorities 2022 / 2023

May Update

Berkshire West
Integrated Care Partnership

NHS Berkshire West Clinical Commissioning Group · Royal Berkshire NHS Foundation Trust · NHS Berkshire Healthcare NHS Foundation Trust · Wokingham Borough Council · West Berkshire Council · Reading Borough Council Working better with you · NHS South Central Ambulance Service NHS Foundation Trust

2022 / 23 Priorities

Priority	Unified Executive Sponsor	SRO	Status
Multi Disciplinary Team (MDT)	Andrew Statham	Kathryn MacDermott	▪ SRO for SDEC / RCD has recommended that these priorities are stood down and replaced by reporting against the overall UEC strategy with its 4 refreshed objectives. ▪ M1 position- All other programmes are at various levels of delivery ▪ Request for Exec Sponsors to consider the resource requirements
Primary Care Workforce ARRS	Dr Abid Irfan	Helen Clark	
Same Day Urgent Demand	TBC	Dom Hardy - ON HOLD	
Rapid Community Discharge (RCD)	Seona Douglas	Dom Hardy - ON HOLD	
Cardiovascular Disease (CVD)	Dr Tracy Daszkiewicz	Shairoz Claridge	
Emotional Health & Wellbeing for Children and Young People	Nigel Lynn	Niki Cartwright	

ICP Flagship Programme: Project Name: Heart Failure Integrated Service May 2022

Previous RAG Status	Current RAG Status	Exec Sponsor	SRO	Project Lead
		Tracy Daszkiewicz	Shairoz Claridge	Sarah Bow

Berkshire West Integrated Care Partnership

Current State

Work has been ongoing over the past years with Provider leads to address the current service provision. There is now an opportunity to review how we establish a fully integrated Heart Failure service.

At present, nationally 80% of people with Heart Failure are diagnosed in hospital, with around half of these patients experiencing symptoms that could have triggered earlier diagnosis and management. The National Heart Failure Audit identifies variation in use of Echocardiography as an essential diagnostic for HF, with patients receiving sub -optimal treatment and management. There is currently insufficient capacity for diagnostics which leads to later detection. There is a known shortage in the number of trained Physiologists to undertake ECHO and work is required to map the demand and workforce to meet current and future needs.

There were 665 admissions for HF in 2019/20 at a cost of £2,692,212.

There is known variation in prescribing of all 3 key disease modifying medicines (varying from less than 10% to 100%, excluding contra -indications), this results in sub optimal management of patients, with high risk of deterioration and admission to hospital.

Future State

Vision

Integrated Service model for Heart Failure wrapped around the need of the patient and carers. This will embrace proactive, anticipatory approaches for;

- Earlier detection, diagnosis and improved management (including optimisation of treatments)
- Proactive personalised care, recognising that patients live with co -morbidities
- Use of digital/technology as enablers including supporting self management, education

Expected Benefits including impact on equalities / health inequalities :

- Increase the recorded prevalence of Heart Failure
- Better Management of patients outside of hospital, to reduce unplanned admissions
- Proactive anticipatory approaches e.g.care@Home/closer to home and use of virtual wards enabling earlier intervention/MDT working
- Optimal use of functionality within Connected Care to identify those most at need, deprivation deciles, support MDT approach, address need and identify risk.
- Improvement in reported patient outcomes

Progress & Next Milestones

Key achievements from last month:

Further work across BOB to review the national breathlessness pathway.
Further workshop to map out Cardiac Rehab pathways across BOB and possible scope for a digitally enabled provision.
Diagnostic workshop held across BOB on 27th May progressing scoping of gaps and options to address.

Key milestones for next month:

- Re-establish a project steering group to agree an approach and clarify the scope.
- Ongoing work to align HF workstreams across BW
- Ongoing work to review the functionality of Connected Care across pathways to identify and detect cases.
- Discussion with providers to scope utilisation of £20K which forms part of the HF bid and funding

Risks

Key Risk	Mitigating Action	RAG / Residual Score
Earlier detection and case finding will increase need for further diagnostics e.g. Echo (capacity already stretched)	Work with service providers to identify baseline and capacity going forward. Link into Community Diagnostic Centre modelling/workforce	6
GP Practices not having workforce capacity to progress enhanced service or to sign up.	Review practice uptake and undertake a more targeted approach with practices that have not yet signed up	6
Staff time and motivation to co -produce changed model.	Build on existing work led by providers. Optimum use of levers for change/and or additional incentives	6

ICP Flagship Programme: MDT working focused on 'low level' Mental Health and reducing Health Inequalities

May 2022

Berkshire West Integrated Care Partnership

Previous RAG Status	Current RAG Status	Exec Sponsor	SRO	Project Lead
		Andy Statham	Kathryn MacDermott	TBC

Current State

MDT working focused on 'low level' Mental Health and reducing Health Inequalities, supported by Connected Care driving forward PHM agenda was agreed at the November ICP UE workshop as a priority for 2022/23. The programme is currently in 'scoping' stage to understand the problem we are aiming to solve.

The five 'Drivers' have been identified as:

1) **Population need**– there is PH data for MH and health inequalities in West Berks demonstrating the need for focussed MDT approaches including risk stratification approaches.
2) **Strategic driver**- Long Term plan commitment to transformation of out of hospital services that includes MDTs as a priority for operational delivery of services at a local population basis
3) **MH Transformation and BHFT strategic plan include integrated community, MH and PCNs in localised MDTs**
4) Development of MDTs in West Berkshire has been a priority for some time and for many practices it is mature business as usual. It is one of our LIB priorities currently. MDTs have good representation from Primary Care, Community Health services and Local Authority Adult Social Care. The voluntary sector representation is limited; patient voice is an area for development. Key principles have been agreed and adopted for MDTs in West Berkshire set out in "Good practice for MDT working in West Berkshire".
5) Challenges continue for some partners, with a consensus amongst many that MDTs should take place at Practice level, rather than at PCN/locality level with a view that the benefits of joining can be maximised in a manageable way at Practice level. Providing MDTs at Practice level may be a challenge for some providers.

Future State

Vision: to be set.

Expected Benefits: to be finalised following the problem statement and data deep dive.

This programme will deliver multidisciplinary teams that are locality based collocated with primary care networks. The teams will include primary care, community nursing and community mental health professionals and builds on the work that the three Locality Integration Boards have achieved in delivering MDTs. The aim is to include other professionals such as adult social care workers, occupational therapists, physiotherapists, care workers. Patients under the care of an MDT will experience one point of contact for the majority of their out of hospital care needs.

- Improved outcomes for patients/ service users
- Reduced admission and readmissions
- Reducing health inequalities measure

Progress & Next Milestones

Key achievements from last month:

- Defining the 'low level' mental health within scope– connected care search on the prevalence numbers for the different conditions/ comorbidities within the newly diagnosed depression cohort completed
- Engagement workshop date set for the 23rd June

Key milestones for next month:

Key milestones for next month (carried over from last month)

- Project support secured
- Survey of PCNs to gather qualitative feedback
- Engagement workshop on the 23rd June to consider connected care data, set the vision, initiate conversation on potential benefits

Risks

ICP RAG Rating and Key		
Initiation	Project has not been fully scoped to consider objectives, KPIs, financials, interdependencies, resource profile etc	

Key risk	Mitigating action	Score
Potential IG issues surrounding the sharing of PID across organisations	Organisation IG policies to be updated	5
Scope of the programme becomes too large to manage	Clearly defined scope including definition of 'low level' mental health	3
Unclear target population	Data deep dive to understand target population	2
Programme required project support	Draw on ICP transformation funding to secure project support including support to PHM	5

ICP Flagship Programme: ARRS Workforce

May 2022

Berkshire West Integrated Care Partnership

Previous RAG Status	Current RAG Status	Exec Sponsor	SRO	Project Lead
		Dr Abid Irfan	Helen Clark	Mat Chilcott

Current State

ARRS funding is made available to PCNs to diversify the primary care workforce by employing clinical pharmacists, paramedics, physician's associates, first contact physiotherapists, social prescribers and others. It has now been confirmed that PCNs used 81% of the £6.3m funding available in 2021/22, up from 53% in 2020/21 with an outturn of 144 WTE ARRS staff compared to 79.34 WTE at start of the year. For 2022/3 the funding has increased to £8.9m.

BWPCNs are working with BHFT and RBFT to develop joint posts for key roles including first contact physios, physician's associates and mental health practitioners. Recruitment for MHPs in particular was slower than anticipated with 4% staff working in joint roles at the ned of the year. This approach aims to improve recruitment and mitigate the risk of loss of staff from other services. Other workstreams lead by the ARRS group focus on supporting PCNs to recruit and retain staff, improving future staff supply and supporting supervision, clinical networks and continued professional development for these roles.

Future State

Vision

- ARRS funding to bring significant additional staffing into primary care. Aim to increase utilisation of ARRS funding to 90%.
- 80% of ARRS staff to be recruited from outside local health system to avoid detrimental impact on other local providers.
- 10% of ARRS staff to be recruited to joint or rotational posts (2021/22 outturn 4%).
- More sustainable staffing model for primary care
- Primary care has more capacity to engage with wider system priorities through DES

Expected Benefits including impact on equalities / health inequalities:

- Increased staffing capacity in primary care supporting overall resilience and enabling delivery of Network DES service specifications which focus on integrating care/reducing inequalities and link with other flagship projects e.g. CVD prevention, Neighbourhood Health Inequalities, Anticipatory Care, EHCH, Personalised Care

Progress & Next Milestones

Key achievements from last month:

- PCN ARRS workforce leads attended further BOB workshop and fed back to project group on their roles which will provide important support to PCNs and a clear link with wider BOB projects.
- Workforce templates submitted by 13/15 PCNs – queries on two but provide key data on planned recruitment. Extrapolated analysis suggests plan to use 96% of available funding which would exceed project target. This has led to proposed change of RAG rating to Green.
- Review of First Contact Physiotherapist joint roles workstream underway.

Key milestones for next month:

- Finalise workforce plan with remaining PCNs.
- Fully collate plans to forecast spend and numbers to be recruited across various staff groups, also to identify any PCNs with lower planned recruitment so can follow this up.
- Project Group to finalise 2022/23 workstreams and KPIs.
- Revised plan in place for joint recruitment to First Contact Physiotherapist roles.
- Progress PCN -led recruitment to MHP roles and discussions around MHPS for children and young people.

Risks

Key Risk	Mitigating Action	RAG / Residual Score
Lack of certainty regarding funding post 2024 may make PCNs reluctant to recruit or offer permanent roles, also possible reductions in PCN Development Fund used for supervision.	Monitor recruitment in PCNs and progress on national discussions. Level of planned recruitment suggests assumption funding will continue in some form.	6
Lack of availability of staff to recruit	Project group considering pipeline actions particularly focus on placements	9
ARRS recruitment could have detrimental impact on other providers	Project group focussing on joint and rotational posts. 32% of staff recruited from within system.	9

ICP Flagship Programme: *CYP MH and Emotional Wellbeing Transformation* May 2022

Previous RAG Status	Current RAG Status	Exec Sponsor	SRO	Project Lead
		Nigel Lynn	Lajla Johansson	Manu Cuccureddu

Berkshire West Integrated Care Partnership

Current State

- Improving access and waiting times to CAMHS and CYP Eating Disorder Service
- Develop 24/7 Crisis and home treatment teams
- Mobilise Wave 5 Mental Health Support Teams in schools
- Mobilise Children in Care mental health service with Local Authorities
- Strengthening our adolescent to young adulthood offer (16 -25) to improve transitioning
- Addressing gaps in access and service offer due to inequalities
- No Wrong Door – mapping existing points of access for MH support, identify good practice models and make recommendation for service improvement to improve access.
- Build network with delivery partners and young people and make proposal for formal partnership arrangements with VCSEs
- Develop the workforce

Progress & Next Milestones

- ✓ Youth in Mind event- successful, well attended, led by youths from different local schools.
- ✓ Co-production of MH offer: Involving schools, currently looking at where do young people go for mental health support.
- ✓ **Stakeholder communication**- Phase 1s focus on discovery has been completed with the interim report having been delivered to commissioners. Recruitment phase nearing end of completion.
- ✓ Deep dive into existing SPOAs to supplement information gathered from partners completed. To be presented at the Delivery Group in June/July.
- ✓ **CAMHS Clinical Care Pathways**- Development phase complete, project now in mobilisation
- ✓ **CAMHS Digital offer**- Contract in place with Kooth to provide digital assessment and clinical care packages for young people presenting to Getting More Help (Tier 3) level service with anxiety and mood disorders.
- ✓ **VCSE pilots**- 2 workstreams looking at partnership with VCSE to improve access to help and support, improve experience, step down and release expert clinical resource to deliver treatment. Opportunities to work with key VCSE partners at the CAMHS front door
- ✓ CIC service spec being reviewed; ongoing recruitment. Service will commence advice and consultation model Q2 2022
- ✓ **LD CAMHS service development**- New project. Key worker/DSR service in development. Project management in place. Recruitment to roles anticipated to start May.
- ✓ ED recruitment and retention still a problem

Key milestones for next month:

- MHST Wave 5 contracts to be signed
- Inequality project to start phase 1
- CIC spec review and continuing with recruitment
- Interim report on comms options for CYP MH; SPOA Report
- Reducing Stigma report
- No wrong door – further conversations with established models and report
- BEAT Training being delivered to Primary Care and acute settings in Berkshire

Future State

Vision

- Good emotional health and wellbeing is promoted from the earliest age and poor emotional health is prevented whe possible.
- Children, young people, their families and our communities are emotionally resilient.
- More children and young people with both an emerging emotional health needs and diagnosable mental health cond access evidencebased services in a range of settings.
- Fewer children and young people escalate into crisis, but for those that do; good quality care will be available quickl will be delivered in a safe place enabling them to recover as quickly as possible.
- Fewer children and young people require in patient admission but for those that do this is provided as close to home possible.
- Everyone who works with children and young people can identify issues early, enable families to find solutions thems provide advice and access help.
- Staff feel supported in their own emotional health, wellbeing and resilience through nurturing working environment
- Agencies work more closely together so that vulnerable children can access the help that they need easily

Expected Benefits including impact on equalities / health inequalities :

CYP mental health is efficiently and effectively met by agreeing options for aligning commissioning strategies to facilitat access and improve the experience of CYP, families and professionals who have identified a need for help and support.
Reduce stigma and promote CYP mental health is everybody's business and skilling up the wider CYP workforce
Improved waiting times for both core CAMHs and early intervention services as well as even better support whilst CYP a waiting for their intervention to start.
Increased confidence with early identification and risk management and confidence
Improve response and management within the Crisis offer for all CYP.
Thrive Model-Language and culture shift focussing on meeting need not diagnosis for all partners
improve the support in schools through MHSTs
Inequalities are being addressed and there is a proposal to improve access/services for the groups
Improve support to care leavers and young adults as they transition into adult life and support system linking with the Community Framework Transformation

Risks

Key Risk	Mitigating Action	RAG
Recruitment and retention	Working with SE regional partners & HR leads to understand this more and develop plans to address.	
Impact of Covid and increased demand	New investment leading to new services, additional workforce and partnership arrangements for VCS and digital offers will be organised	

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

Berkshire West ICP

Flagship Finances

Berkshire West
Integrated Care Partnership

NHS Berkshire West Clinical Commissioning Group
Royal Berkshire NHS Foundation Trust
NHS Berkshire Healthcare NHS Foundation Trust
Wokingham Borough Council
West Berkshire Council
Reading Borough Council — Working better with you
NHS South Central Ambulance Service NHS Foundation Trust

Buckinghamshire Clinical Commissioning Group

Oxfordshire Clinical Commissioning Group

Berkshire West Clinical Commissioning Group

Flagship Finances

Description	Amount Received	Spend to Date	YTD Remaining funds (-ve equals underspend
B/fwd 2020/21	£69,600.00		-£69,600.00
6 organisations contribution (BHFT, RBH, 3 LAs, BWCCG)	£174,00.00	£99,749.00 (Mental Health post £39,749 (now includes £2682 April invoice) & PH Health Kiosks £60,000)	-£74,251.00
TOTAL	**£243,600.00**	**£99,749.00**	**£143,851.00**

- 12 Nov 2020 pooled budget agreed at UE
- Partner contribution originally £40k p.a. (minus £5k per org contributed to J.C)
- Hosted by BW CCG due to ability to b/fwd funds
- Need to consider access to fund and 2022/23 contribution by partners

Bids

- The UE agreed in principle for an MDT Project Manager. This would be to support delivering the transformational aspect of the project circa £70k per annum.
- Community Nursing Service to scope further and come back to a future DG with costs. Est Part time Band 8a for 6 months.
- All events should be held within internal facilities.