

Title of meeting							
<b>Date of Meeting</b>		5 January 2016		<b>Paper Number</b>			
<b>Title</b>				Accountable Officer's Report			
<b>Sponsoring Director</b> (name and job title)				Paul Sly, Interim Accountable Officer			
<b>Sponsoring Clinical / Lay Lead</b> (name and job title)				N/A			
<b>Author(s)</b>				Paul Sly, Interim Accountable Officer			
<b>Purpose</b>				For information and Decision			
<b>The Governing Body is required to (please tick)</b>							
<b>Approve</b>	✓	<b>Receive</b>		<b>Discuss</b>		<b>Note</b>	
<b>Risk and Assurance</b> <i>(outline the key risks / where to find mitigation plan in the attached paper and any assurances obtained)</i>				N/A			
<b>Legal implications/regulatory requirements</b>				N/A			
<b>Public Sector Equality Duty</b>				N/A			
<b>Links to the NHS Constitution</b> (relevant patient/staff rights)				N/A			
<b>Strategic Fit</b>				N/A			
<b>Commercial and Financial Implications</b> <i>(Identify how the proposal impacts on existing contract arrangements and have these been incorporated?</i>  <i>Include date Deputy CFO has signed off the affordability and has this been incorporated within the financial plan. Include details of funding source(s)</i>				N/A  Date Deputy CFO sign off .....			



<p><b>Quality Focus</b> <i>(Identify how this proposal impacts on the quality of services received by patients and/or the achievement of key performance targets)</i></p> <p><i>Include date the Director of Nursing has signed off the quality implications)</i></p>	<p>N/A</p> <p>Date Director of Nursing sign off.....</p>
<p><b>Clinical Engagement</b> <i>Outline the clinical engagement that has been undertaken</i></p>	<p>N/A</p>
<p><b>Consultation, public engagement &amp; partnership working implications/impact</b></p>	<p>N/A</p>
<p><b>NHS Outcomes</b> <i>Please indicate (highlight) which Domain this paper sits within by highlighting or ticking below: Please note there may be more than one Domain.</i></p>	<p>Domain 1 Preventing people from dying prematurely;</p> <p>Domain 2 Enhancing quality of life for people with long-term conditions;</p> <p>Domain 3 Helping people to recover from episodes of ill health or following injury;</p> <p>Domain 4 Ensuring that people have a positive experience of care; and</p> <p>Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm.</p>
<p><b><u>Executive Summary</u></b></p> <p>This report is in two parts. The first section provides an update on topical and strategic issues from the Accountable Officer. The second section provides an update from the CCG Head of Operations on progress in delivering the CCG plans including education and training events, commissioning plans and project work as well as key meetings and organisational development plans.</p>	
<p><b><u>Recommendation(s)</u></b></p> <p>The Governing Body is asked to approve the recommendation from the Wexham System Resilience Group to fund 3 additional schemes totalling £102,000.</p>	



## **Introduction**

Welcome to the Accountable Officer's report, covering October to December 2015. This report brings together an update from the Interim Accountable Officer, followed by a report from the Head of Operations for the Clinical Commissioning Group (CCG) and the same for the other two east Berkshire CCGs.

## **Report from the Accountable Officer**

### **Children and Adolescent Mental Health Services (CAMHS) Local Transformation Plan**

The CCGs have worked closely with local authority partners to develop the East Berkshire CAMHS Local Transformation Plan which was submitted for assurance on 18<sup>th</sup> October 2015. Following feedback from NHS England, the Plan was resubmitted on 23<sup>rd</sup> November and has now been fully assured. The funding for 2015/16 of £552k has been allocated to a number of projects with our local authorities and voluntary sector partners. The details have been agreed through the Transforming Children's Board, and overall plans were signed off by CCG Chairs prior to submission to NHS England. This funding will be included recurrently in our Allocations for 2016/17 and beyond. The Governing Body is asked to note the progress made in this important area, and the approval of the Plan under "Chairs actions".

### **Children's Eating Disorders**

We have also received additional funding of £221k to improve the access and waiting time standards for eating disorders, with the key target being that children and young people referred for an assessment or treatment of an eating disorder will receive treatment within 1 week for urgent and 4 weeks for routine cases. The Strategic Planning and Development Committee has approved a business case designed to treat a total of 90-100 new referrals a year. The money will now be released to Berkshire Healthcare Foundation Trust. This funding will also be included recurrently in our Allocations for 2016/17 and beyond. The Governing Body is asked to note this, and the approval given by the Strategic Planning and Development Committee.

### **CCG Funding Allocations and Planning Guidance for 2016/17 and Beyond**

In November 2015 the government announced a five year funding settlement for the NHS. Annual funding will rise in real terms by £3.8bn in 2016/17 and £8.4bn by 2020/21. NHS England's Board meeting on 17<sup>th</sup> December made some important decisions on how this money will be allocated to CCGs and other areas that NHS England is responsible for, in line with the strategic vision outlined in the 5 Year



Forward View. Importantly, NHS England is setting aside £2.1bn for a “sustainability and transformation fund”, and in 2016/17 most of this will be used to address deficits in provider Trusts.

There is a complex allocation formula which distributes the total funding for CCGs to individual organisations, and at the time of writing this report the specific funding for individual CCGs has not been published. The detailed planning guidance is due to be published just before Christmas, and we know that we will be expected to produce detailed operational plans by the beginning of April and system-wide Sustainability and Transformation Plans by the summer of 2016 (covering the period through to 2020).

### **Share Your Care**

Health and Social Care organisations across Berkshire are working together to enable healthcare professionals to share and view limited but vital electronic information from medical records. This includes things like medication lists, allergies, long term conditions and major illnesses. We are currently evaluating proposals from a number of IT providers who supply and run the “interoperability” software which enables the viewing of records from different systems. The Full Business Case and procurement recommendation will be presented to Governing Bodies in February.

### **Stroke Services Reconfiguration**

This project is to reconfigure stroke services in East Berkshire to deliver a modified version of the ‘London Model’, which ensures that all suspected stroke patients are conveyed to a Hyper Acute Stroke Unit (HASU) for their care. The Thames Valley Clinical Senate has endorsed this reconfiguration in East Berkshire.

The proposed plans would mean the following:

- Patients who would have previously been conveyed to Wexham Park Hospital would in future be conveyed to the Wycombe Hospital HASU;
- Wexham Park Hospital would no longer provide an acute stroke unit (ASU) and would instead only provide in-patient rehabilitation. Slough patients would be repatriated once the HASU/ASU stage of their acute care was completed at Wycombe.

The stroke commissioner steering group agreed the above model as a recommendation. They also developed an overall service specification that we expect our acute and community stroke service providers to deliver. The specification includes all elements of the stroke pathway, including Hyper Acute Stroke Unit, Acute Stroke Unit, In-Patient Rehabilitation and Early Supported Discharge. Additional performance indicators have also been added to the specification to ensure that the services delivered for stroke are in line



with the Sentinel Stroke National Audit Programme (SSNAP), which sets the standard nationally for optimal stroke care.

The next steps are for the East Berkshire CCGs to carry out patient and stakeholder engagement, including consulting with the local Health Overview and Scrutiny Boards and for meetings with individual providers to take place.

If the plans are approved, representatives from Slough, Windsor, Ascot & Maidenhead and Bracknell & Ascot CCGs will then meet with providers to agree the details, including ensuring they are in a position to provide the extra capacity and that contracts and mobilisation plans are agreed.

We aim to implement the new model by early 2016.

### **End of Life Services Transformation**

The aim of the East Berkshire CCGs collaborative End of Life Care (EoLC) Integration Strategy is to amalgamate the working systems and processes of the Community and Hospital Specialist Palliative Care Service to effectively deliver against the national framework ambitions between 2015 and 2020. This will include the support given to 'generalist' palliative care services based in Primary and Community Care (e.g. district nurses). This includes mental health providers. This is to enable many more people dying in their preferred place of care and a reduction of deaths in hospital. The service model of care will be option appraised, where the choice of '*one care organisation*' will be considered.

The deliverables for the strategy were identified through three workshops held across early summer. These involved commissioners, clinical leads (generalists and specialists), senior managers, social care professionals and Thames Hospice. As an outcome the EoLC East Berkshire Commissioner Steering Group have commitment to deliver the 5 key priorities, contract through the challenges, and create enablers necessary to successfully deliver '*what good EoLC looks like*.'

1. The development and implementation of a 5 year service integration strategy ( through whole systems working) which defines '*what good looks like*' based on local and national guidance
2. The development and delivery of an action plan to achieve the 5 year vision, with an agreed performance management framework in place that includes key milestone targets set within provider contracts for full service benefit realisation including QIPP to be delivered successfully.
3. That all health and social care professionals' work together to identify patients earlier. This is to achieve the annual identification of **all** patients entering their final year of life.
4. That in the next five years every patient receives an End of Life care plan



5. That in the next five years every patient receives an advanced care plan.

A Framework is now in place with key deliverables identified contributing towards building the East Berkshire EoLC Strategy. The following will be confirmed in the next Commissioners Steering Group meeting.

- Identifying and delivering the agreed integrated EoLC model of care.
- Establishing the East Berkshire CCGs' EoLC governance structure.
- Establishing the East Berkshire CCGs' Performance Dashboard with Quality, Innovation, Productivity and Prevention (QIPP) targets.
- Achieving earlier EoLC identification through practice profiling using the Adjusted Clinical Groups (ACG) toolkit.
- Provider Service Development Improvement Plans (clearly defined pathways that support integrated working) review contracts 2016/17.
- Option-appraise electronic EoLC palliative care co-ordination using clinical decision support systems (e.g. DXS, Adastra or MIG).
- Health professional training- improve confidence and competence.
- Patient/Families/carer training.
- EoLC social marketing campaign- a shift in cultural attitudes.

## **Equality and Diversity**

The CCG is an authorised public sector organisation and is required by the Equality Act 2010 to work in ways that ensures equality and inclusion is embedded into all its functions. There are a number of duties which the CCG must address.

Public Sector Equality Duty (PSED) in carrying out its functions the CCG must have due regards for the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct that is prohibited by or under the Equality Act 2010.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who don't share it.
- Foster good relations between persons who share a relevant protected characteristic and those who don't.

Specific Duties:

- The CCG must prepare and publish one or more equality objective it thinks it should achieve to support PSED. The objectives must be published no later than the 13<sup>th</sup> of October 2013 and at intervals of not greater than four years. Each objective must be specific and measurable.
- The CCG must publish information, not later than the 31<sup>st</sup> of January each year to demonstrate compliance with PSED. The information that must be published must relate to persons who share a relevant protected



characteristic, this relates to its employees (if greater than 150) and other persons affected by its policies and practices.

### Current assessment of compliance

In April 2013 the CCG produced and published as part of its authorisation process a set of four objectives to support the execution of its legal duties. The four objectives are:

1. Better Health Outcomes for all
2. Improved patient access and experience
3. Empowered, engaged and included staff
4. Inclusive leadership at all levels

Whilst there is evidence that CCG has made significant progress against its four objectives, the CCG has not formally reviewed or published its achievements.

In summer 2015 the CCG interim Accountable Officer commissioned a review to collate and evaluate evidence to determine the extent to which the CCG was complying with its legal obligation. The report following the review was received by the CCG in October 2015.

The report was presented to the CCG October quality committee who authorised the establishment of an Equality and Diversity steering group as a Quality Committee sub group to review the report, its recommendations and identify next steps.

### Future plans for further compliance

The newly established Equality and Diversity Steering Group met on the 14<sup>th</sup> of December 2015 and agreed a plan until the end of March 2016. The plans are captured in the table below.

<b>Equality and Diversity Work Plan December 2015 - March 2016</b>			
<b>Action</b>	<b>Responsibility</b>	<b>Date</b>	<b>Comments</b>
Appoint Lead Exec Director for Equality and Diversity	Interim AO	31/10/15	Director of Nursing and Quality given remit of Exec lead
Establish and develop Terms of Reference for Equality and Diversity Steering Group	Director of Nursing and Quality	31/12/15	Group established meeting held on the 14/12/15 Draft Terms of Reference reviewed at meeting



Review of Equality and Diversity recommendations	Equality and Diversity Steering Group	31/12/15	Reviewed at the December meeting. Majority recommendations accepted
Next steps and Equality Review report presented to January 2016 Governing Body	Director of Nursing and Quality	18/12/15	
Plan for meaningful public engagement and involvement	Lay Members for Patient and Public Involvement	18/01/16	
Review of Equality and Diversity objectives	Equality and Diversity Steering Group	18/01/16	
Publication of progress against Equality and Diversity objectives	Director of Nursing and Quality	31/01/16	
Draft Equality and Diversity strategy	Equality and Diversity Steering Group	31/03/16	
Draft Equality and Diversity work plan for 2016/17 to include recommendations from the Equality and Diversity review	Equality and Diversity Steering Group	31/03/16	

### System Resilience Group and Winter Resilience

Over the past few months the Wexham System Resilience Group which meets monthly has been working together with a common goal to improve system flow; this will enable patients to be seen and assessed quickly, moved from a acute hospital bed to a community bed or home. A number of initiatives and projects have been put in place to support this and in preparation for the additional activity which is expected during the winter months these include a GP liaison post which works both within the Acute Trust, community and social care to support complex discharges and flow across the system, additional support to palliative care to increase the number of services available to patients and their families, increased support to community schemes and nursing to support more people in their homes.

The Frimley Park System Resilience Group has also been preparing for the winter period and has also put in place a number of schemes to support the increased activity levels. Both systems are already experiences high volumes of demand in both A&E attendances and admissions. A national campaign has been put in place to encourage people to have a flu jab if they are in elderly, in the at risk groups or children and also to raise awareness of the help of community pharmacy



and self care rather than seeking support from primary care for minor illnesses. In East Berkshire we have invested in our own local campaign to enforce these messages and make sure people are aware of the options available to them rather than using A&E

During November a table top exercises took place with all organisations represented to test our operational plans for winter and surges in activity such as cold weather or a flu epidemic. A great deal of knowledge was gained from these events and further work continues to improve the resilience of all organisations across health and social care.

Funding for Winter Pressures amounted to a total of £2.3m across the 3 East Berkshire CCGs. The plans for the use of this funding was previously approved by all CCG Governing Bodies and subsequently three additional requests have been made to fund schemes submitted by the Wexham System Resilience Group, which have been recommended for approval. Owing to the timely requirements of these schemes, and to enable them to be mobilised in readiness for winter, the Key Safes scheme and the additional Patient Transport Service totalling £2,000 have been approved by Chair’s Action.

<b>Scheme</b>	<b>Organisation Lead</b>	<b>Description</b>	<b>Scheme Value</b>
Proactive Care	FWAM (Federated group of Windsor, Ascot and Maidenhead GP practices)	Improving support for patients at high risk of unplanned admission through proactive review of high risk patients.  This scheme specifically relates to payments to GPs. This has therefore required additional governance to ensure that any conflict of interest is managed. The scheme was reviewed twice, to ensure this and including advice from NHS England. Governance is in place to safeguard the system from challenge.	£100,000
Key Safes	Royal Borough of Windsor and Maidenhead/Slough Borough Council	Provision of Key safes to ensure patients can be safely discharged home allowing carer access	£800
Additional Patient Transport Vehicles	South Central Ambulance Service	Additional 3 Patient Transport Vehicles to facilitate discharges on key pressured dates.	£1,200



## Report from Slough CCG Head of Operations

We have had a very busy three months in Slough including national media interest in our Primary Care Extended Access Scheme. This was featured on BBC news in early September. Subsequently the CCG Chair and Programme lead have been invited to share our learning and progress at various NHS meetings both nationally and regionally.

Also to note is our significant progress to date in reducing our non-elective (emergency) admissions and our significant progress and delivery in our plans under the Better Care Fund and Primary Care Transformation.

### Update on Slough Better Care Fund programme

This section of the report provides an update on progress of the Slough Better Care Fund (BCF) programme at the end of its second quarter of 2015/16. The government has indicated its commitment to the BCF in to 2016/17; however the minimum contributions to pooled budgets in each Health and Wellbeing Board area have yet to be announced.

Slough's BCF delivery continues to centre on the following priority areas:

#### Proactive Care

**Complex case management pilot project;** this project identifies those people in our community who are the most vulnerable and supporting them through care planning and providing access to an accountable professional. This includes the targeting of effective intervention and support to those most at risk of ill health and those who would most benefit from the interventions.

**Community Respiratory Project** - Two specialist nurses are now in post and are supporting children and young people with respiratory problems who have had an admission to hospital. The project continues to develop and lead on educating key community groups, providing pathways and guidance to GP practices on how to better manage respiratory conditions. Coupled with the extended hours funded through the Prime Ministers Challenge Fund, the impact on paediatric respiratory admissions has been significant. The year to date comparisons show an overall reduction of 25% (equivalent to 130 children).

**A Single Point of Access & Integrated Care Services** - the ambition is to establish a single point of access in response to the needs of the local community, it will operate 7 days a week, initially as a screening and referral service streamlining access to community based health and social care.

The Commissioning Board has agreed to develop the existing Health Hub; learning



will be gathered from the council currently working to develop a single point of access for health and social care services, with Slough following this lead in phase two. This close working with the council has the advantage of helping to minimise risk in relation to the overall success of the project; however, it does mean that the implementation date will be deferred until after April 2016.

Further integration between intermediate care and the Rapid Response and Reablement home support service will be achieved by the creation of a multidisciplinary team, a single assessment and a shared IT infrastructure. A full business case is now being developed. It is expected this will lead to better outcomes for local residents and increase the number of people being supported by intermediate care through increased efficiency.

### **Telehealth**

In December 2014, Slough Borough Council and CCG commissioned a one year pilot to trial up to 15 telehealth devices across Slough. The pilot targeted patients in the community with either chronic heart failure (CHF) conditions, or chronic obstructive pulmonary disease (COPD), patients were identified by specialist community practitioners and were already receiving healthcare support from Berkshire Healthcare Foundation Trust. The service encompasses end to end monitoring of vital medical readings (blood pressure, weight etc) for COPD and CHF patients. Actions taken as a result of readings escalating outside the agreed limits, include initiation of rescue medication, referral to community matrons, GP appointments and others according to the individual care plan.

The initial evaluation demonstrates significant benefits for patients resulting in less anxiety, more control and involvement in their own care. There are secondary benefits to the Community Matrons who report a 50% reduction in their workload, improved patient relations and increased confidence. The project has also resulted in fewer admissions (26%), attendances at A&E (37%) and a reduction in outpatient follow up appointments (35%).

### **Care Homes**

In-reach GP support into residential homes, and in particular, Oak House has proven to be very successful. The impact has been a reduction year to date of admissions to hospital. The most significant reduction comes from Oak House where we have seen a reduction of 50% (equivalent to 44 people) or 58% of the overall reduction. This means that many more people are receiving the appropriate healthcare in order to meet the person's needs within the residential home without having to be transferred or admitted to hospital.

### **Strategy Development**

The commissioning of our voluntary sector services under the new **Strengthening**



**Community Capacity** strategy is currently underway. The invitation to tender was issued by Slough Borough Council and the contract awarded to a local consortia of voluntary sector providers; with the Council and its partners working closely with them to ensure implementation from 1<sup>st</sup> January 2016.

A new joint Slough Borough Council and CCG **Carers Strategy** for Slough is being developed in light of changes in legislation (Care Act and the Children and Families Act); this is currently out for consultation.

### **Local Plan for Latent Tuberculosis Infection (LTBI) testing and treatment**

NHS England has prioritised funding to support the national TB strategy. NHS England have prioritised the spend of this money to be prioritised on Latent TB screening targeted approach in those areas with a high incidence of TB. In the south this is in NHS Slough CCG and NHS South Reading CCG.

Slough CCG, with support from our local authority partners, submitted a plan to set up a targeted screening programme linked to our existing New Entrant TB Screening Service.

Additionally the ambition in the plan is to ensure we increase awareness of the issues in communities at high risk to promote the uptake of screening.

Our plan has been approved and we now look forward with our partners in implementing this important screening programme.

### **Bowel Cancer Screening Improvement Programme.**

About 1 in 20 people in the UK will develop bowel cancer during their lifetime. It is the third most common cancer in the UK, and the second leading cause of cancer deaths, with over 16,000 people dying from it each year. The NHS Bowel Cancer Screening Programme offers screening every two years to all men and women aged 60 to 74. Regular bowel cancer screening aims to detect bowel cancer at an early stage when patients may have no symptoms.

The Screening programme objectives are designed to educate, build awareness and encourage uptake in bowel cancer screening initially, then other general cancer screening.

This is the first year of a two year programme and in the past four months the following areas are well underway:-

- Consulting, networking and engaging the community to ensure that all materials and approaches are community/patient led.
- Community events have been organised and delivered to build awareness about bowel cancer, the importance of bowel cancer screening and prevention.
- Working with Windsor College to develop training tools for community health activists/cancer champions.



- Recruitment and training of volunteers.
- Reminder letters and leaflet being designed which explain how to complete the bowel cancer screening test kit.

### **Clinical Pharmacists working GP Practices**

Practices in Slough have been successful with a bid to be part of the national pilot of Clinical Pharmacists working in GP Practices. There is now the opportunity for six pharmacists to be employed in practices in Slough to support people to get the best out of their medicines and have access to another healthcare professional in their practice. It is an exciting opportunity for Slough to be at the forefront of developing primary care.

The pharmacists will be able to help support people with medicines after discharge from hospital, people on many medications at once, people with long term conditions and people experiencing side-effects. They can also run minor ailment clinics and help practices to reduce wastage of medicines.

### **Cumberland Lodge**

Slough CCG hosted a Leadership in Primary Care event in collaboration with the Royal College of GPs Deanery. This is an annual management course for the general practitioners offering wide range of clinical, medical and developmental topics for GPs. This event took place in Cumberland Lodge on the 1<sup>st</sup> and 2<sup>nd</sup> December 2015. This is a must-attend event by our member practices and we jointly formulate our commissioning plans and strategies as we look to our up an coming planning round.

Focused workshops were held on transformation in Primary Care including the Elective Care, Primary Care, Urgent and Emergency Care, Person Centred Care-Integration and Prevention/Self Care.

Guest speakers presenting over the two day course included colleagues from; the Health Employment Education, CCG Commissioning Executives, Chief Executive from Frimley Health, CCG Quality Improvement Team and CCG Medicine Management Team.

The event has grown from strength to strength over the past 5 years we have run this with our practice membership. This year was of significance with patients and the role of Patient Reference Groups (PRGs) as a central plank to inform primary care and practices plans. To note was the significant improvement in the quality of care received within Frimley North (Wexham site). The practices also had an opportunity to share learning from practices inspected by the Care Quality Commission (CQC) with an overall ambition to achieve outstanding ratings in our



practices.

### **Slough Prime Ministers Challenge Fund**

This programme has now moved into business as usual with services being funded solely by the CCG. Four hubs remain in place to deliver evening and weekend appointments across Slough and we have reviewed the scale and delivery of the appointments to achieve best outcomes. Saturday and Sunday sessions now end at 1.00pm and overall there will be six GPs working to deliver the 7 day service rather than the nine previously. However we have introduced a number of appointments that proactively invite those patients with complex problems and several long term conditions to consult with their GP. This opportunity for regular and extended appointments has seen a reduction in the number of patients having unplanned admissions to hospital. We are currently seeing around 5% fewer admissions than in the same time last year and believe that this focussed approach is contributing to this.

### **Primary Care Joint Commissioning update**

The second Joint Commissioning meetings in public were held for each of the three CCGs in October and November. Each CCG updated on the progress with their primary care strategies. There was discussion about the Care Quality Commission (CQC) general practice inspections. A suite of national framework documents explained the process and highlighted how those practices that found themselves in special measures would be managed and supported. The Royal College of GPs is available to provide expert professional advice. NHS South has also gathered high level learning themes from inspections to be shared.

The Friends and Family Test is now underway in all practices with varying degrees of patient participation. This is expected to strengthen in coming months. The East Berkshire Federation Quality Team is developing a dashboard that brings together quality information from a range of sources related to general practice and this is progressing well.

The Personal Medical Services (PMS) review process continues with Slough having 11 of its 16 practices affected. Windsor, Ascot and Maidenhead CCG have 2 practices and Bracknell and Ascot CCG have one practice. The CCGs are considering their primary care commissioning intentions and engaging with practices about these.

The CCGs are committed to undertaking as much work as possible together around primary care commissioning and the monthly operations group continues to meet. There is now a further opportunity to prepare for delegated authority for April 2017.



## **Report from Bracknell and Ascot CCG Head of Operations**

### **Total Knee Replacement Avoidance**

The 'total knee replacement avoidance' pilot project run by Active Solutions in Ascot, commenced in April 2014 through funding from our Innovation Fund. The project was set up to reduce the number of knee replacement surgical procedures and was subsequently extended for an additional year as the initial results were extremely encouraging. The innovation scheme has resulted in an overall success rate of 85.7% patients avoiding total knee replacement surgery for at least a year following their completion of the programme. Following the success of this project, in April 2015, Active Solutions submitted a bid for further funding through our Innovation Fund to devise a programme to avoid total hip replacement surgery. This project, although in its infancy, is already showing promising outcomes.

### **HealthMakers**

The HealthMakers project began as a one year pilot in 2014 and the evaluation conducted proved the programme to be successful in achieving its objectives with other CCGs showing an interest in following a similar approach. As the project has been developed it has become clear that the demand within the local community has been phenomenal with funding being secured to sustain the project for a further 3 years. Recently, our HealthMakers programme was shortlisted for a national patient safety award for its outstanding, proactive and preventative work with patients of Bracknell and Ascot.

### **Kooth**

Kooth.com was commissioned jointly in an initiative with Bracknell Forest Public Health and the CCG through our Innovation fund. The evidence suggests that access to an online counselling service offers young people an additional route to professional advice and self-help resources to support their emotional health and wellbeing. From the start of the project in April 2015 to the end of September, 145 young people between the ages of 11 and 17 registered to use Kooth.com, with 72% of these hearing about Kooth.com through their school. The added benefit of Kooth.com is that young people can self-refer to the service, which operates 24 hours per day, 7 days per week. This is now being spread across the East of Berkshire as part of the CAMHS transformation work.

### **New projects**

Following further successful bids through our Innovation Fund, two new pilot projects



have been given the green light. It is anticipated that these projects will commence February 2016:

The Green Gym at Jealott's Hill landshare community site is aimed at those with low to moderate mental health issues, with particular reference to depression and dementia. The project will provide an outdoor programme of resistance type exercise with indoor options for inclement weather. The project will be based at Jealott's Hill landshare site Warfield, a 6.5 acre site leased by Bracknell Forest Homes from Syngenta with other key partners Bracknell Town Council and Warfield Parish Council.

A community mapping and scoping exercise of local groups (and regional groups in certain specialisms) that support people's health and well-being and/or are involved in the delivery of health and social care services, is being undertaken, by Healthwatch and Involve with CCG funding. The mapping of these organisations and the scoping of these services, support capacity and the expertise they contain will be a resource at the end of the project for health and social care professionals to encourage individuals, couples and families to take more responsibility for their own self-care, health and wellbeing. At the end of the pilot, the mapping of services will be available as an online resource making it widely available for health professionals and the community.

### **Self-care Week 2015**

Self-care Week 2015 was bigger and better than ever, with more events and wider community participation. Great partnership working with Bracknell Forest Council, public health, Berkshire Healthcare Foundation Trust (BHFT), Bracknell and Wokingham College and many others delivered a hectic week of engagement and awareness raising. Full report to follow, but plans are already emerging to take this to a new level with a Year of Self Care in the planning  
<https://www.youtube.com/watch?v=4AHQASS1bcg> see link for a preview.

### **Extended Primary Care**

Extended Primary care was launched in December at Boundary House surgery to give better access to people with long term conditions or other planned primary care needs to help those who cannot always get to their own GP for the care they need. Early signs are promising, with patients appreciating the central location and longer appointments. More information is available at  
<http://www.bracknellandascotccg.nhs.uk/>

### **PMS Premium investment**

Following on from the nationally driven Personal Medical Services contract review in Bracknell and Ascot, the CCG has considered the released funds for investment



back into general practice. The CCG is working towards equality across existing commissioned services in general practice through the Locally Commissioned Services contract, and this premium will be invested to ensure the inequalities across practices for these base services are addressed. The Joint Commissioning Committee in January held in public will be asked to support this approach.

## **Report from Windsor, Ascot and Maidenhead CCG Head of Operations**

### **Better Care Fund - Joint work with the Royal Borough of Windsor and Maidenhead (RBWM)**

A draft business case outlining the potential costs and benefits of early installation of dementia support technologies in residents' own homes has been drawn up. The opportunities to reduce the risks of falls in people with dementia and their carers are significant. Feedback from the pilot group on how to reduce the stigma of early diagnosis and maximise a full life approach will be invaluable in promoting the self-care and early help programmes outlined by the Alzheimer's Society.

A targeted programme of support is being developed to support parents of young children who frequently make use of local services and to provide information on common childhood illnesses. 20,000 Leaflets, identification and support for frequent attenders, education and promotion of GP services with local nursery and childminding groups and Sure Start are in hand.

Following extensive consultation with clinicians, commissioners, service providers, patients and carers a draft joint dementia strategy is being formulated for consideration by the Health and Wellbeing Board in early 2016.

Windsor, Ascot and Maidenhead (WAM) CCG and the Royal Borough of Windsor and Maidenhead are committed to building the capacity and infrastructure of voluntary organisations in this area. Survey feedback is being sought via WAM Get Involved on how best we can support large and small third sector organisations to meet the future commissioning priority needs and outcomes we seek for our residents.

The national Better Care Fund programme has awarded funding of £25,000 to support the piloting of a service user metric with residents/patients receiving domiciliary care services in the borough. This will support the transition from daily time and task attendance to supporting health and wellbeing outcomes and the longer term independence of residents



## **Engagement**

The CCG has been working with the Communications and Engagement Team in preparation for the 360° survey that will launch in the spring, and have been working together consulting with stakeholders regarding the Communications Strategy.

The CCG is actively involved and meet regularly with the Local Authority Partnership Boards, organisations from the Voluntary Sector and Healthwatch.

The CCG Lay Member for Patient and Public Involvement is working with the Patient Participation Group (PPG) Network to focus on individual topics, to inform and engage PPGs to work with the CCG in promoting better outcomes for all stakeholders. The first topic was the Medicines Optimisation Support Scheme. He is also arranging to attend the local PPG meetings at the Practices over the coming year.

## **Projects**

Dementia Diagnosis has increased to 63.5% (October 2015), the national target is 67%. The CCG approach to meet the target has been changed with direct support provided within the Practices. The impact of this approach will be identified when the next statistical reports are published in January.

WAM CCG funded voluntary sector services, including cognitive behavioural therapy (CBT) for Carers, Friend in Need, Intensive Family Support, the Stroke Association to name a few, have reported excellent outcomes for the year to date.

'Time for Change', our primary care transformation programme funded through the Prime Ministers Challenge Fund, has made great progress in a short space of time. The two 'hubs' are a great success with specialist clinics now being offered and more being developed. Patient feedback remains excellent and the 'do not attend' rate is very low. Additional projects are now underway including workforce development, health coaching, GP visiting service for care homes and a capacity – demand project with five pilot practices. We are now working on how to sustain these services beyond the funding period of the Prime Ministers Challenge Fund.

The CCG is currently working together with Slough CCG and Bracknell and Ascot CCG through a joint project board to plan the implementation and delivery of a new computer system which will better assist GPs in making a referral.

The CCG works closely with clinical leads to identify risks in referral management and agree the most appropriate course of action through monitoring of Quality, Innovation, Productivity and Prevention (QIPP), education and training, practice visits, re-evaluation of pathways and appropriateness of triage.



**The Operational Team has discussed the following:**

Regular QIPP and Finance reports, Provider Performance Management reports, the renewal of Any Qualified Provider contracts, investment in the prevention of domestic violence services, attendance at EPIC (GP training events) and Assembly meetings, commissioning intentions, pathway for people with Parkinson's Disease, proposed move of location of the anti-coagulation clinic, development of digital roadmaps, the outline business case for 'Share Your Care', agreement of and 'Exogen' policy and the development of an estates strategy.

