

# Reading Action Plan

Care Quality Commission Local  
System Review of Reading  
January 2019



## Background to the review and development of this Action Plan

The Local System Review in Reading looked at the services provided by the following organisations:

- Reading Borough Council
- Berkshire West Clinical Commissioning Group
- Royal Berkshire Hospital
- Berkshire Healthcare Foundation Trust
- South Central Ambulance Service

Local System Reviews are carried out following a request by the Secretary of State for Health and Social Care and the Secretary of State for Housing, Communities and Local Government.

The Care Quality Commission were asked to carry out a programme of targeted reviews of local authority areas, of which Reading was one.

The main purpose of this review was to understand how people move through the Health and Social Care System in Reading with a focus on the interface between services. The Local System Review considered system performance along a number of pressure points on a typical pathway of care with a focus on people aged 65 and over.

This action plan is a response to the findings of the Reading System CQC review carried out between 6<sup>th</sup> September and 2<sup>nd</sup> November 2018 and in the report published by CQC on the 16<sup>th</sup> January in CQC'S published report dated January 2019.

This Action Plan will be monitored and progressed via a pre-existing multi-agency Reading Integration Board, this is made up of key senior representatives of all of the above organisations and led and chaired by the Director of Adult Care and Health Services at Reading Borough. .

*NB. Mostly the CQC report makes reference to the Berkshire West 10 (BW10) this was a name used to describe the number of organisations involved in the joint working programme and Integrated Care System. However due to the amalgamation of the 4 CCG's into 1 and forming of the new GP Alliances this action plan for clarity now makes reference to the renamed BW7.*

Action Owner	Role	Organisation
Seona Douglas	Director of Adult Care and Health Services	Reading Borough Council
Jon Dickinson	Deputy Director Adult Care and Health Services	Reading Borough Council
Peter Sloman	Chief Executive	Reading Borough Council
Cathy Winfield	Berkshire West CCG	Berkshire West CCG's
Cllr Graeme Hoskins	Chair of Health and Wellbeing Board	Reading Borough Council
Cllr David Absolom	Chair of ACE Committee	Reading Borough Council
Debbie Simmons	Director of Nursing	Berkshire West CCG
Maggie Neale	Integrated Care System Workforce Manager	Berkshire West CCG
Maureen McCartney	Director of Operations, CCG Urgent Care Lead	Berkshire West CCG
Melissa Wise	Assistant Director for Transformation and Performance – Adult Care & Health Services	Reading Borough Council
Katrina Anderson	Director of Joint Commissioning	Berkshire West CCG's
Liz Rushton	Assistant Director for Berkshire NHS Continuing Healthcare (Adults and Children)	Berkshire West CCG's
Tessa Lindfield	Strategic Director of Public Health	Public Health Services for Berkshire
Steve McManus	Chief Executive	Royal Berkshire Hospital Foundation Trust
Janette Searle	Preventative Services Development Manager, Wellbeing Team	Reading Borough Council
Reva Stewart	Divisional Director, Adult Community Health Services West	Berkshire Healthcare Foundation Trust
Eiliis McCarthy	Reading Locality Manager	Berkshire West CCG

Key for RAG priority rating:

RED	RED	Not started or priority to complete
AMBER	AMBER	Work in progress to deadline
GREEN	GREEN	Work Complete

Group 1 - Strategic Development Governance and System Alignment						
CQC Findings / Suggested Area for Improvement	Action Required	Action Owner	RAG Rating	Timescale for Completion	Identified Risks and Mitigating Actions	Progress and Recommendations
<p><b>1a)</b> The vision for the delivery of health and care services in Reading was set out in the Health and Wellbeing Strategy however we did not find this to have strong engagement and agreement by all system partners. The Health and Well Being Strategy had a strong public health focus but was not driving the future direction of health and care for the city. The delivery of health and care services in Reading was influenced by the work of a collaboration of organisations, known as the Berkshire West 7 (BW7).</p>	<ol style="list-style-type: none"> <li>Review of Governance across: Berks West Integrated Care System , Berkshire West 7, Health and Well Being Board across 3 West Berkshire Local Authorities to ensure stronger engagement across the system.</li> <li>Agree the Strategic Principles and statement across Berkshire West 7 through the Chief Officers Group.</li> <li>Agree with Chairs of the 3 Berkshires West Health and Well Being Board's political commitment to the Strategic Vision and table at Health and well Being Boards to inform the public.</li> </ol>	Seona Douglas	GREEN	1 <sup>st</sup> July 2019	<p><b>Risks</b></p> <ul style="list-style-type: none"> <li>National driver's e.g. Integrated Care System/Strategic Transformation Partnership change. Chief Executive Priorities change. E.g. national and local issues e.g. Brexit/local critical incident.</li> </ul> <p><b>Mitigations</b></p> <ul style="list-style-type: none"> <li>Programme Management Office needs strong leadership.</li> <li>Partnership accountability via the Health and Well Being Boards in the Berkshire West 7</li> </ul>	<p>This action plan will be presented to Reading Health and Well Being Board meetings to monitor progress.</p> <p><u>November 2019</u> Buckinghamshire, Oxfordshire and Berkshire Integrated Care System future arrangements have been presented to the current three system areas.</p> <p>Underpinning these strategy proposals in the Berkshire West Integrated Partnership which focuses on place at BW7 level with a chief executive leadership team with a number of integrated work streams reporting through the CE to HWBB</p> <p>A new chair has been elected to Adult, Children and Education committee and the scrutiny function has been developed and is supported fully by all stakeholders.</p> <p>A joint Health and Wellbeing Strategy will be agreed jointly across the BW7.</p> <p>The Reading Integration Board is drafting a work plan is being drafted into an action plan which plans to ensure the BW7 vision is realised through local service delivery groups, involving all partners.</p> <p><b><u>This action is complete</u></b></p>

**Group 1 - Strategic Development Governance and System Alignment**

CQC Findings / Suggested Area for Improvement	Action Required	Action Owner	RAG Rating	Timescale for Completion	Identified Risks and Mitigating Actions	Progress and Recommendations
<p><b>1b)</b> The strategic direction of the Berkshire West 7 was set out by Chief Officers representing the member organisations. There were strong relationships between the Chief Officers, however</p>	<ol style="list-style-type: none"> <li>Co-design Strategy at Stakeholder events in the Reading Locality to inform the Integrated Care Strategy.</li> </ol>	Seona Douglas	AMBER	31 <sup>st</sup> October 2019	<p><b>Risks</b></p> <ul style="list-style-type: none"> <li>Lack of engagement of partner agencies in terms of Communication assistance.</li> </ul>	<p>Progress detailed in 1A</p> <p>At operational level the Reading Integration Board will set a whole plan that delivers to the</p>

<p>the strategic vision for the Berkshire West area, including Reading, had not yet been articulated into a credible strategy that was agreed by and understood by all partners. As a result, it was not clear to people who use services and staff, how the strategy for the delivery of health and care services in Reading was aligned to the vision for the Berkshire West area.</p>	<ol style="list-style-type: none"> <li>2. Multi System Staff Awareness events to be held across all agencies to deliver the agreed strategy as part of the sign up to fully integrate health and social care.</li> <li>3. Publicise the Strategy in local areas such as Primary Care Hubs organisations internet, local forums and each organisations to use social media to spread the understanding of the commitments of Berkshire West linked with Reading.</li> </ol>		<b>AMBER</b>		<ul style="list-style-type: none"> <li>• Unable to release staff due to day to day demands.</li> <li>• Impact on other public interest issues as a result of an incident or changing priorities.</li> <li>• Local Adult Social Care strategies need to be linked.</li> </ul> <p><b>Mitigation</b> Chief Officers driving priorities</p>	<p>strategic pointer in relation to integration and reduction of duplication and effective use of resources.</p> <p>The PCN work continues to develop at the front line.</p>
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**Group 1 - Strategic Development Governance and System Alignment (cont.)**

CQC Findings / Suggested Area for Improvement	Action Required	Action Owner	RAG Rating	Timescale for Completion	Identified Risks and Mitigating Actions	Progress and Recommendations
<p><b>1c)</b> Health partners had led the development of the Berkshire West Integrated Care System in 2016 and were in support of merging the work of the BW7 into the INTEGRATED CARE SYSTEM. Historically there had been reluctance from some local authority partners for this direction of travel; however opportunities for alignment were being explored, supported through recent meetings between the Chairs of the Health and Wellbeing Boards in the three unitary authorities.</p>	<ol style="list-style-type: none"> <li>1. Meetings and engagement with Chairs of the Health and Well Being Boards with Local Authority and Health representatives to agreed strategy across Berkshire West 7.</li> <li>2. Chief Executive Group to clarify and agree joint strategy alignment</li> </ol>	Seona Douglas	GREEN	31st May 2019		<p>See response to 1A above</p> <p><b><u>This action is complete</u></b></p>
<p><b>1d)</b> System leaders should evaluate governance boards and processes to ensure that there is not duplication. System leaders should also ensure that people working in the system are clear on where decisions are taken, and where accountability lies for system performance.</p>	<ol style="list-style-type: none"> <li>1. Map all Governance systems, meetings and projects to decide upon cohesive agreement regarding streamlining and averting duplication of priorities.</li> <li>2. Create / update diagram of current decision making to understand the link within and across the System.</li> <li>3. Make decisions on duplication across BW7 in consultation with other LA's to affect 1D (2).</li> </ol>	Seona Douglas	GREEN	30 <sup>th</sup> June 2019	<p><b>Risks</b></p> <ul style="list-style-type: none"> <li>• Loss of organisations autonomy.</li> <li>• Sufficient time allocated to complete tasks</li> <li>• Organisational cooperation</li> <li>• Production of accurate data</li> </ul> <p><b>Mitigation</b></p> <ul style="list-style-type: none"> <li>• Changes are appropriately communicated.</li> <li>• Chief Officer Commitment and scheme of delegation.</li> </ul>	<p>Work detailed in response 1a determines the direction of travel.</p> <p>Berkshire West 7 group details the proposed Governance in relation to the whole system</p> <p><b><u>This action is complete</u></b></p>

<p><b>1e)</b> The Health and Wellbeing Board should play a greater role in scrutinising health and care decisions taken at an Integrated Care System (ICS) and BW7 level to ensure that plans are aligned with Reading's Health and Wellbeing Strategy. The Health and Wellbeing Board should also review its membership and ensure greater representation of health and social care providers, including independent providers.</p>	<ol style="list-style-type: none"> <li>Review Health and Wellbeing Board Membership in line with the Health and Social Care Act 2012 – Chapter 2 section's 194 – 199 to ensure representative membership for scrutiny and challenge.</li> <li>Decisions of the boards mapped out at 1d need to be reported at Health and Wellbeing Board</li> </ol>	Seona Douglas	GREEN	30 <sup>th</sup> October 2019	<p><b>Risks</b></p> <ul style="list-style-type: none"> <li>Failure to comply with the legislation and benefits from the wider membership and what this has to offer to progress outcomes for residents of Reading</li> </ul> <p><b>Mitigation</b></p> <ul style="list-style-type: none"> <li>Support from the LGA Health and Wellbeing Board Support Team/Social Care Institute for Excellence to engage with relevant organisations with us if required to gain sign up</li> </ul>	<p>Following the agreement to 1abc and d above a review will need to be completed for submission to the Autumn Health and Wellbeing Board meeting. Original June target date amended accordingly to reflect that.</p> <p><b><u>This action is complete</u></b></p>
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<b>Group 1 - Strategic Development Governance and System Alignment (cont.)</b>						
<b>CQC Findings / Suggested Area for Improvement</b>	<b>Action Required</b>	<b>Action Owner</b>	<b>RAG Rating</b>	<b>Timescale for Completion</b>	<b>Identified Risks and Mitigating Actions</b>	<b>Progress and Recommendations</b>
<p><b>1f)</b> The Adults, Children and Education (ACE) Committee should better embed its scrutiny function and play a more significant role in holding partners to account for common goals and scrutinising future strategic plans.</p> <p>The ACE Committee should call health leaders to account for decisions that impact on the delivery of health and care services to people in Reading.</p>	<ol style="list-style-type: none"> <li>Chair of Adults, Children and Education Committee (ACE) has arranged visits with partners NHS Chief Executives to open communications and set out expectations for the scrutiny programme and future agenda setting.</li> <li>Meeting held to determine respective roles of Health and Wellbeing Board (HWBB) and Adult Children and Education (ACE) Committee</li> <li>Consider other Reading needs and support for a Health Scrutiny function to consider the role of Healthwatch in that task.</li> </ol>	Seona Douglas	GREEN	31st May 2019	<p><b>Risks</b></p> <ul style="list-style-type: none"> <li>Visits do not take place in a timely way.</li> <li>Lack of sign up from the Partner organisation to presentation and attendance at Adults Children's and Education Committee.</li> </ul> <p><b>Mitigation</b></p> <ul style="list-style-type: none"> <li>Director of Adults Care and Health Services to facilitate meetings to support Elected Member.</li> </ul>	<p><b>6/2/2019:</b> Cllr Hoskin and Cllr Absolom along with Director of Adult Care and Health Services have agreed roles of Adult Children and Education Committee (ACE) and Health and Wellbeing Board (HWBB) to assist with agenda setting</p> <p><b>10/2/2019:</b> Chief Executives and Adults Children's and Education Committee chair are arranged for dates over the next 6 weeks</p> <p><b>22/5/19</b> The Reading Children's services are now in a company arrangement "Brighter Futures for Children" Therefore new arrangements are now in place for member reporting from them as an organisation.</p> <p>Meetings have taken place with Cathy Winfield CCG, Will Hancock SCAS, and Julian Emms BHFT and Steve McManus to engage in co-operating with scrutiny. This is now evidenced.</p> <p><b><u>This action is complete</u></b></p>

**Group 2 - Operational Delivery and Workforce**

CQC Findings / Suggested Area for Improvement	Action Required	Action Owner	RAG Rating	Timescale for Completion	Identified Risks and Mitigating Actions	Progress and Recommendations
<p><b>2a)</b> The modelling work undertaken by Integrated Care System workforce leads should be developed into a system workforce strategy and they should ensure that the local authority and the VCSE sector are involved in its development as partners and not just as providers.</p>	<ol style="list-style-type: none"> <li>Develop a Workforce strategy for Social and Health Care across Reading and secure the future staffing requirements to meet the needs of the system.</li> <li>Revise Terms of reference to include all system partners alongside current workforce leads so that there is clarity of the task required.</li> <li>Engagement event of the relevant system partners to ensure all have contributed to the strategy to ensure meets need of area and looks at integration.</li> <li>Reports form the Workforce group need to be included in updates to Reading Integration Board</li> </ol>	Debbie Simmonds	AMBER	30 <sup>th</sup> April 2020	<p><b>Risks</b></p> <ul style="list-style-type: none"> <li>Social care partners may not engage or understand the relevance of the Integrated Care System Workforce Group to their workforce so need to be informed.</li> <li>Engagement with senior’s managers who are able to contribute and participate in the work.</li> <li>Day to day priorities and/or emergency situations occur</li> <li>Individual organisations workforce priorities and strategy need to be aligned with core principles.</li> <li>Previous Workforce planning undertaken by Health Education England was not fully engaged with or embedded in Berkshire West.</li> </ul> <p><b>Mitigation</b></p> <ul style="list-style-type: none"> <li>Escalation to the Chief Officers Group to direct as required</li> </ul>	<p>Since CQC met with Workforce Focus Group leaders Integrated Care System Workforce Group has put into the March Meeting a ‘Deep Dive’ of social care workforce issues. This has led to higher engagement which will hopefully embed the social care issues within Integrated Care System Workforce Structure.</p> <p>Berkshire West Integrated Care System Workforce Group has agreed across the Integrated Care System, a workforce methodology, Skills for Health ‘6 Step’. Social Care alongside all health providers and has been offered support in engaging with this model. Workshops to facilitate this are currently in development. .</p>



**Group 2 - Operational Delivery and Workforce (cont.)**

CQC Findings / Suggested Area for Improvement	Action Required	Action Owner	RAG Rating	Timescale for Completion	Identified Risks and Mitigating Actions	Progress and Recommendations
<p><b>2b)</b> Although people received high-quality care and support in hospital, people aged 65+ were more likely to attend hospital in an emergency when compared to the national average, there was also a higher chance than the England average that that they would be admitted.</p>	<ol style="list-style-type: none"> <li>1. Ensure that the Optum Population Health Management work programme provides the intelligence we need to identify the underlying reasons for the higher number of non-elective admissions for patients aged 65 plus.</li> <li>2. Working with clinical leads and other partners, including Primary Care Networks and service users, use this intelligence to develop an action plan to help address the issues contributing to this higher than average number.</li> <li>3. Reading Integration Board to oversee the implementation of the actions in this plan and to provide reassurance of progress to the Health and Wellbeing Board.</li> </ol>	<p>Maureen McCartney</p>	<p align="center"><b>AMBER</b></p>	<p>Ongoing in 20/21 and a key workstream in Reading Integration Board work plan.</p>	<p><b>Risks</b></p> <ul style="list-style-type: none"> <li>• A focus on patients aged 65 plus may detract from work needed to address NEL's in other age groups</li> <li>• Need to ensure alignment with priorities of system partners</li> <li>• Commitment from all partners to delivery of the action plan</li> <li>• Resources to implement all actions identified</li> </ul> <p><b>Mitigation</b></p> <ul style="list-style-type: none"> <li>• RIB to ensure the Optum findings are used to support .an overall reduction in NELS's across all age groups and timescales for this agreed action</li> <li>• RIB membership to ensure joined up working and commitment across partner agencies</li> <li>• RIB to prioritise actions</li> </ul>	<p>Health and Social Care Partners actively engaged with the Optum Population Health Management Programme and an in depth analysis of the Optum and CCG data in relation to Non Elective Admissions was completed. The key findings from this analysis was that people living in the 3 most deprived wards in South Reading have more Non Elective Admissions, and high % prevalence of CHD, COPD, Diabetes Hypertension , obesity and CKD.</p> <p>RIB considered recommendations from this work in July 2019 and noted that a pilot was planned for South Reading testing out a virtual wrap around approach for COPD patients; initial focus on patients living in the 3 most deprived wards in South Reading (Whitley, Minster and Church wards) to improve health and wellbeing</p> <p>Virtual MDTs have now been completed in 3 out of 5 practices. A Respiratory Consultant is working in an integrated way with each practice to identify suitable COPD patients for review and to then sign post/review/refer patients as appropriate) e.g. if there are any patients that would benefit from social support e.g. housing, language/cultural barrier, finance, loneliness etc who could be flagged to the in-house Social Prescriber Link Worker/or referral to Social Services, smoking cessation etc .</p> <p>This pilot will run for 6 months, due to finish in March 2020 and is being evaluated as it is rolled out. It is being overseen by the ICP Long Term Conditions Programme Board.</p> <p>In addition one of the large GP Practices in Whitley PCN is reviewing a cohort of 50 patients who are high users of healthcare services and most at risk of a non-elective admission. Patients will be invited to attend a review of their care plan needs and the clinician will ensure they are on the optimum care pathway .</p>



						<p>Further action to reduce Non Elective Admissions is a key priority for the Reading Integration Board work plan for 20/21. This will include a review of the prevention and early intervention support services in the community.</p> <p>The NCPG pilot finishes on 31 March. The pilot will then be reviewed to review patient outcomes and other successes and this will be presented to RIB on 29 April. The main success to date has been bringing together professionals across health and social care organisations to discuss holistic plans for patients.</p> <p>The next steps are to develop recommendations for PCNs and to work with BHFT, Social Care and PCNs to develop MDTs as described in the NHS Long Term Plan and the Primary Care Network Directed Enhanced Service.</p> <p><b>This action is ongoing and included in the Reading Integration Board work plan.</b></p> <p><b>Lewis please check Seona is happy with this.</b></p>
<p><b>2c)</b> While there was extensive support for people living in care homes, the support offer in the wider community was less well developed. Schemes such as the Falls and Frailty Service and the Rapid Response Service were in place to meet people's needs at a point of crisis, however there was not an effective system risk stratification to identify people at high risk of deterioration in their condition which meant that early targeted interventions could not be put in place.</p>	<ol style="list-style-type: none"> <li>1. Address the gap identified in the work in 2B above</li> <li>2. Develop an action plan to address the gaps in support to reduce risk of non-elective admissions from a community setting.</li> <li>3. Include the external providers of domiciliary care and identify support for early supported discharge planning</li> </ol>	<p>Reva Stewart</p>	<p><b>AMBER</b></p>	<p>31<sup>st</sup> December 2019</p>	<p><b>Risks</b></p> <ul style="list-style-type: none"> <li>• Funding priorities</li> <li>• Sufficient allocated resource to undertake the task.</li> <li>• Lack of System/partner engagement</li> </ul> <p><b>Mitigation</b></p> <ul style="list-style-type: none"> <li>• Chief Officer group mandate</li> </ul>	<p><b>September 2019</b> Project group in place to pilot Neighbourhood Care Planning Group as a MDT approach. Gaining access to Integrated Population Analytics (IPA) tool is underway, as the risk stratification tool will contribute to identifying patients at risk of admission and support proactive interventions such as a MDT. Reading Integration Board will review outputs from 2b to inform the development of an action plan.</p> <p><b>November 2019</b> <b>See above for progress in 2b)</b> Review of Rapid Response pathway across Berkshire West commenced in November and includes all system partners.</p>

						<p><b>February 2020</b>  <b>See above progress in 2b)</b>  Development of the Urgent Community Response model will support the aspiration of supporting residents in their home setting when clinically safe to do so. Locally there is a project board and associated task and finish groups in place to support:</p> <ul style="list-style-type: none"> <li>• Specification &amp; Referral Criteria Task &amp; Finish Group</li> <li>• Care Provision Task &amp; Finish Group</li> <li>• Data Task &amp; Finish Group</li> </ul> <p>we have an integrated health and social care triage for discharge planning which identifies and arranges support from therapists when care is provided by external providers.</p>
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**Group 2 - Operational Delivery and Workforce (cont.)**

<b>CQC Findings / Suggested Area for Improvement</b>	<b>Action Required</b>	<b>Action Owner</b>	<b>RAG Rating</b>	<b>Timescale for Completion</b>	<b>Identified Risks and Mitigating Actions</b>	<b>Progress and Recommendations</b>
<p><b>2d)</b> Two primary care alliances had recently formed – the Reading Primary Care Alliance and the North &amp; West Reading Primary Care Alliance. The formation of the two alliances covered 25 GP practices in Reading and would allow for a more cohesive and collaborative approach to workforce planning and would represent and contribute towards a strategy for primary care within the Integrated Care System. It was expected that through the alliances, GP practices would work closer together in the development of a system risk stratification tool that would identify people at the highest risk of hospital admission.</p>	<ol style="list-style-type: none"> <li>1. Ensure the GP Workforce Group is linked in to wider system workforce strategy <b><u>THIS ACTION IS COMPLETE</u></b></li> <li>2. CCG to work with GP providers to use outputs from Optum public health management work to further develop risk stratification and MDT care planning for patients at risk of deterioration in their health, linking to care navigators as appropriate.</li> </ol>	Helen Clark	AMBER	Ongoing in 20/21 and a key workstream in Reading Integration Board work plan.	<p>A key risk would be around engagement and funding for PHM, however the BOB Primary Care Programme Board has agreed in principle for some of the PCN OD funding to be used to support PHM roll-out and in particular continuing to fund clinical ambassadors. These clinical leads will support PCNs in the use of PHM to inform MDT care planning as well as the identification of further opportunities for redesign projects along the lines of those referred to in our previous updates.</p>	<p>We have an agreed structure for work on the primary care workforce which links in both with BOB colleagues through the BOB Primary Care Workforce Group and with the ICP workforce workstream which is looking to take a collaborative approach to recruitment and retention for example through rotational posts. We are also working to embed the role of the Berkshire West Training Hub in supporting future workforce development and continued training and development for existing staff.</p> <p>The further roll-out of PHM will consider how it can be used to support risk stratification and underpin MDT working e.g. to identify people who will most benefit from a care planning approach. This now forms part of the RIB workplan.</p>

Group 2 - Operational Delivery and Workforce (cont.)						
CQC Findings / Suggested Area for Improvement	Action Required	Action Owner	RAG Rating	Timescale for Completion	Identified Risks and Mitigating Actions	Progress and Recommendations
<p><b>2e)</b> Connected Care, an information sharing platform was already improving connectivity between services, with ambulance and A&amp;E staff accessing GP summary care records, enabling them to make more informed decisions about a person's care. Connected Care had been rolled out within the acute and community trusts but was yet to be established in social care – plans were in place for a phased roll out in December 2018. Social care staff told us that this will make a big difference for them as they will be able see the conversations that have taken place with a person before the point that they make contact, saving time and informing better assessments</p>	<p>1. Deliver the currently agreed implementation plan.</p>	<p>Melissa Wise</p>	<p>GREEN</p>	<p>31<sup>st</sup> June 2019</p>	<p><b>Risk</b></p> <ul style="list-style-type: none"> <li>There is a risk that these projects will not Go Live as planned due to technical challenges. This risk will be robustly monitored through the Connected Care Implementation Board to ensure the project delivers to plan.</li> </ul> <p><b>Mitigation</b></p> <ul style="list-style-type: none"> <li>To maintain reporting through the Connected Care Implementation Board.</li> </ul>	<p>Portal access was launched as planned. Initially we offered a limited number of logins to staff to manage the administration however this has since been broadened with now 100 staff that have access</p> <p><b><u>This action is complete</u></b></p>

Group 2 - Operational Delivery and Workforce (cont.)						
CQC Findings / Suggested Area for Improvement	Action Required	Action Owner	RAG Rating	Timescale for Completion	Identified Risks and Mitigating Actions	Progress and Recommendations
<p><b>2f)</b> System leaders told us that processes for CHC had been reviewed and extra training had been provided for frontline staff. Despite this frontline staff still did not feel processes were still clear and consequently this was continuing to cause delays. We heard how this was impacting on people being able to die in their preferred place and were given examples of people dying in hospital before the funding was approved. A progress report given to the BW7 on the CHC Quality Premium in March 2018 showed that the CCG was still not reaching the terms of the Quality Premium.</p>	<p>1. Evidence of dissemination through the System of the Interim funding paper agreed by the CCG. This will enable agreement for interim funding so that someone can be placed while assessment and decision regarding Continuing Health Care are completed to prevent delay in a hospital.</p> <p>2. Process redesign of the Continuing Health Care Discharge to assess pathway and process.</p> <p>3. Interim funding paper – wider communication needed of desired outcomes when the process is redesigned to ensure achieving the outcome.</p>	<p>Katrina Anderson</p>	<p>GREEN</p>	<p>31<sup>st</sup> July 2019</p>	<p><b>Risks</b></p> <ul style="list-style-type: none"> <li>People wait unnecessarily for a Continuing Health Care determination.</li> <li>Potentially Health Care needs are not identified early enough and may impact upon resident if they fund their own care.</li> <li>Adult Social Care potentially provide for Health care needs inappropriately.</li> <li>Need to review training needs against the framework agreements</li> </ul> <p><b>Mitigation</b></p>	<p>These communication plan and these tasks will be allocated across all the organisations by Reading Integration Board when the pathway and process are signed off.</p> <p>A proposed CHC Discharge to Assess pilot was discussed and agreed at BW7 in January 2019.</p> <p>The CCG and LA's have met twice to discuss and agree the proposed CHC Discharge to Assess protocol (signed off by BW7 in Jan 2019).</p> <p>A further revised protocol was circulated to all 3 LA's in June 2019 and comments/agreement has not yet been received.</p> <p>Therefore the pilot has remained at amber and funding is due to finish in September 2019.</p>

	4. A focus on more assessments happening in the community.				<ul style="list-style-type: none"> <li>• Multidisciplinary Team Meeting need terms of reference sharing</li> <li>• CHC senior manager now attending DASC Wednesday 8 am meetings to</li> <li>• Discuss/agree DTOC issues.</li> <li>• Adult Social Care have received training and support from Michael Mandelstam in relation to Continuing Health Care</li> </ul>	<p><b>January 2020</b> Following the re-circulation of the revised protocol to the L.A.'s no further comments or agreements were received. Funding for the pilot ceased at the end of September 2019.</p> <p><b><u>This action is complete</u></b></p>
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### Group 3 - Commissioning and Market Management

CQC Findings / Suggested Area for Improvement	Action Required	Action Owner	RAG Rating	Timescale for Completion	Identified Risks and Mitigating Actions	Progress and Recommendations
<p><b>3a)</b> Health and care commissioners should work together to develop the new Joint Strategic Needs Assessment and ensure that in its development it is aligned with the Integrated Care System's Population Health Management approach.</p>	<ol style="list-style-type: none"> <li>1. Engage partners and service users to join existing boards to influence and contribute to meeting the needs in the Joint Strategic Needs Assessment (JSNA).</li> <li>2. Ensure all partners are involved in decisions regarding Joint Strategic Needs Assessment (JSNA and Public Health Monies 9PHM).</li> <li>3. Make best use of IT to present and share the information across the various organisations and staff groups.</li> </ol>	<p>Tessa Lindfield for Joint Strategic Needs Assessment</p> <p>Eiliis McCarthy for Population Health Management</p>	<b>GREEN</b>	31 <sup>st</sup> December 2019	<p><b>Risk</b></p> <ul style="list-style-type: none"> <li>• There is a continued risk that organisations will continue to use the outputs of the Joint Strategic Needs Assessment and Public Health Monies work separately given the differing timescales of delivery.</li> </ul> <p><b>Mitigation</b></p> <ul style="list-style-type: none"> <li>• This is mitigated by both TL and MM being part of both working groups</li> </ul>	<p>PH now a member of the PHM &amp; Digital Board. JSNA model has been agreed at all HWBs to include development of on line Berkshire Observatory tool as part of the JSNA which went live with a "soft launch" in September 2019 with a "hard launch" planned for early 2020.</p> <p>Agreement in place to develop joint commissioning for 0-19s in Berkshire West</p> <p>BCEG have agreed measured to strengthen governance of PH system and are reviewing set up across Berks.</p> <p>PH Board continues to meet to review use of PH Grant.</p> <p>A paper will be brought to the Health and Wellbeing Board in March 2020 to show the implementation of the JSNA model, including the Berkshire Observatory data tool and local research framework with an example of a deep-dive thematic needs analysis</p> <p><b><u>This action is complete</u></b></p>

<p><b>3b)</b> Health and care commissioners should develop a joint commissioning strategy. Health and care commissioners should agree on commissioning intentions across health and social care and work together to develop a joint market position statement.</p>	<ol style="list-style-type: none"> <li>1. Directors across Berkshire West set high level commissioning priorities for a joint commissioning strategy across Berkshire West and this will now be progressed to agree joint commissioning programme.</li> <li>2. Develop and agree Joint Market Position statement across the 3 Local Authority's and Clinical Commissioning Group for areas that are common to all partners</li> </ol>	<p>Seona Douglas</p>	<p><b>RED</b></p>	<p>31<sup>st</sup> December 2019</p>	<p><b>Risks</b></p> <ul style="list-style-type: none"> <li>• Commissioning capacity in all partner organisations remains a risk to this work.</li> </ul> <p><b>Mitigation</b></p> <ul style="list-style-type: none"> <li>• Additional capacity is being explored through the Better Care Fund to expedite this work.</li> </ul>	<p>Work in this area is slow. This is being reported to the Chief Executives in Dee20.</p> <p>A way forward is necessary to deliver in this area, as the 3 Local Authorities do not have completed Market Position Statements. This has meant that Seona has reconsidering how a Berkshire West pricing range can be agreed.</p>
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### Group 3 - Commissioning and Market Management (cont.)

CQC Findings / Suggested Area for Improvement	Action Required	Action Owner	RAG Rating	Timescale for Completion	Identified Risks and Mitigating Actions	Progress and Recommendations
<p><b>3c)</b> System leaders should focus on developing prevention and early intervention services that increase the support offer in the community. A system approach to risk stratification and active case management should be developed to identify people at the highest risk of hospital admission.</p>	<ol style="list-style-type: none"> <li>1. MDT Risk stratification progressing as part of care planning, but will be accelerated and broadened in order for partners and other projects to benefit from understanding this risk profiling approach.</li> <li>2. The Neighbourhood Care Planning Group (NCPG) pilot project needs to be reviewed to ensure the outcomes are aligned with the CQC outcomes. Consider if the information GP's hold in their GP frailty register could link into the pilot.</li> </ol>	<p>Maureen McCartney</p>	<p><b>AMBER</b></p>	<p>Ongoing in 20/21 and a key work stream in Reading Integration Board work plan.</p>	<p><b>Risks</b></p> <ul style="list-style-type: none"> <li>• There is a risk that the Neighbourhood Care Planning Group work is completed in isolation of the planned system wide neighbourhood work.</li> </ul> <p><b>Mitigation</b></p> <ul style="list-style-type: none"> <li>• All planned work related to Neighbourhoods is cited through the Reading Integration Board</li> </ul>	<p>Health and Social Care Partners have actively engaged with the Optum Population Health Management Programme and the outputs from this and the analysis and recommendations in the Paper referred to in Action 2b) support the action referred to in 3C .</p> <p>Public Health Managements data packs have been produced for each PCN in Reading by the CCG Chief Information Officer.</p> <p>In addition the Public Health lead at RBC is leading a work stream with partners from Reading Integration Board to develop a Population Health Management Process for Reading. This will help ensure that health and social care work together to support those Reading Residents most at risk of hospital admission.</p> <p><b>This action is ongoing and included in the Reading Integration Board work plan.</b></p> <p style="background-color: yellow;"><b>Lewis please check Seona is happy with this.</b></p>
<p><b>3d)</b> The role of the Reading Integration Board</p>	<ol style="list-style-type: none"> <li>1. Review Terms of Reference and</li> </ol>	<p>Melissa Wise</p>	<p><b>GREEN</b></p>	<p>31<sup>st</sup> March</p>	<p><b>Risks</b></p>	<p>Further to discussion with RIB Chair a 5 minute</p>



<p>should be further developed to enable joint commissioning outside of the Better Care Fund and be more closely aligned to the Health and Wellbeing Board</p>	<p>membership.</p> <p>2. RIB chair and PMO to engage with HWBB Chair to identify options for better alignment.</p> <p>3. As Joint Commissioning develops utilise the Reading Integration Board as the appropriate Governance vehicle for monitoring</p>			2020	<ul style="list-style-type: none"> <li>Lack of sufficiently experienced Programme Management capacity.</li> <li>Joint commissioning develops at a slower pace than expected.</li> </ul> <p><b>Mitigation</b></p> <ul style="list-style-type: none"> <li>Identify internal resources if required to undertake required work.</li> </ul>	<p>recurring item will be added to the Reading Integration Board (RIB) agenda for May 2019 onwards to discuss and monitor progress made / opportunities arising at the Berkshire West 7 Joint commissioning board and consider ongoing conversations re joint commissioning opportunities.</p> <p>Meeting to be planned for late June to allow Director and Chairs of both boards to discuss better alignment of Reading Integration Board (RIB) and Health and Wellbeing Board (HWBB). To also agree any necessary changes to terms of reference and membership.</p> <p><b><u>This action is complete</u></b></p>
<p><b>3e)</b> Market management was undertaken by the local authority and the CCG separately although system leaders stated an intention to move towards a more joined up approach. The local authority had a robust market position statement and was undertaking work to update this.</p>	<p>See 3b above</p>	<p>Seona Douglas pending appointment of new Asst. Director Commissioning</p>	<p>AMBER</p>	<p>30<sup>th</sup> September 2019</p>	<p><b>Risks</b></p> <ul style="list-style-type: none"> <li>Commissioning capacity in all partner organisations remains a risk to this work</li> </ul> <p><b>Mitigation</b></p> <ul style="list-style-type: none"> <li>Additional capacity is being explored through the Better Care Fund to expedite this work.</li> </ul>	<p><b>22/5/2019</b></p> <p>A Joint Commissioning Group as a part of the new Governance arrangements described above in 1A has been set up across the Berkshire West 7 group to address the commissioning issues more widely than Reading BC and the CCG. The group will be informed by the JSNA work, the Optum project and the 3 LA's (Reading Wokingham and West Berkshire) Market Position Statements.</p> <p><b>4/12/2019</b></p> <p>Please see the update in 3b for further detail</p>

Group 4 - Communication & Engagement						
CQC Findings / Suggested Area for Improvement	Action Required	Action Owner	RAG Rating	Timescale for Completion	Identified Risks and Mitigating Actions	Progress and Recommendations
<p><b>4a)</b> In developing the next Health and Wellbeing Strategy, due for publication in 2020, the local authority should engage system partners and ensure greater alignment with the wider Berkshire West Integrated Care System strategic intentions and those of the Buckinghamshire, Oxford and Berkshire West STP</p>	<p>1. Using the Health &amp; Wellbeing Board as the vehicle for discussion undertakes early scoping with partners to develop the strategic intentions for the strategy.</p> <p>2. Ensure System Leaders are engaged in approving the strategy and associated action plan. Ensuring alignment to the Integrated Care System (ICS) strategic intentions as appropriate. Joint</p>	<p>Tessa Lindfield</p>	<p>AMBER</p>	<p>30<sup>th</sup> September 2019</p>	<p><b>Risks</b></p> <ul style="list-style-type: none"> <li>As the Integrated Care System work evolves there is a risk that developments will not be included in the Health &amp; Wellbeing Strategy as it has a finite publish date.</li> <li>Ensure sufficient time is allowed to capture service</li> </ul>	<p>The chairs of the Wokingham, Reading and West Berks Health and Wellbeing Boards agreed in April 2019 to pursue having a Berkshire West shared joint health and wellbeing strategy.</p> <p>Post-election, Wokingham wanted to revisit this commitment. Discussions continue to agree how this can best include the Wokingham LA area. Reading and West Berks remain committed to developing this jointly.</p>



	ownership of the Action Plan is secured.				user voice through partnership groups	<p>A bid for programme support to develop the strategy made to the ICP delivery group has been successful. An interim project worker has been appointed</p> <p>The timeline for the production of the strategy is dependent on the recruitment of project management support for the work. Recruitment will take place in early 2020.</p> <p>The ambition for a shared joint HWBS with joint strategic ambitions and local priorities remains.</p>
<p><b>4b)</b> While relationships between system leaders are strong, improvements in relationships between health and local authority partners could be improved. As the system moves towards greater integration at a Berkshire West level, system leaders should ensure that staff are engaged in the process and that health partners and working with colleagues in the local authority to progress plans.</p>	<ol style="list-style-type: none"> <li>Public Health Consultants are working at a Berkshire West level to create the Framework needed to coordinate and bring groups together on a more formal basis.</li> <li>Action plan to decide how we really engage with each other and the wider stakeholders and public.</li> <li>Staff from all organisations are involved in the further development of the Integrated Care System work to ensure alignment and a joined up approach.</li> </ol>	Cathy Winfield	GREEN	31 <sup>st</sup> August 2019	<p><b>Risks</b></p> <ul style="list-style-type: none"> <li>Potential changes to elected members and senior leaders with a subsequent reduction in commitment to joint working</li> <li>Lack of capacity to deliver the ICP work programme</li> <li>Lack of resource to support the development of the joint strategy</li> </ul> <p><b>Mitigation</b></p> <ul style="list-style-type: none"> <li>Secure full organisational support for joint working and embed robust governance at locality and system level to reduce the impact of loss of specific individuals</li> <li>Review the resource associated with the current BW10 so that this can be deployed on agreed priorities and makes more efficient use of current capacity by doing things once and sharing.</li> </ul> <p>Each ICP partner to agree how the development of the new strategy will be resourced.</p>	<ol style="list-style-type: none"> <li>Reading Borough Council and the Health and Well Being Board have agreed to implement the ICP governance. This creates the framework needed to coordinate the joint working and engage staff. The first meeting of the ICP Unified Executive will take place on 12<sup>th</sup> September and the first meeting of the ICP Leadership group will take place on 30<sup>th</sup> September.</li> <li>All ICP partners have undertaken a strategic prioritisation process which will be signed off via the ICP governance and have agreed to develop a joint strategy for Berkshire West by July 2020, coordinated by public health, with clear identification of specific priorities for each local authority area (see 4a).</li> </ol> <p>RAG rating is now Green as the ICP has been implemented and joint strategy proposals are agreed.</p> <p><b><u>This action is complete</u></b></p>

Group 4 - Communication & Engagement						
CQC Findings / Suggested Area for Improvement	Action Required	Action Owner	RAG Rating	Timescale for Completion	Identified Risks and Mitigating Actions	Progress and Recommendations
4c) There were opportunities to make better use of the VCSE sector services market. Health and care commissioners should work with VCSE sector providers to support in the development joined up service offers.	<ol style="list-style-type: none"> <li>1. Linked to 3B above</li> <li>2. Refresh mapping exercises previously undertaken across the Clinical Commissioning Group and Reading Borough Council to align existing Voluntary Sector and Social Enterprise Commissioning and ensure Voluntary sector groups included across board.</li> </ol>	Seona Douglas pending appointment of new Asst. Director Commissioning	GREEN	30 <sup>th</sup> September 2019	<p><b>Risks</b></p> <ul style="list-style-type: none"> <li>• Capacity in commissioning teams across partner organisations is proving challenging.</li> </ul> <p><b>Mitigation</b></p> <ul style="list-style-type: none"> <li>• A realistic approach to be adopted to what can be achieved and maximise the resources available.</li> </ul>	<p>The Joint Commissioning Board described in 3e has a sub group focussed on Voluntary Sector commissioning led by the Public Health Consultant in West Berkshire and will report to the Joint Commissioning Board.</p> <p>This is built into Joint Commissioning Board work and a group led by the West Berkshire for all three Local Authorities and the CCG.</p> <p><b><u>This action is complete</u></b></p>
4d) Carers had varying experiences of accessing support in Reading. Statutory services were not always well linked to VCSE sector services that could provide support to carers. The Reading Carers Hub provided information and advice for unpaid carers however carers felt that they were not always well supported to access services and many felt they had to reach crisis point before they were offered support.	<ol style="list-style-type: none"> <li>1. Raise awareness of third sector support for carers amongst all organisations across the system</li> <li>2. Promote Carers Week (June) and Carers Rights Day (November) activities to create network opportunities</li> </ol>	Jon Dickinson	GREEN	30 <sup>th</sup> September 2019	<p><b>Risks</b></p> <ul style="list-style-type: none"> <li>• Lack of understanding legislation and local services</li> </ul> <p><b>Mitigation</b></p> <ul style="list-style-type: none"> <li>• Utilise local HUB's GP surgery's and on-line solutions to inform as widely as possible</li> </ul>	<p>Awareness has been raised over the last few months, with the following activities taking place:</p> <ul style="list-style-type: none"> <li>- Speed Dating events to link ASC and the 3<sup>rd</sup> Sector.</li> <li>- Spotlight on the voluntary sector – regular item in GP e-newsletter.</li> </ul> <p>Refresh of Caring in Reading information pack.</p> <p>Carers Rights day was promoted on twitter and the carers forum in Reading was held in November</p> <p><b><u>This action is complete</u></b></p>

Group 4 - Communication & Engagement (cont)						
CQC Findings / Suggested Area for Improvement	Action Required	Action Owner	RAG Rating	Timescale for Completion	Identified Risks and Mitigating Actions	Progress and Recommendations
4e) Carers we spoke with were concerned about the availability of respite care and that those who did not fund their own care had limited choice and control over what respite services were available. Carers felt that carers issues are not well understood and more could be done to join services together and promote common issues	<ol style="list-style-type: none"> <li>1. Carers needs to be incorporated in to the roll out of the new strength based model work – Conversations Count within Reading Borough Council see in 2 c above Further training to be rolled out across the department and partners re identifying carers who may have significant caring role.</li> </ol>	Jon Dickinson	GREEN	31 <sup>st</sup> March 2020	<p><b>Risks</b></p> <ul style="list-style-type: none"> <li>• Further analysis and identification work if needed.</li> </ul> <p><b>Mitigation</b></p> <ul style="list-style-type: none"> <li>• Explore involvement from Healthwatch and Carers</li> </ul>	<ol style="list-style-type: none"> <li>1. Speed dating events have happened between ASC &amp; 3rd Sector to raise awareness of community support / focus on carers.</li> <li>2. The Multi-Agency carers steering group continues to promote good practice and information sharing across partners.</li> <li>3. 'Caring in Reading' information pack has been refreshed to strengthen information about</li> </ol>

	<ol style="list-style-type: none"> <li>System partners to understand the joined up carers strategy – and to align in the future.</li> <li>Develop the ‘getting a break’ section of the ‘Caring in Reading’ information pack which is disseminated online within Reading Services Guide) and in hard copy so as to improve awareness of respite services</li> </ol>				Hubs	<p>respite services.</p> <p><b><u>This action is complete</u></b></p>
<p><b>4f)</b> Strategic provider forums which bring together staff from across health and social care providers should be established to enable staff to discuss operational processes and overcome barriers to joint working.</p>	<ol style="list-style-type: none"> <li>RBC will facilitate provider forums across all service areas ensuring representatives from partner organisations are represented.</li> </ol>	Melissa Wise	AMBER	31 <sup>st</sup> October 2020	<p><b>Risks</b></p> <ul style="list-style-type: none"> <li>Attendance at the sessions</li> <li>Partaking and absorbing the messages to champion in the workplace.</li> <li>Day to day priorities</li> </ul> <p><b>Mitigation</b></p> <ul style="list-style-type: none"> <li>Inclusive workshop style to encourage understanding.</li> <li>Commitment of Managers to release staff to participate.</li> </ul>	<p>This is a wider matter in relation to response for 1a above therefore the timescale has been adjusted from the original July date to enable this to be considered further and established across the wider footprint.</p> <p>For further detail, please take a look at 3b.</p> <p>A date for the Executive Director of Adults is arranged at the end of April 2020 to meet the Home Care Supported Living and Residential and Nursing Providers.</p>

**Group 4 - Communication & Engagement (cont.)**

CQC Findings / Suggested Area for Improvement	Action Required	Action Owner	RAG Rating	Timescale for Completion	Identified Risks and Mitigating Actions	Progress and Recommendations
<p><b>4g)</b> In the establishment of pathways care, operational leads should ensure they are understood and signed up to by staff across the system and that they are clearly communicated to people so that they understand what options are available to them when they are discharged from hospital</p>	<ol style="list-style-type: none"> <li>To Review all the care pathways to provide a clear understanding of the hospital discharge journey for residents.</li> <li>To provide public information in relation the pathway so that there is clarity in relation to a range of options.</li> </ol>	Mark Robson	GREEN	30 <sup>th</sup> September 2019	<p><b>Risks</b></p> <ul style="list-style-type: none"> <li>Allocated time</li> <li>Day to day priorities.</li> </ul> <p><b>Mitigation</b></p> <ul style="list-style-type: none"> <li>Commitment to improve the resident experience of hospital discharge.</li> </ul>	<p>The Royal Berkshire Foundation Trust along with its partners, RBC and BHFT have in place agreed pathways to all destinations for onward care. We have been reviewing these pathways (as per action plan) particularly the Community Reablement and Community Hospital ones. The systems has also agreed the “Choice Policy” which sets the expectation framework for discharging from RBFT and community beds to onward care. The RBFT has initiated a patient Discharge Envelope (A4) which contains all</p>

					<p>relevant information to patients and their relatives. We are also about to launch a new 1st stage letter from the Patient Choice Policy, which will be in line with the revised pathways, setting out details and expectations of the different pathways. This will be issued to all patients that may require onward care, for instance, home reablement, community hospital, residential care, domiciliary care and self-funded care.</p> <p><b><u>This action is complete</u></b></p>
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