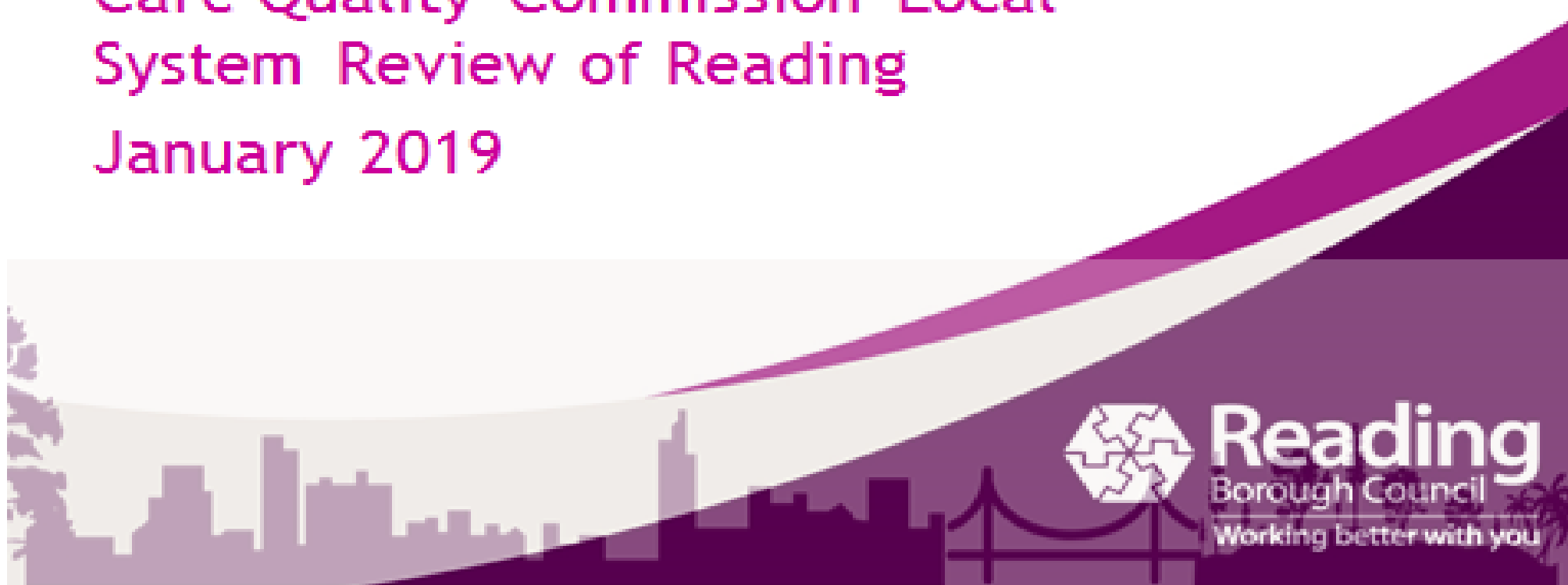


Reading Action Plan

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 6th September and 2nd November 2018 and in the report published by CQC on the 16th 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
Sam Burrows	Deputy Chief Officer & Director of Strategy	Berkshire West CCG's
Debbie Simmons	Director of Nursing	Berkshire West CCG's
Maggie Neale	Integrated Care System Workforce Manager	Berkshire West CCG's
Maureen McCartney	Director of Operations, CCG Urgent Care Lead	Berkshire West CCG
Melissa Wise	Head of Transformation	Reading Borough Council
Katrina Anderson	Interim 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

Key for RAG priority rating:

RED		Not started or priority to complete
AMBER		Work in progress to deadline
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>1a) 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"> 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. Agree the Strategic Principles and statement across Berkshire West 7 through the Chief Officers Group. 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. 	Seona Douglas		1 st July 2019	<p>Risks</p> <ul style="list-style-type: none"> National drivers 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. <p>Mitigations</p> <ul style="list-style-type: none"> Programme Management Office needs strong leadership. Partnership accountability via the Health and Well Being Boards in the Berkshire West 7 	<p>The report and this action plan will be presented to Reading Health and Well Being Board on 15th March 2019.</p> <p>May 2019 An Integrated Care Partnership across BW7 is being presented to Members over June and July 2019 which sets out the New Governance arrangements to benefit from the joined up projects with clear leadership and Boards in relation to subject areas reporting to a delivery group / Executive and ICP Leadership Team.</p>

<p>1b) 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 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"> 1. Co-design Strategy at Stakeholder events in the Reading Locality to inform the Integrated Care Strategy. 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. 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 . 	Sam Burrows		31 st October 2019	<p>Risks</p> <ul style="list-style-type: none"> • Lack of engagement of partner agencies in terms of Communication assistance. • Unable to release staff due to day to day demands. • Impact on other public interest issues as a result of an incident or changing priorities. • Local Adult Social Care strategies need to be linked. <p>Mitigation</p> <ul style="list-style-type: none"> • Chief Officers driving priorities 	Progress detailed in 1a and 1c no delay anticipated
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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>1c) 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"> 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. 2. Chief Executive Group to clarify and agree joint strategy alignment 	Seona Douglas		31st May 2019		<p>See response to 1A above</p> <p>The Chief Officers group meets monthly to drive the work detailed above.</p>

<p>1d) 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"> 1. Map all Governance systems, meetings and projects to decide upon cohesive agreement regarding streamlining and averting duplication of priorities. 2. Create / update diagram of current decision making to understand the link within and across the System. 3. Make decisions on duplication across BW7 in consultation with other LA's to effect 1D (2). 	<p>Seona Douglas</p>		<p>30th June 2019</p>	<p>Risks</p> <ul style="list-style-type: none"> • Loss of organisations autonomy. • Sufficient time allocated to complete tasks • Organisational cooperation • Production of accurate data <p>Mitigation</p> <ul style="list-style-type: none"> • Changes are appropriately communicated. • Chief Officer Commitment and scheme of delegation. 	<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>1e) 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"> 1. Review Health and Wellbeing Board Membership in line with the Health and Social Care Act 2012 – Chapter2 section's 194 – 199 to ensure representative membership for scrutiny and challenge. 2. Decisions of the boards mapped out at 1d need to be reported at Health and Wellbeing Board 	<p>Seona Douglas</p>		<p>30th October 2019</p>	<p>Risks</p> <ul style="list-style-type: none"> • 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 <p>Mitigation</p> <ul style="list-style-type: none"> • 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 	<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>

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>1f) 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"> 1. 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. 	<p>Seona Douglas</p>		<p>31st May 2019</p>	<p>Risks</p> <ul style="list-style-type: none"> • Visits do not take place in a timely way. • Lack of sign up from the Partner organisation to presentation and attendance at Adults Children's and Education Committee. 	<p>6/2/2019: Cllr Hoskin and Cllr Absolom along with Director of Adult Care and Health Services have agree roles of Adult Children and Education Committee (ACE) and Health and Wellbeing Board (HWBB) to assist with agenda setting</p> <p>10/2/2019: Chief Executives and Adults Children's and</p>

	<p>2. Meeting held to determine respective roles of Health and Wellbeing Board (HWBB) and Adult Children and Education (ACE) Committee</p> <p>3. Consider other Reading needs and support for a Health Scrutiny function to consider the role of Healthwatch in that task.</p>				<p>Mitigation</p> <ul style="list-style-type: none"> Director of Adults Care and Health Services to facilitate meetings to support Elected Member. 	<p>Education Committee chair are arranged for dates over the next 6 weeks</p> <p>22/5/19</p> <p>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, Julian Emms BHFT. Last of those meetings is arranged with Steve McManus RBH for June.</p>
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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>2a) 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"> 1. Develop a Workforce strategy for Social and Health Care across Reading and secure the future staffing requirements to meet the needs of the system. 2. Revise Terms of reference to include all system partners alongside current workforce leads so that there is clarity of the task required. 3. 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. 4. Reports form the Workforce group need to be included in updates to Reading Integration Board 	<p>Debbie Simmonds</p>		<p>30th April 2020</p>	<p>Risks</p> <ul style="list-style-type: none"> • 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. • Engagement with seniors managers who are able to contribute and participate in the work. • Day to day priorities and/or emergency situations occur • Individual organisations workforce priorities and strategy need to be aligned with core principles. • Previous Workforce planning undertaken by Health Education England was not fully engaged with or embedded in Berkshire West. <p>Mitigation</p> <ul style="list-style-type: none"> • Escalation to the Chief Officers Group to direct as required 	<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 have 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>
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Group 2 - Operational Delivery and Workforce (cont)

CQC Findings / Suggested Area for Improvement	Action	Action	RAG	Timescale for	Identified Risks and Mitigating	Progress and Recommendations
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	Required	Owner	Rating	Completion	Actions	
<p>2b) 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"> 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. 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. 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. 	Maureen McCartney		30 th September 2019	<p>Risks</p> <ul style="list-style-type: none"> • A focus on patients aged 65 plus may detract from work needed to address NEL's in other age groups • Need to ensure alignment with priorities of system partners • Commitment from all partners to delivery of the action plan • Resources to implement all actions identified <p>Mitigation</p> <ul style="list-style-type: none"> • 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 • RIB membership to ensure joined up working and commitment across partner agencies • RIB to prioritise actions 	Health and Social Care Partners have actively engaged with the Optum Population Health Management Programme and an analysis of the Optum and CCG data in relation to Non Elective Admissions has now been completed. This includes age, frailty, deprivation levels, prevalence of long term conditions and mental health and length of hospital stay. The key findings from this analysis and a list of recommended actions will be sent to members of the Reading Integration Board in the first week of June and is due to be discussed in detail at the July Integration Board meeting following which an action plan will be developed. The outputs of this will be shared with the Primary Care Networks and partners in the wider Berkshire West System.
<p>2c) 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"> 1. Address the gap identified in the work in 2B above 2. Develop an action plan to address the gaps in support to reduce risk of non-elective admissions from a community setting. 3. Include the external providers of domiciliary care and identify support for early supported discharge planning 	Reva Stewart		31 st December 2019	<p>Risks</p> <ul style="list-style-type: none"> • Funding priorities • Sufficient allocated resource to undertake the task. • Lack of System/partner engagement <p>Mitigation</p> <ul style="list-style-type: none"> • Chief Officer group mandate 	<p>June 2019</p> <p>No update available until Optum work detailed above at 2b has concluded</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>2d) Two primary care alliances had recently formed – the Reading Primary Care Alliance and the North & 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"> 1. Ensure the GP Workforce Group is linked in to wider system workforce strategy 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 a deterioration in their health, linking to care navigators as appropriate. 	Helen Clark		31 st December 2019		<p>The CCG has engaged with ICS partners on the workstreams that the new Primary Care Networks (PCN) Programme Board will cover and the wider membership will ensure a broader approach to workforce planning can be taken. The first PB meeting is scheduled to take place in June, and will be followed up by a PCN Summit Meeting in July. The existing Primary Care Workforce Group will now operate as a sub-group of the new Primary Care Networks Programme Board.</p> <p>In addition to this, the new PCN Clinical Directors will be invited to a Workforce Workshop in July that will help them understand how the new PCN workforce funding can support ICS objectives e.g. implementing a strategic approach to Social Prescribing.</p> <p>The Optum work has resulted in three pilot projects for Reading practices that are due to be implemented shortly:</p> <ul style="list-style-type: none"> • Caversham - Provide proactive intervention to prevent the >65 with 2-3 LTCS from becoming the >85 in health crisis. • Melrose – Housebound patients with CPOD and /or diabetes aiming to reducing A & E visits and admission by half • South Reading PCN - Improved performance on treatment outcome measures for Nepalese patient with Diabetes to prevent /reduce future attendances to services <p>PHM leads will join the new Primary Care Networks Programme Board to ensure the roll-out of these projects and the broader PHM approach is embedded within PCNs from the outset.</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>2e) Connected Care, an information sharing platform was already improving connectivity between services, with ambulance and A&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 style="background-color: green; color: white; text-align: center;">RAG Rating</p>	<p>31st June 2019</p>	<p>Risk</p> <ul style="list-style-type: none"> 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. <p>Mitigation</p> <ul style="list-style-type: none"> To maintain reporting through the Connected Care Implementation Board. 	<p>We are on track to deliver portal access to agreed list of front line staff and managers which started May 2019.</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>2f) 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>	<ol style="list-style-type: none"> 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. 2. Process redesign of the Continuing Health Care Discharge to assess pathway and process. 3. Interim funding paper – wider communication needed of desired outcomes when the process is redesigned to ensure achieving the outcome. 4. A focus on more assessments happening in the community. 	Katrina Anderson		31 st July 2019	<p>Risks</p> <ul style="list-style-type: none"> • People wait unnecessarily for a Continuing Health Care determination. • Potentially Health Care needs are not identified early enough and may impact upon resident if they fund their own care. • Adult Social Care potentially provide for Health care needs inappropriately. • Need to review training needs against the framework agreements <p>Mitigation</p> <ul style="list-style-type: none"> • Multidisciplinary Team Meeting need terms of reference sharing • CHC senior manager now attending DASC Wednesday 8 am meetings to • discuss/agree DTOC issues. • Adult Social Care have received training and support from Michael Mandelstam in relation to Continuing Health Care 	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.

CQC Findings / Suggested Area for Improvement	Action Required	Action Owner	RAG Rating	Timescale for Completion	Identified Risks and Mitigating Actions	Progress and Recommendations
<p>3a) 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"> Engage partners and service users to join existing boards to influence and contribute to meeting the needs in the Joint Strategic Needs Assessment (JSNA). Ensure all partners are involved in decisions regarding Joint Strategic Needs Assessment (JSNA and Public Health Monies 9PHM). Make best use of IT to present and share the information across the various organisations and staff groups. 	<p>Tessa Lindfield for Joint Strategic Needs Assessment</p> <p>Maureen McCartney for Population Health Management</p>		31 st December 2019	<p>Risk</p> <ul style="list-style-type: none"> 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. <p>Mitigation</p> <ul style="list-style-type: none"> This is mitigated by both TL and MM being part of both working groups 	
<p>3b) 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"> 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. 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 	Seona Douglas		31 st December 2019	<p>Risks</p> <ul style="list-style-type: none"> Commissioning capacity in all partner organisations remains a risk to this work. <p>Mitigation</p> <ul style="list-style-type: none"> Additional capacity is being explored through the Better Care Fund to expedite this work. 	An initial meeting of BW7 Commissioners have agreed scope to progress work. A further meeting in March will develop a work plan.

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
3c) 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.	<ol style="list-style-type: none"> 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. 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. 	Maureen McCartney		31 st September 2019	<p>Risks</p> <ul style="list-style-type: none"> There is a risk that the National Care Planning Group work is completed in isolation of the planned system wide neighbourhood work. <p>Mitigation</p> <ul style="list-style-type: none"> All planned work related to Neighbourhoods is cited through the Reading Integration Board 	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 required for 3C .
3d) The role of the Reading Integration Board 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	<ol style="list-style-type: none"> Review Terms of Reference and membership. RIB chair and PMO to engage with HWBB Chair to identify options for better alignment. As Joint Commissioning develops utilise the Reading Integration Board as the appropriate Governance vehicle for monitoring 	Melissa Wise		31 st March 2020	<p>Risks</p> <ul style="list-style-type: none"> Lack of sufficiently experienced Programme Management capacity. Joint commissioning develops at a slower pace than expected. <p>Mitigation</p> <ul style="list-style-type: none"> Identify internal resources if required to undertake required work. 	Further to discussion with RIB Chair a 5 minute 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. 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.
3e) 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 were undertaking work to update this.	See 3b above	Seona Douglas pending appointment of new Asst. Director Commissioning		30 th September 2019	<p>Risks</p> <ul style="list-style-type: none"> Commissioning capacity in all partner organisations remains a risk to this work <p>Mitigation</p> <ul style="list-style-type: none"> Additional capacity is being explored through the Better Care Fund to expedite this work. 	22/5/2019 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.

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>4a) 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>	<ol style="list-style-type: none"> Using the Health & Wellbeing Board as the vehicle for discussion undertakes early scoping with partners to develop the strategic intentions for the strategy. 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 ownership of the Action Plan is secured. 	Tessa Lindfield		30 th September 2019	<p>Risks</p> <ul style="list-style-type: none"> As the Integrated Care System work evolves there is a risk that developments will not be included in the Health & Wellbeing Strategy as it has a finite publish date. Ensure sufficient time is allowed to capture service user voice through partnership groups 	<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. This will be one strategy that covers the Berks West footprint thus aligning with the Berks West ICS (ie what was BW7/ BW10 footprint).</p> <p>There would still be borough specific sections to the strategy to ensure a sufficient local focus remains. After being published a Borough specific action plan would then be developed to sit under the strategy.</p> <p>The Reading HWB will receive a paper on 12th July 2019 that outlines a proposed process for the development of this shared joint HWB strategy. The same paper is going to the Wokingham and West Berks HWBs at a similar time point to ensure progress occurs across all 3 LAs within the same timeframe</p>
<p>4b) 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"> 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. Action plan to decide how we really engage with each other and the wider stakeholders and public. Staff from all organisations are involved in the further development of the Integrated Care System work to ensure alignment and a joined up approach. 	Cathy Winfield		31 st August 2019	<p>Risks</p> <ul style="list-style-type: none"> Potential changes to elected members and senior leaders with a subsequent reduction in commitment to joint working Lack of capacity to deliver the ICP work programme Lack of resource to support the development of the joint strategy <p>Mitigation</p> <ul style="list-style-type: none"> 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 Review the resource 	<ol style="list-style-type: none"> Reading Health and Well Being Board to agree and implement revised governance for Berkshire West ICP by August 2019. This will create the framework needed to coordinate the joint working and engage staff. All ICP partners agree 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). <p>RAG rating is now Amber as we have ICP proposals and joint strategy proposals now worked up and going to HWB with this plan..</p>

(4b continued)					<p>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.</p> <p>Each ICP partner to agree how the development of the new strategy will be resourced.</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"> 1. Linked to 3B above 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. 	Seona Douglas pending appointment of new Asst. Director Commissioning		30 th September 2019	<p>Risks</p> <ul style="list-style-type: none"> • Capacity in commissioning teams across partner organisations is proving challenging. <p>Mitigation</p> <ul style="list-style-type: none"> • A realistic approach to be adopted to what can be achieved and maximise the resources available. 	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.
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"> 1. Raise awareness of third sector support for carers amongst all organisations across the system 2. Promote Carers Week (June) and Carers Rights Day (November) activities to create network opportunities 	Jon Dickinson		30 th September 2019	<p>Risks</p> <ul style="list-style-type: none"> • Lack of understanding legislation and local services <p>Mitigation</p> <ul style="list-style-type: none"> • Utilise local HUB's GP surgery's and on-line solutions to inform as widely as possible 	

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>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</p>	<ol style="list-style-type: none"> 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. 2. System partners to understand the joined up carers strategy – and to align in the future. 3. 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 	Jon Dickinson		31 st March 2020	<p>Risks</p> <ul style="list-style-type: none"> • Further analysis and identification work if needed. <p>Mitigation</p> <ul style="list-style-type: none"> • Explore involvement from Healthwatch and Carers Hubs 	
<p>4f) 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"> 1. RBC will facilitate provider forums across all service areas ensuring representatives from partner organisations are represented. 	Seona Douglas pending appointment of new Asst. Director Commissioning		31 st September 2019	<p>Risks</p> <ul style="list-style-type: none"> • Attendance at the sessions • Partaking and absorbing the messages to champion in the workplace. • Day to day priorities <p>Mitigation</p> <ul style="list-style-type: none"> • Inclusive workshop style to encourage understanding. • Commitment of Managers to release staff to participate. 	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.

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
4g) 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	<ol style="list-style-type: none"> To Review all the care pathways to provide a clear understanding of the hospital discharge journey for residents. To provide public information in relation the pathway so that there is clarity in relation to a range of options. 	Mark Robson		30 th September 2019	Risks <ul style="list-style-type: none"> Allocated time Day to day priorities. Mitigation <ul style="list-style-type: none"> Commitment to improve the resident experience of hospital discharge. 	A Task and Finish Group 1t meeting was commenced in March 2019 and is working to review and revise pathways.