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WOKINGHAM
BOROUGH COUNCIL

A Meeting of the **WOKINGHAM BOROUGH WELLBEING BOARD** will be held in LGF4 - Civic Offices, Shute End, Wokingham RG40 1BN on **THURSDAY 13 JUNE 2019** AT **5.00 PM**

Susan Parsonage
Chief Executive
Published on 5 June 2019

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Creating Healthy & Resilient Communities

Key Priorities

WOKINGHAM
BOROUGH COUNCIL

MEMBERSHIP OF THE WOKINGHAM BOROUGH WELLBEING BOARD

Debbie Milligan	NHS Berkshire West CGC
Carol Cammiss	Director of Childrens Services
Nick Campbell-White	Healthwatch
UllaKarin Clark	Wokingham Borough Council
Philip Cook	Voluntry Sector and Community Partnership / Voluntary Sector
Graham Ebers	Deputy Chief Executive
John Halsall	Wokingham Borough Council
David Hare	Wokingham Borough Council
Sarah Hollamby	Director of Locality and Customer Services
Matt Pope	Director of Adult Services
Tessa Lindfield	Strategic Director Public Health Berkshire
Nikki Luffingham	NHS England
Charles Margetts	Wokingham Borough Council
Katie Summers	Director of Operations, Berkshire West CCG
Dr Cathy Winfield	NHS Berkshire West CCG
Felicity Parker	Community Safety Partnership and Thames Valley Police

1. None Specific **ELECTION OF CHAIRMAN 2019-2020**
To elect a Chairman for 2019-2020.

2. None Specific **APPOINTMENT OF VICE CHAIRMAN 2019-2020**
To appoint a Vice Chairman for 2019-2020.

3. **APOLOGIES**
To receive any apologies for absence

4. None Specific **MINUTES OF PREVIOUS MEETING** **7 - 12**
To confirm the Minutes of the Meeting held on 11 April 2019.

5. **DECLARATION OF INTEREST**
To receive any declarations of interest

6. **PUBLIC QUESTION TIME**
To answer any public questions

A period of 30 minutes will be allowed for members of the public to ask questions submitted under notice.

The Council welcomes questions from members of the public about the work of this Board.

Subject to meeting certain timescales, questions can relate to general issues concerned with the work of the Board or an item which is on the Agenda for this meeting. For full details of the procedure for submitting questions please contact the Democratic Services Section on the numbers given below or go to www.wokingham.gov.uk/publicquestions

6.1	None Specific	Anne-Marie Gawen has asked the Chairman of the Wokingham Borough Wellbeing Board the following question: Wellbeing in Wokingham Action Group (WIWAG) would like to ask the Board about the progress of plans for a mental health Recovery College for Wokingham Borough. We have asked about a Recovery College before and the answers were about ongoing plans and preparations - this is some time ago. We hope that these plans are close to fruition?	
7.		**MEMBER QUESTION TIME** To answer any member questions	
8.	None Specific	**BERKSHIRE WEST GOVERNANCE** To consider a report regarding Berkshire West Governance.	**13 - 28**
9.	None Specific	**BERKSHIRE WEST INTEGRATED CARE SYSTEM OPERATING PLAN: 2019/20** To receive the Berkshire West Integrated Care System Operating Plan: 2019/20.	**29 - 90**
10.	None Specific	**STRATEGY INTO ACTION** To receive an update regarding Strategy into Action.	**91 - 96**
11.	None Specific	**BETTER CARE FUND (BCF) PROGRAMME 2018/19** To be updated on the Better Care Fund (BCF) Programme 2018/19.	**97 - 112**
12.	None Specific	**BERKSHIRE WEST NEW SAFEGUARDING ARRANGEMENTS** To receive an update on the Berkshire West New Safeguarding Arrangements.	**113 - 146**
13.	None Specific	**WOKINGHAM INTEGRATED PARTNERSHIP: ANNUAL PLANNING EVENT – THEMES FROM THE DAY** To consider Wokingham Integrated Partnership: Annual Planning Event – Themes from the Day.	**147 - 156**
14.	None Specific	**UPDATES FROM BOARD MEMBERS** To receive updates on the work of the following Board members: • Healthwatch Wokingham Borough; • Voluntary Sector/Place and Community Partnership	**Verbal Report**

15.	None Specific	**FORWARD PROGRAMME** To consider the Board's work programme for the remainder of the municipal year.	**157 - 160**

Any other items which the Chairman decides are urgent

A Supplementary Agenda will be issued by the Chief Executive if there are any other items to consider under this heading

MINUTES OF A MEETING OF THE
WOKINGHAM BOROUGH WELLBEING BOARD
HELD ON 11 APRIL 2019 FROM 5.00 PM TO 6.45 PM

Present

Parry Batth	Wokingham Borough Council
Debbie Milligan	NHS Berkshire West CGC
Philip Cook	Voluntary Sector and Community Partnership
Graham Ebers	Deputy Chief Executive
David Hare	Wokingham Borough Council
Pauline Helliar-Symons	Wokingham Borough Council
Sarah Hollamby	Director of Locality and Customer Services
Tessa Lindfield	Strategic Director Public Health Berkshire
Julian McGhee-Sumner	Wokingham Borough Council
Katie Summers	Director of Operations, Berkshire West CCG
Dr Cathy Winfield	NHS Berkshire West CCG
Jim Leivers (substituting Carol Cammiss)	Children's Services
Martin Sloan (substituting Angela Morris)	Assistant Director Adult Services
Superintendent Felicity Parker	Community Safety Partnership

Also Present:

Madeleine Shopland	Democratic and Electoral Services Specialist
Rhosyn Harris	Public Health
Sally Murray	Head of Children's Commissioning NHS Berkshire West CCG
Hayley Rees	Lead Strategic Commissioner, Children's Services
Charlotte Seymour	Wellbeing Board Manager

58. APOLOGIES
Apologies for absence were submitted from Carol Cammiss, Nick Campbell-White, Councillor UllaKarin Clark, Angela Morris and Jim Stockley.

59. MINUTES OF PREVIOUS MEETING
The Minutes of the meeting of the Board held on 14 February 2019 were confirmed as a correct record and signed by the Chairman.

60. DECLARATION OF INTEREST
There were no declarations of interest.

61. PUBLIC QUESTION TIME
There were no public questions.

62. MEMBER QUESTION TIME
There were no Member questions.

63. FUTURE IN MIND UPDATE

The Board received an update on Future in Mind from Sally Murray, NHS Berkshire West CCG and Hayley Rees, Lead Strategic Commissioner, Children's Services, Strategy and Commissioning

During the discussion of this item the following points were made:

- The report was a summary of the larger Berkshire West Future in Mind document which was refreshed annually and had been published in October. The Wokingham Borough Wellbeing Board was required to have regard to the report.
- Capacity was being built across the system to provide help and support as early as possible.
- Board members were informed of the shift from a traditional escalator style tiered system to a systems approach informed by the THRIVE framework.
- Berkshire West was bucking the national trend in that the number of children requiring in patient beds was reducing as was the length of stay required. Work was being done to keep more children within the area.
- Nationally the demand for emotional wellbeing services had increased. It was possible that the increased demand was a positive sign and that stigma regarding emotional wellbeing issues was reducing.
- For Eating Disorders the current trend suggested that demand continued to be greater than the nationally modelled estimates on which the Berkshire service was commissioned. The risk and acuity of referrals had increased and the service was being reviewed.
- There had been an increase in self-harm rates in all three Berkshire West Local Authorities for people aged 10 – 24. Self-harm rates for 15 to 19 year olds across all three areas were higher than the national average with the biggest increase being in Reading.
- The application to become a Green Paper trailblazer site to create new local Mental Health Support Teams in Reading and West Berkshire had been successful. This would put more early help into schools. A wave two application for Wokingham was being considered.
- Board members were informed that funding had been secured from NHS England to build a new inpatient facility to replace Willow House, Wokingham. This would provide more capacity and reduce the number of children placed out of area.
- With regards to the Emotional Health and Wellbeing Strategy Hayley Rees outlined work being carried out to take workstreams forwards.
- Board members were updated on pCAMHS and the School Link Project. The School Link Project pilot had involved 5 schools and had then increased to 12 schools. It was hoped that this number would increase further.
- Questionnaires were being sent to the primary schools to map what support was available regarding emotional wellbeing, to identify any gaps in provision and to understand whether an equal offer was provided across the schools. It was noted that a capacity group had been established and included representatives from the primary and secondary schools and also Foundry College.
- Katie Summers asked that the mapping exercise also include Early Years.
- An update from the Educational Psychology Service was provided. It was noted that The Holt School had commissioned another exam stress group from the service this term.
- Councillor Helliar-Symons commented that she was pleased to read of the ambition to provide the right services when young people needed it. She noted that there had

been investment in workforce training across schools, primary care, the voluntary sector and social care, and asked what effect this would have on the work of the voluntary sector in particular. Hayley Rees commented that engagement sessions had been held with the voluntary sector in order to assess capacity. Philip Cook stated that he would like to push training opportunities out further across the voluntary sector. Councillor Helliar- Symons indicated that Children's Services was working with churches and youth groups.

- Rhosyn Harris referred to work being undertaken with regards to trauma informed committees in Berkshire West.
- Tessa Lindfield commented that the Future in Mind work linked with the Joint Strategic Needs Assessment.
- Philip Cook asked if young people had been asked for their views. Hayley Rees stated that work was being undertaken with the schools about what services were available.
- In response to a question regarding the services offered to state and private schools Sally Murray indicated that resources such as the Little Book of Sunshine were offered to all schools.
- Dr Milligan emphasised that as a GP she was seeing more children visiting the GP willing to talk about their mental health rather than their parents talking on their behalf.

RESOLVED: That the report and the updated Local Transformation Plan be noted.

64. LOCALITIES PLUS

Graham Ebers presented a report regarding Localities Plus. The report introduced the proposed place-based approach to be taken in the Wokingham Borough and proposed that this approach be championed by a new "Localities Plus Group".

During the discussion of this item the following points were made:

- Graham Ebers provided local context, referring to Primary Care Networks, the 3 conversation model and the 21st Century Council model. He went on to highlight the key aims and objectives and possible workstreams of Localities Plus.
- Dr Milligan indicated that there would be four rather than three Primary Care Networks and that the mapping information for the GP practices was out of date.
- Dr Milligan went on to question how the Localities Plus Group would fit into the integration agenda as there was no health representation on the Group. Dr Winfield stated that a representative from the Primary Care Network should be a member of the Group.
- Martin Sloan commented that the Localities Plus Group would help develop the Council's approach which would then feed into the Wokingham Leaders Partnership Board which had a wider membership.
- Dr Winfield commented that the aims and objectives were the same as those of the Primary Care Networks. She expressed concern that there would be duplication.
- Katie Summers suggested that there needed to be a stock take of the Integration Board. It was important to hear about engagement with neighbourhoods.
- Graham Ebers indicated that the structure of the Localities Plus Group could be reviewed in future.
- Tessa Lindfield requested that the Board be kept informed of the next steps.

RESOLVED: That the aims of the Localities Plus project and the benefits this would produce for the Borough be acknowledged and that the ongoing project be supported.

65. WELLBEING BOARD REFRESH / STRATEGY INTO ACTION

The Board received a report regarding the Wellbeing Board refresh/Strategy into Action.

During the discussion of this item the following points were made:

- The three key priorities of the refreshed Health and Wellbeing Strategy were; Creating physically active communities; Reducing social isolation and loneliness; and Narrowing the health inequalities gap. These priorities were also an umbrella that covered a large range of areas and issues that related to the local needs of the Borough.
- An action plan, 'Strategy into Action' would be developed further by the Wellbeing Board and the key stakeholders in Spring 2019. This collaboration for the development of the action plan would aim to enhance relationships and enable partners to decide on their level of involvement against particular actions. A Strategy into Action group had been established which would be utilised to support, co-ordinate and help turn the strategy into tangible and meaningful actions.
- It was noted that the Group had identified themes under the three key priorities.
- Graham Ebers indicated that all partners would be written to, to ask what work they would be undertaking in relation to the priorities and what more could be done. Philip Cook suggested that all organisations that services were commissioned from, should be written to.
- Katie Summers indicated that she and Tessa Lindfield were Senior Responsible Officers for the Buckinghamshire, Oxfordshire and Berkshire West Sustainability and Transformation Plan, and that an application to look at physical activity in the health and social care workforce in the area had received £120,000 of government funding.
- Dr Winfield commented that an increasing number of younger people were feeling socially isolated.
- Tessa Lindfield emphasised that the Board had a duty to have regard to the Health and Wellbeing Strategy.

RESOLVED: That the update and progress to date for the Wellbeing Strategy be noted and the implementation of Strategy into Action be supported.

66. JSNA 2018 SUMMARY AND PRESENTATION OF NEW JSNA MODEL

66.1 JSNA Key messages

The Board was updated on key messages of the Joint Strategic Needs Assessment.

During the discussion of this item the following points were made:

- While Wokingham had generally high levels of health and wellbeing more focus was needed on prevention.
- Areas that required improvement included; high traffic volume and poor air quality, mental and emotional wellbeing (and related to this unhealthy lifestyles including physical activity and alcohol as well as social isolation and loneliness), as well as the gap in life chances between more deprived and less deprived groups in the Borough.

RESOLVED: That the update on Wokingham's Joint Strategic Needs Assessment (JSNA) 2018 be noted.

66.2 New Approach to JSNA

Rhosyn Harris introduced the new approach to the Joint Strategic Needs Assessment.

During the discussion of this item the following points were made:

- The proposal was to move the Joint Strategic Needs Assessment from one long report into a suite of resources. Officers wanted the Joint Strategic Needs Assessment to be useful, accessible, relevant and to reflect the needs of residents.
- There would be a shift away from merely producing data intelligence. Tessa Lindfield commented that as Population Health Management and the integration of health and care progressed, it was likely that the JSNA would evolve further.
- Councillor Helliar-Symons asked about the indicator 'Percentage of people aged 16-64 in employment (2017-18)', commenting that young people were now required to remain in education until 18. Tessa Lindfield commented that it was a Public Health national indicator and ongoing trend data would change as the definition changed.
- Graham Ebers commented that it was good to see pictorial representation within the new look JSNA.

RESOLVED: That the proposals for the future approach to the JSNA for all Berkshire Unitary Authorities be supported.

67. REVIEW OF TERMS OF REFERENCE

The Board considered proposed amendments to the Committee's terms of reference.

During the discussion of this item the following points were made:

- It was proposed that the Member Board members be able to have substitutes.
- When the Wellbeing Board had first been established the membership had been much smaller and it had been agreed that only the Chairman, Healthwatch representative and one member of the Clinical Commissioning Group have voting rights. It was proposed that in the event of a vote being required there would be one vote per Board Member.
- It was agreed that Superintendent Felicity Parker be added to the Board membership as the Community Safety Partnership and Thames Valley Police representative.
- Board members agreed to invite a representative from the Royal Berkshire Fire and Rescue Service to be a member of the Board.
- It was suggested that provider representatives be co-opted on to the Board for a time limited period, as and when required.
- Tessa Lindfield requested that clearer reference be made to the Board's responsibility for promoting integration.

RESOLVED: That the proposed amendments to the terms of reference for the Wokingham Borough Wellbeing Board attached as Appendix 1 to the report and discussed at the meeting be recommended to Council via the Constitution Review Working Group for approval.

68. UPDATES FROM BOARD MEMBERS

The Board received an update from the following Board members.

- Katie Summers advised the Board that a Co Design day had been held to talk about neighbourhoods. Whilst it had been very helpful there was a need for more conversations with the community. She indicated that she would provide a more detailed report on the day at the Board's next meeting. Dr Winfield commented that the Clinical Commissioning Group Operating Plan would also be presented at the next meeting

- Philip Cook provided an overview of the promotion of the Wokingham Borough Wellbeing Board via the hashtag #WokinghamHWBB over the last year. Although further funding for this had not been received going forwards, Involve would continue to promote the Wellbeing Board, albeit at a reduced rate due to capacity issues.
- Katie Summers informed the Board of the #movingis campaign. She asked Board members to take pictures of themselves undertaking movement, such as going for a walk, and to use the hashtag.
- It was noted that it was Rhosyn Harris' last meeting. The Board thanked her for her hard work and wished her well for the future.

RESOLVED: That the update from Board members be noted.

68.1 Community Safety Partnership update March 2019

Graham Ebers took the Board through an update from the Community Safety Partnership. He welcomed Superintendent Felicity Parker to the Board.

RESOLVED: That the update from the Community Safety Partnership be noted.

TITLE	**Berkshire West Governance Proposals**
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board on Thursday, 13 June 2019
WARD	None Specific;
DIRECTOR/ KEY OFFICER	Graham Ebers, Deputy Chief Executive

Health and Wellbeing Strategy priority/priorities most progressed through the report	All priorities will be addressed through the new governance proposals.
Key outcomes achieved against the Strategy priority/priorities	Enhanced links between a Berkshire West ICP and BOB ICS will also establish close links with Health and Wellbeing Boards. These proposals also have a strong focus on the NHS Long Term Plan.

Reason for consideration by Wokingham Borough Wellbeing Board	To introduce the proposed new governance arrangements for the Berkshire West Integrated Care Partnership.
What (if any) public engagement has been carried out?	None currently.
State the financial implications of the decision	See below for further detail.

RECOMMENDATION

1) That the strategic objectives outlined in the main report (Table 3) be approved as the basis of the BWICSs work programme in 2019/20 noting that these are likely to change as a new strategy is developed;

2) The taxonomy summarised in Fig 1 be used to frame the governance arrangements for the BWICP;

3) That the governance structure as set out in Fig 2 be adopted for the new BW ICP.

4) That the terms of reference for the BWICP Leadership Board, BW10 Executive and BW10 Delivery Group as set out in Appendices 5a-c of the main report be agreed.

5) That the principles for resourcing the ICP be agreed.

All figures and tables referenced are within the main report embedded into this document.

SUMMARY OF REPORT

This report sets out the arrangements for the proposed creation of an Integrated Care Partnership across Berkshire West.

It was agreed late last year that the Berkshire West 10 Integration Programme (BW10) and the Berkshire West Integrated Care System (BWICS) would be combined. This was further reinforced by the CQC System Review in Reading, finalised late last year, which also concluded that there was a need to integrate the two Programmes. The Chief Officers Group workshop on 19th November 2018 agreed that as one of its emerging three priorities, the governance of the two Programmes should be combined. This Paper sets out the proposals for how this might be done. The paper has already been considered by a number of extant groups and is now being brought through the relevant Boards/Executives of the relevant organisations for final approval.

Background

Attached at Appendix 1 is the summary report which has been written to provide a detailed explanation of the governance proposals supporting the new Berkshire West Integrated Care Partnership (ICP). The main report has been embedded into this document and provides a more detailed background for those who have not been involved in the previous partnership arrangements and who are not fully sighted on the new NHS Long Term Plan.

Both reports cover the following:

(1) A description of the health and social care partnership arrangements that have been in place since 2013 and a review of their effectiveness;

(2) An explanation as to why the governance needs to change;

(3) Proposals regarding the new governance for the suggested Integrated Care Partnership (ICP) which include proposals to increase Elected Membership representation;

(4) Comments regarding future programme management costs which should fall.

05.02.19 Berkshire West Governance v2

Proposed Governance Arrangements for a Combined Berkshire West ICS and Berkshire West 10 – Main Report

Other Options Considered

A wide ranging discussion has taken place with Health and NHS Partners regarding the governance moving forward. This has involved considering a number of proposals. The conclusion of all these discussions in the Paper now before you. Some work, most notably around the work programme and supporting Programme Boards is still ongoing and will continue to be refined over the coming months.

Analysis of Issues, including any financial implications

Financial:
The new governance arrangements will deliver a saving in programme management costs. These are likely to be most apparent to the three local authorities which currently fund the project management costs through the Better Care fund. Any saving in project management costs can be used to fund other activities within the BCF. NHS costs through use of the NHS Transformation Fund are likely to be less affected.

Policy:
This report has no policy implications as such although it does reflect on the direct now set by the new NHS Long Term Plan (LTP). This will refocus future activity most notably for Health partners although there will be an impact on local government since the LTP will inevitably shape future health and social care activity. The development of Primary Care Networks may well accelerate further integration at a Locality and Neighbourhood level.

Personnel:
There will be some rationalisation in the current staffing supporting programme and project management activity. A number of staff are currently contracted on an interim basis or are on short term contracts so exit costs will not be a consideration. The proposals do envisage a greater role for Elected Members. This is seen as overdue but it will require Members to attend meetings of the Leadership Board.

Legal:
There are no legal implications associated with this report. The proposed Integrated Care Partnership is not a legal entity in its own right.

Risk Management:
Prior to the emergency of the LTP early in 2019 it had already become clear that the current governance arrangements which involved the Berkshire West 10 and the Berkshire West ICS were unsustainable. It was recognised both across the partners and externally that the two needed to be consolidated. The publication of the LTP has effectively changed the wider landscape so the opportunity has been taken to address both at the same time. Doing nothing was not an option.

Partner Implications
It is important that all Wellbeing Board partners review and understand the proposed new arrangements for Berkshire West.

Reasons for considering the report in Part 2
N/A

List of Background Papers
Appendix 1: Proposed Governance Arrangements for a Combined Berkshire West ICS and Berkshire West 10 – Executive Summary

Contact Charlotte Seymour	**Service**
Telephone No Tel: 0118 974 6050	**Email** charlotte.seymour@wokingham.gov.uk

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Proposed Governance Arrangements for a Combined Berkshire West ICS and Berkshire West 10 – Executive Summary – Final Draft

1. Introduction

1.1. It was agreed late last year that the Berkshire West 10 Integration Programme (BW10) and the Berkshire West Integrated Care System (BWICS) would be combined. This was further reinforced by the CQC System Review in Reading, finalised late last year, which also concluded that there was a need to integrate the two Programmes. The Chief Officers Group workshop on 19th November 2018 agreed that as one of its emerging three priorities, the governance of the two Programmes should be combined. This Paper sets out the proposals for how this might be done. The paper has already been considered by a number of extant groups and is now being brought through the relevant Boards/Executives of the relevant organisations for final approval.

2. Background

2.1. The BW10 was formed in 2014. Its primary purpose was to set a future direction for the integration of health and social are across Berkshire West, and then oversee the implementation of the resulting Programme. The BW10 comprised the four CCGs (at that time), Berkshire Health Care Foundation Trust (BHFT), the Royal Berkshire Hospital Foundation Trust (RBH), the South Central Ambulance Service (SCAS) and the three Unitary Authorities.

2.2. Much of the initial focus of the BW10's work was focused on the Elderly Frail and overseeing the introduction of the Better Care Fund (BCF). Initial governance was focused around the Chief Officers Group (COG) which had been established in 2013 following the implementation of the Health and Social Care Act (2012). As the work of the BW10 grew so did the governance needed to support an increasing scope. A BW10 Integration Board was subsequently established with a supporting BW10 Delivery Group and three Locality Boards based on the boundaries of the three Unitary Authorities.

2.3. The BW10 Integration Board subsequently developed a Vision and work programme which went beyond the Elderly Frail work but this proved difficult to establish for a number of reasons. By 2018 attendance at the BW10 Integration Board had become an issue and it was agreed that its function would merge with that of the Chief Officers Group. The BW10 Delivery Group has continued to meet, as have the three Locality Boards in some form.

2.4. Reflections on the BW10 governance suggest that there have been issues sustaining senior leadership commitment particularly in light of the emergence of the BW10 Integrated Care System (BWICS). The BW10 governance arrangements have also not included Elected Members – they were never formally part of the structure. It is also unclear the degree to which the BW10 governance has linked effectively with the Health and Wellbeing Boards in Reading, West Berkshire and Wokingham.

2.5. The Berkshire West ICS (BWICS) emerged in 2016. From the beginning it was agreed that Health partners alone would start the agreed Integration Programme and that local government partners would join the ICS after two years. The focus to date has been on integrating within Health not integrating Health and Social Care. This has left the ICS very much a Health entity. The only non Health representation on BWICS is the Chair of the BW10 Integration Board who is currently one of the Unitary Authority Chief Executives. The BWICS has progressed well on a number of its objectives and is seen to be one of the more advanced in the country.

3. Governance Proposals

3.1. Before considering future governance proposals it is perhaps worth reflecting on the current strengths and weaknesses of the existing governance arrangements across Berkshire West.

(1) Strengths

(a) Strong lasting relationships most notably amongst Health partners where there has been less churn in senior leadership.

(b) Commitment to partnership working which in some areas has borne improved outcomes.

(c) An effective BWICS governance structure which appears to have supported progress at some pace.

(d) An active and engaged BW10 Delivery Group that has some notable achievements under its belt.

(e) Some effective sub groups within both the BW10 and BWICS structure which have also delivered significant achievements.

(2) Weaknesses

(a) Current lack of agreed vision and strategic plan.

(b) Capacity - most notably at senior leadership level.

(c) Lack of engagement with Elected Members and with Health and Wellbeing Boards.

(d) Complex local arrangements with potential duplication.

(e) Strategic direction is fluid and subject to change – most notably within the NHS. This could undermine the effectiveness and sustainability of any agreed governance arrangements.

3.2. When this Paper was originally conceived late last year it was based on the expectation that the two existing Programmes (BW10 and BWICS) simply needed to be combined. The publication of the NHS Long Term Plan (NHS LTP) in January 2019 has however changed that. It has heralded a shift in the landscape over which NHS services will be planned and delivered over the next 10 years. This has potentially significant implications for Berkshire West and it would seem appropriate to shape this Paper around this new emerging landscape. Quite how some of these

proposals will finally emerge has yet to be clarified so some assumptions have had to be made. That said there is an opportunity now to shape something that both reflects national expectations whilst at the same time protecting the strong partnership arrangements that have already developed across Berkshire West. This will hopefully provide the foundation to strengthen joint working going forward and ensure Berkshire West has a strong and effective voice within the new Buckinghamshire, Oxfordshire, Berkshire West (BOB) ICS (BOB ICS) whilst also reflecting the Localities and Neighbourhoods that lie within Berkshire West.

3.3. Reflecting both the proposed direction in the NHS LTP and some of our own local architecture it would seem appropriate to base our future governance around the following taxonomy:

(1) *System* – the ICS will be the local Health and Social Care System. NHSE have determined that this should be Buckinghamshire, Oxfordshire and Berkshire West (BOB), the same footprint as the current Sustainability and Transformation Partnership (STP). The ICS will therefore no longer be based on Berkshire West. There is also a discussion around the future arrangements for Clinical Commissioning Groups (CCGs). There is a suggestion that there will be one CCG for each ICS: (the remainder of this Paper therefore refers to two ICSs - the current Berkshire West ICS (BWICS) and the newly emerging Buckinghamshire, Oxfordshire and Berkshire West ICS (BOB ICS) which it is assumed will replace the BWICS in time. In the context of this Paper the BOB STP and the BOB ICS should be assumed as one and the same thing!):

(2) *Place* – Berkshire West would be the focus for Place based planning. At this point there would appear to be an expectation that Place will be an important element of the new BOB ICS. A function of this Paper is to start the discussion as to what this Place based planning might look like:

(3) *Locality* – this would be each unitary authority area. The Health and Wellbeing Boards would remain the main planning unit at this level along with the Health Scrutiny function.

(4) *Neighbourhoods* – Primary Care Networks (PCNs) feature prominently within the NHS LTP. Work has already started on developing these across Berkshire West. The expectation is that as planning units PCNs would support a population of between 30,000 – 50,000 residents. Little has been done yet to consider the governance arrangements at Neighbourhood level and this Paper only comments superficially on this level of governance. The area of work is one of the other three priorities agreed by the Chief Officers Group in November last year.

3.4. Fig. 1 shows diagrammatically how this would work locally. It has been adapted from a diagram produced by the BOB STP.

3.5. Given this context some guiding principles have been set for the newly proposed governance arrangements:

(1) They should be built on the 'four level taxonomy' as already outlined providing clarity as to what each level is responsible for and how coordination will be effected between the different levels. Planning and delivery need to be differentiated as two different things.

(2) The new arrangements should be no more burdensome than the existing ones - ideally less so:

(3) The arrangements need to directly support the strategic direction adopted across Berkshire West and provide an effective means of working within the new BOB ICS.

(4) What is in place should be inclusive most notably with regard to Elected Members.

3.6. The absence of a vision and strategic plan creates something of a vacuum in terms of trying to shape governance around what needs to be achieved. Ultimately the work programme will be a combination of;

(1) what needs to be done to support the BOB ICS. (The BOB ICS has already produced an overview plan which highlights that it will delegate a significant amount of planning responsibility to Place – see Table 1);

(2) aspirations at a Berkshire West level (some of which have been articulated through the Chief Officers Group) alongside the existing aspirations of the BWICS and BW10. This requires further work;

(3) a consideration of the aspirations of each Locality as expressed through their Health and Wellbeing Strategies and;

(4) the emerging aspirations of Neighbourhoods largely through Primary Care Networks.

3.7. Table 1 highlights how the BOB ICS currently sees the role of Place. This is summarised below using the seven themes within the NHS LTP (subject to change);

(1) *Integrated Care* - Designed and delivered at Place. The System role would be to share good practice and encourage collaboration.

(2) *Prevention and Inequalities* - Designed and delivered at Place. As above the System role would be too share good practice and encourage collaboration.

(3) *Care Quality and Outcomes* - Designed and delivered at System level but delivered at Place or Organisational level

(4) *Workforce* - Designed by system with delivery left to Place or Organisation.

(5) *Digital* - Designed and delivered at Place. The System role would be to share good practice and encourage collaboration.

(6) *Efficiency* - Designed and delivered at Place Level and amalgamated / added to at System level.

(7) *Engagement and Partnerships* - Designed and delivered at Place level with STP / ICS sharing good practice and encouraging collaboration.

3.8. The main report attempts to do a similar exercise using the same themes from the NHS LTP. This time a Place perspective is taken analysing the relationship between Place and Locality and then a Locality perspective which analyses the relationship between Locality and Neighbourhood. This will require more discussion but it is an important consideration for these governance proposals.

3.9. With regard to the governance of Place the following are proposed and are shown in Fig.2;

(1) An Integrated Care Partnership (ICP) is created for Berkshire West given the titles ICS and BW10 are now no longer appropriate. The term ICP has been used elsewhere as a sub grouping of the ICS. It is felt the term implies a direct link to the BOB ICS which is seen to be important.

(2) The Leadership and Executive Boards within the existing Berkshire West ICS governance are retained. Their terms of reference are broadened to reflect the agreed strategic direction of the ICP. Membership would also need to be broadened and the following is suggested:

(a) ICP Leadership Board – the current membership would be expanded to include the Chief Executive and Elected Members from each local authority in the form of an Executive Member and the Chair of the Health and Wellbeing Board. The Board would retain an Independent Chair:

(b) ICP Executive Board – the current membership of this Group will need to be rationalised if it is to remain effective. The three Unitary Authority Chief Executives would join this Group along with the existing Chief Executives. It is proposed that each CEO would also be accompanied by one of their Directors. The Group would also contain the existing clinical representation. The Independent Chair of the ICP Leadership Board would also be invited to attend as an observer. The Executive Board would be chaired by a Chief Executive which would be revolved annually between the NHS and local government.

(c) The BW10 Delivery Group would become the ICP Delivery Group. The Chair of this Group would be a Chief Executive drawn from the Executive Group and rotated on an annual basis. The nominated Chief Executive would be from the opposite sector to the Chief Executive chairing the Executive Board. The expectation would be that this Group would be represented by Directors of Strategy (NHS), Directors of Adult Social Care (DASS), Children's Services (DCS) or their equivalents. It is proposed that the existing Programme Boards and Enabling Groups would report through the ICP Delivery Group going forward and not directly to the Executive as at present. The

Chairs of the Programme Boards and Enabling Groups would therefore also be expected to be represented on the ICP Delivery Group.

(d) Members of the Executive Board are already Members of the BOB STP Chief Executive's Group and this should provide an effective link at a strategic level to the BOB ICS. The BOB ICS is currently reviewing its own governance to ensure that it is 'fit for purpose' given the roles and responsibilities that the BOB ICS will assume. A watching brief will need to be maintained on this.

(3) Consideration needs to be given as to how Locality based planning interacts with Place based planning in this new arrangement. A stronger relationship needs to exist between the Health and Wellbeing Boards and the ICP. There will be a direct link at the ICP Leadership Board. It is also proposed to create a Prevention Programme Board which may be an appropriate place to take forward the joint working that has already been initiated between the three Health and Wellbeing Boards. This issue is reflected on in greater detail within the Main Report.

(4) No proposals are made in this Paper concerning the governance of the emerging Primary Care Networks. Once agreed this will need to fit appropriately with the 'four level taxonomy' outlined in this Paper. At this point it is proposed that a strong link is created between Neighbourhoods and Locality.

(5) There will be a need to expand the number of Programme Boards given that the work of the existing COG and BW10 work streams will need to be incorporated within the new ICP governance. This is reflected in more detail within the Main Report.

(6) The Chief Officers Group would be disbanded given its role would be assumed by the ICP Executive Board.

(7) It would be for Localities to decide whether they retained their BW10 Locality Integration Board and if so in what form and what its terms of reference would be.

5. Resourcing the new arrangements

5.1 The Chief Officers Group has already assumed that the support for this new governance will be found from within existing resources. There are in effect two sources;

(1) The Berkshire West ICS – there is a Programme Office in existence which includes 2 FTE with a total budget of £105k (staff costs only)

(2) The Berkshire West 10 – there is a BW Programme Office which includes 2 fte and has a budget of £730k. In addition to this each locality also has dedicated resource. In total the Locality resource comes to 5.4 fte (Wokingham 1.4 fte; Reading 3 fte and West Berkshire 1 fte. The BW10 resource is directly funded from the Better Care Fund (BCF).

5.2 In the future the ICS will move from Berkshire West to BOB. It is assumed however that the current BWICS staff funding will remain in Berkshire West. In terms of BW10 the level of project activity at a Locality level has fallen in recent years as projects have become 'business as usual' and the funding available for BCF related work has increasingly been moved into operational activity. It is therefore timely that the current arrangements are reviewed and reshaped around any newly emerging governance. The following is proposed;

(1) The Locality programme monitoring and management resource is moved to Place. The focus of the new resource would be on programme management and supporting the new ICP governance. At its heart will be the Leadership Board, Executive and Delivery Group but the ICP Programme Management Office (ICP PMO) would also need to support the ICP Programme Boards as well. If some ongoing Locality support was needed then this could be drawn from the ICP PMO but under the new governance arrangements the expectation would be that Health and Wellbeing Boards would provide this in Localities and that the resourcing will come directly from the three Unitary Authorities. At this point it is assumed that it would cover the following;

(a) Programme management for the ICP;

(b) Project management coordination;

(c) Performance management and data management;

(d) Forward planning for Leadership Board, Executive and Delivery Group

(e) Agenda management and distribution;

(f) Minuting meetings.

(2) Provision of specific Programme Manager resource to promote delivery of the agreed work programme. The current 'Integration Programme' has within it a number of existing work streams and some potential new ones. The development of the BOB ICS is likely to create new ones. Areas that have already been identified as in need to additional resource include;

(a) development of a vision and strategic plan for Berkshire West;

(b) joint commissioning;

(c) children's services integration;

(d) development of primary care networks although this is likely to be driven by Localities not Place;

5.3 The current view is that to enable this a Programme Office of 2 fte is required which will be funded by NHS Transformation Funding. In addition to this it is suggested that each locality has 1 fte Project Officer post funded through the BCF. These Locality posts would report to the Programme Office and are likely to support both

Place and Locality based work. Overall there will be a notable saving in Programme and Project Management costs compared to the current position.

6. Conclusions

6.1 The original objective of this Paper was to propose governance arrangements for a combined BW10 and BWICS Programme. There has been widespread acceptance that the two Programmes needed to be brought together however the publication of the NHS LTP in January this year has introduced a number of complications.

6.2 The future ICS seems unlikely to be based on Berkshire West but on BOB. A new taxonomy is now beginning to emerge based around BOB being seen as the System with Berkshire West, Oxon and Bucks each being designed as Place. In addition to this the terms Locality and Neighbourhood have also been defined creating a hierarchy in the governance of health and social care. In many respects this new taxonomy is helpful and will hopefully lead to much needed clarity as to who is doing what and where. The BW10 would most probably have made greater progress if such clarity had been forthcoming in 2014.

6.3 Aside from the new taxonomy the new NHS LTP has also provided a set of themes which are being used more widely by the BOB STP to frame its own objectives. This has been continued in this Paper to provide some continuity.

6.4 The focus on the NHS LTP should however be treated with some caution. It is a NHS document seemingly written almost entirely for the NHS. It says little about Local Government, Public Health or the community and voluntary sector and therefore does little to embrace true health and social integration. The NHS LTP also brings significant new resources for the NHS over the medium term. At the time of writing the Government had yet to do anything to address the funding challenges in Social Care nor the ongoing reductions in Public Health Grant. A growing disparity in the funding positions of NHS and Local Government partners will not be conducive to productive joint working and integration and will require effective leadership.

6.5 All that said the NHS LTP shifts the emphasis from Berkshire West to BOB. NHS funding will now be channelled through the BOB ICS and it will be essential for Berkshire West to play a strong role within this new system.

6.6 The proposal to create a Berkshire West ICP reflects this need to establish a strong link with the BOB ICS. The new governance seeks to take the best from the existing BWICS and BW10. Importantly the arrangements should reduce and certainly not increase the time commitments of senior managers which has become a major issue in recent years. It is also set to enable a reduction in the current programme management costs.

6.7 Importantly the new governance arrangements seek to establish a clear role for Elected Members and also establish closer links with Health and Wellbeing Boards. The new ICP will still have an agenda dominated by Health. This will in part be a reflection of the agenda driving by the BOB ICS which in turn will be driven by the NHS LTP. If the new ICP is to be truly a partnership between Health and Local Government then the blending of work streams and a recognition of the work to be done at Locality and Neighbourhood will be essential. Creating agendas and a debate that can properly engage all partners will be a real challenge. If participants

become spectators to an alien unfamiliar and largely irrelevant debate they will soon depart.

6.8 The history of the BW10 and BWICS suggests that balancing transformation with organisational objectives and the day to day 'business as usual' activity will remain challenging. There will be a need for the ICP to have a handle on the performance of the Berkshire West Health and social care system. At the same time it will need to ensure its own Programme of activity is being delivered and that all of the partners are playing their part in delivering it.

6.9 Berkshire West does not have a vision or strategic objectives which sit comfortably with the new world within which it now resides. Neither does the BOB ICS. It is currently shaping its new strategy. The BWICP will need to do likewise. For the purposes of this document a working set of strategic objectives have been established on which the governance proposals in this Paper have been shaped. At the same time various assumptions have been made about what is best done at System, Place, Locality and Neighbourhood. At this point the strategic objectives largely reflect those of the BWICS, BW10 and Chief Officers Group. They have been framed within the seven themes of the NHS LTP and where appropriate are reflective of the emerging strategy being developed by the BOB ICS. By definition they will change and the BWICP governance, most notably the Programme Boards, will need to change to reflect it.

6.10 The bringing together of the current arrangements under a new BWICP will also necessitate the bringing together of the staff that will need to support and the Paper makes a number of proposals in this regard.

7. Recommendations

(1) The strategic objectives outlined in the main report (Table 4) are approved as the basis of the BWICSs work programme in 2019/20 noting that these are likely to change as a new strategy is developed.

(2) The taxonomy summarised in Fig 1 is used to frame the governance arrangements for the BWICP.

(3) The governance structure as set out in Fig 2 is adopted for the new BW ICP.

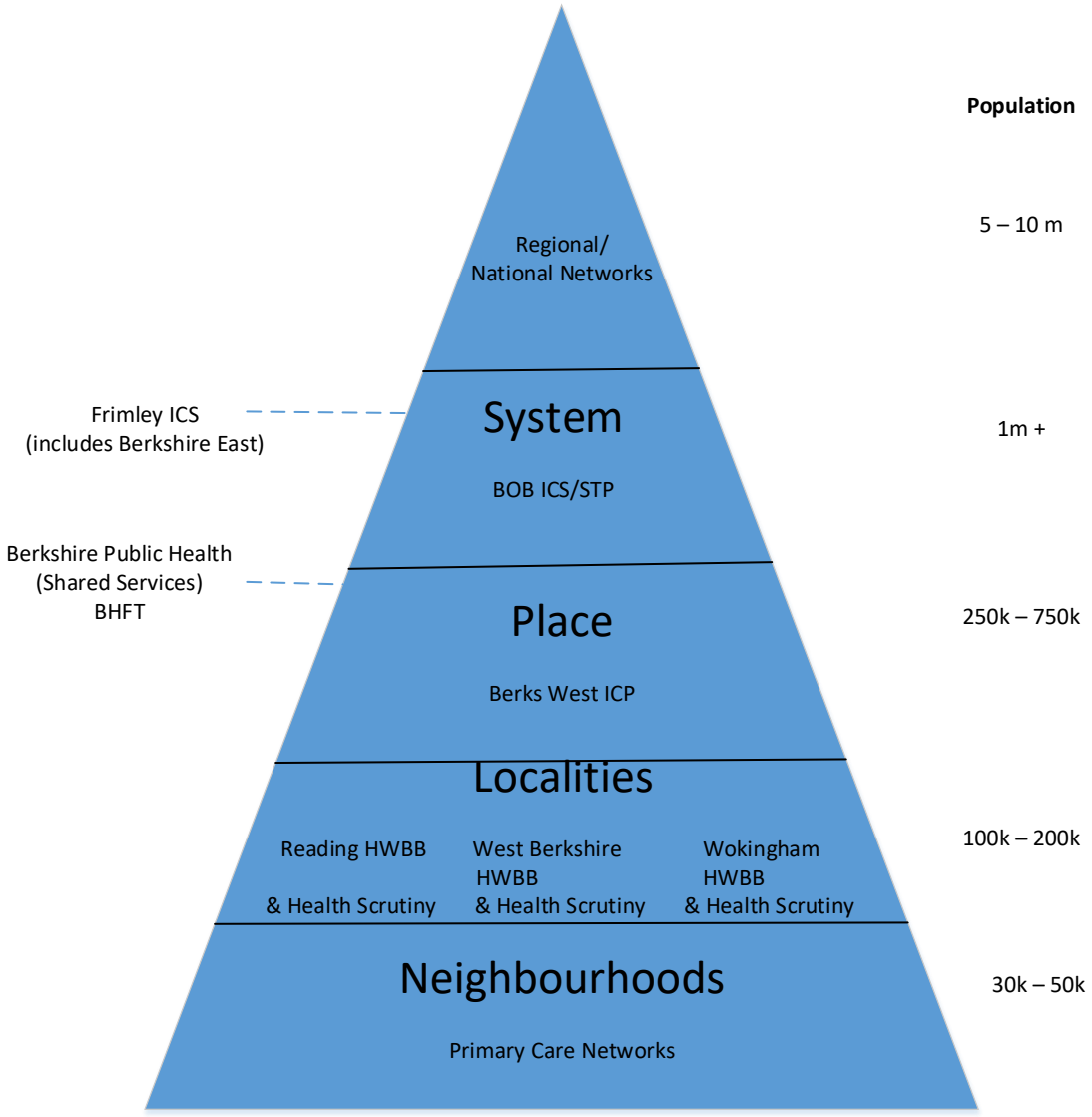
(4) The terms of reference for the BWICP Leadership Board, BW10 Executive and BW10 Delivery Group as set out in Appendices 5a-c of the main report are agreed.

(5) The principles for resourcing the ICP as set out in section 5 are agreed.

Nick Carter

April 2019

Fig. 1 – The proposed Health and Social Care Planning Taxonomy on which Berkshire West governance is based

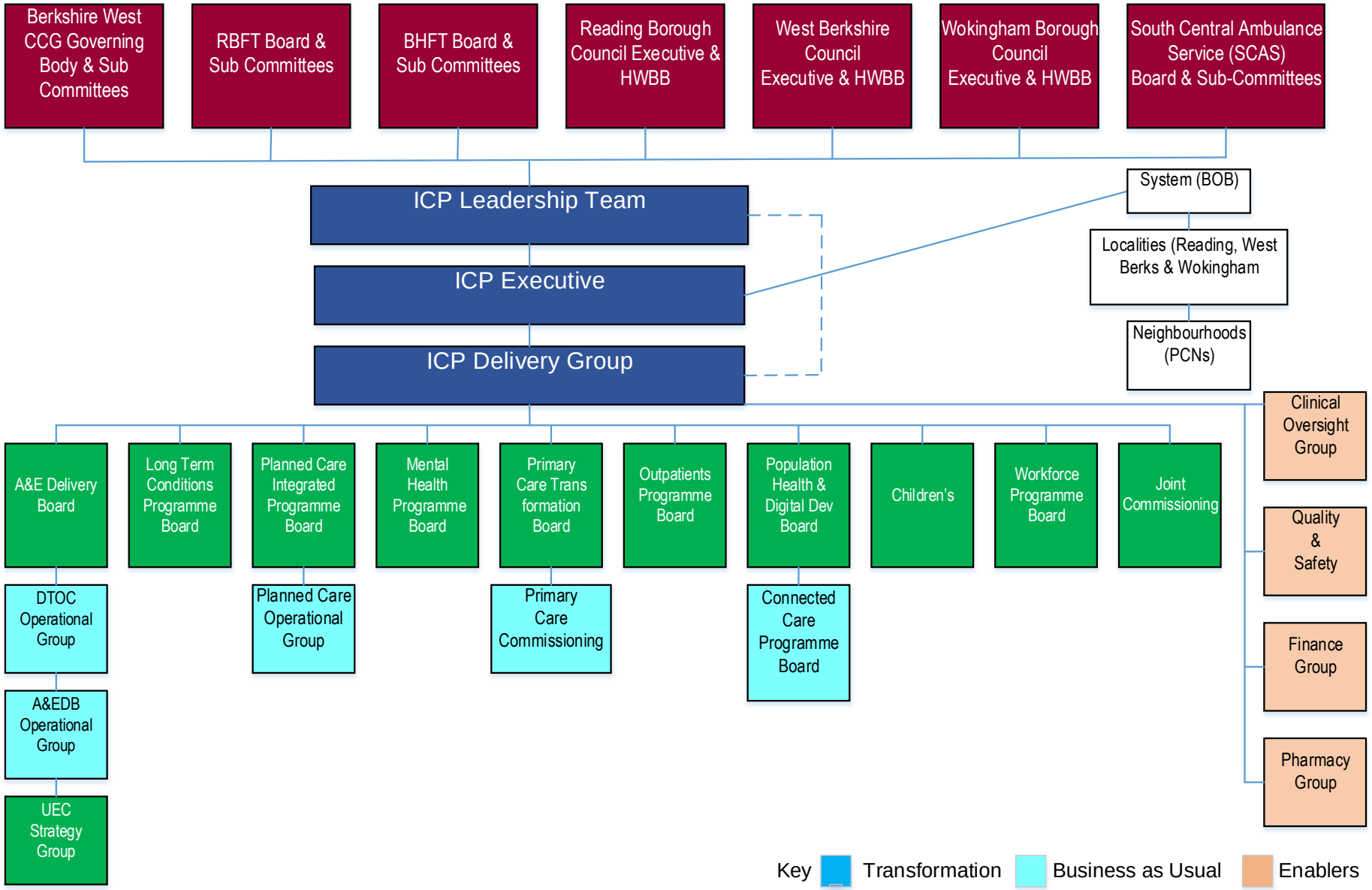


Note: Delivery will also be provided by organisations which will not necessarily align with this taxonomy

Table 1 - Proposed allocation of roles and responsibilities between System and Place as proposed in the BOB STP

LTP Theme	Primary Responsibility for design	Primary responsibility for delivery	Proposed System role under current approach	How role could develop to something more ambitious if desired
1. Integrated care	Place	Place	Coordinates/share good practice/encourage collaboration	Elements of system design and delivery (e.g. digital primary care). Ambition and accountability
	Much of System LTP section to be developed at Place and amalgamated. Some elements at System			
2. Prevention & Inequalities	Place	Place	Coordinates/share good practice/encourage collaboration	Elements of system design (e.g. related to population growth or border localities).
	System LTP section to be developed at Place and amalgamated			
3. Care Quality & Outcomes	System (or wider)	Organisation	System design, leave delivery to Place/Organisation	Possibly system delivery e.g. clinical support services. Ambition and accountability
	LTP section to be developed at System level and added to by Organisations			
4. Workforce	STP	Organisations	Some system design, leave delivery to Place/Organisation	System design e.g. shortages. System delivery e.g. regional bank or leadership academy
	LTP section to be developed at System level and added to by Places/Organisations			
5. Digital	STP (or wider)	Place & Organisations	System design, leave delivery to Place/Organisation	System delivery provider for all organisations
	LTP section to be developed in Place and amalgamated/added to at System			
6. Efficiency	STP	Organisations	Some system design, leave delivery to Place/Organisation	System design –STP efficiency plan. System delivery – for scale
	LTP section to be developed in Place and amalgamated/added to at System			
7. Engagement & Partnerships	Place	Place	Coordinates/share good practice/encourage collaboration	System design on engagement, especially with big employers/housebuilders
	LTP section to be developed in place and amalgamated/added to at System			

Fig 2 - Proposed ICP Governance & Leadership (March 2019)



TITLE	**Berkshire West Integrated Care System Operating Plan: 2019/20**
FOR CONSIDERATION BY	Wokingham Wellbeing Board on Thursday 13 June 2019
WARD	None specific
DIRECTOR/ KEY OFFICER	Katie Summers, Wokingham Locality Director of Operations, Berkshire West CCG

Reason for consideration by Wellbeing Board	To consider the Berkshire West Integrated Care System Operating Plan: 2019/20
Relevant Health and Wellbeing Strategy Priority	Priority 1 - Creating physically active communities; Priority 2 – Reducing social isolation and loneliness; Priority 3 – Narrowing the health inequalities gap. The Operating Plan covers a broad range health and care matters, including a section on inequalities, and other references to the promotion of physical exercise and the value of social prescribing.
What (if any) public engagement has been carried out?	The Operating Plan builds upon public engagement undertaken by partners, both in terms of overall priorities and service transformation. There will be further engagement on the final plan.
State the financial implications of the decision	No decision required.

OUTCOME / BENEFITS TO THE COMMUNITY

Prioritisation of quality – including delivery of safe care, good health outcomes, and ensuring a good experience for patients and their families – is reflected in the Berkshire West Integrated Care System Operating Plan: 2019/20.

RECOMMENDATION

That the Wellbeing Board consider and note the Berkshire West Integrated Care System Operating Plan: 2019/20.

SUMMARY OF REPORT

The Berkshire West Integrated Care System Operating Plan 2019/20 forms the foundation for a five year strategy that will be developed later this year in response to the NHS Long Term Plan. The ICS will work with its three local authority partners and Health and Well Being Boards to develop a single strategy for Berkshire West and this, in turn, will contribute to the development of the strategy for the Buckinghamshire, Oxfordshire and Berkshire West (BOB) shadow ICS.

The Operating Plan 2019/20 describes:

- Our strategic priorities and the new model of care we intend to adopt
- Action on prevention and reducing health inequalities
- How the ICS will support the reduction of disease burden across Berkshire West
- Quality priorities
- Demand forecasts
- Ensuring financial sustainability
- Workforce strategy
- Digital transformation.

While the 2019/20 plan outlines the key transformation programmes that will deliver the first year of the Long Term Plan, it should be noted that lack of available financial headroom will constrain the ability to invest further in new models of care to accelerate these changes.

The Operating Plan 2019/20 has been co-produced by the ICS partners in line with national guidance. A draft plan was submitted received feedback from NHS England in February. Overall the draft plan was considered 'good'. Further areas of improvement were highlighted and incorporated into this final version of the plan.

Partner Implications
Working together the with local government, the third sector, partners and our local communities, the ICS Operating Plan will drive system transformation to ensure that the local NHS improves health outcomes and improves the experience patients have of NHS care.

Reasons for considering the report in Part 2
None

List of Background Papers
None

Contact Kate Summers	**Service** Berkshire West CCG
Telephone No	**Email**
Date 3rd June 2019	**Version No.** Final

BERKSHIRE WEST
INTEGRATED CARE SYSTEM
OPERATING PLAN: 2019/20

1 INTRODUCTION

This document is the 2019/20 Operating Plan for the Berkshire West ICS and the NHS organisations that are part of the ICS. It will form the foundation for a five year strategy that will be developed later this year in response to the NHS Long Term Plan. The ICS will work with its three local authority partners and Health and Well Being Boards to develop a single strategy for Berkshire West and this, in turn, will contribute to the development of the strategy for the Buckinghamshire, Oxfordshire and Berkshire West (BOB) shadow ICS.

To meet the challenges faced by the local health and care economy, the constituent NHS organisations have joined together to form the Berkshire West Integrated Care System (ICS). The ICS is currently made up of:

- Berkshire West Clinical Commissioning Group (CCG)
- Royal Berkshire Hospital Foundation Trust - an acute hospital (RBFT)
- Berkshire Healthcare NHS Foundation Trust - a community and mental health provider (BHFT)
- Providers of GP services in Berkshire West

The ICS also works closely with South Central Ambulance Service (SCAS) and the three local councils in West Berkshire, Wokingham and Reading to drive integration between health and social care through the Berkshire West 7 programme. During 2019/20 we will align the two programmes and create a single set of governance arrangements for the NHS and local government in order to take on joint responsibility for the health of the local population, providing joined up, better coordinated care and making best use of the Berkshire West pound.

1.1 Our Vision

At its inception the ICS identified three strategic objectives which are shared by the Berkshire West 7 programme:

- An improvement in the health and wellbeing of our population
- Better patient experience and outcomes
- Financial sustainability for all organisations across the ICS.

The ICS has a clear vision for the Berkshire West health and social care system which will comprise:

- A resilient urgent care system that meets the “on the day” needs of patients and meets national standards
- Redesigned care pathways that improve patient experience and clinical outcomes and make the best use of clinical and digital resources
- A transformed and resilient primary care sector which supports GPs to care for more patients at home and in their communities
- A shared infrastructure and capability that supports delivery of the vision
- A financially sustainable system that provides best value for the taxpayer

The ICS has developed programmes which support the delivery of its vision and 2019/20 will be our third year of operation as an ICS. The system will seek to build on the successes of the previous years, which include:

- Improvements to service quality and access, including the provision of additional GP appointments at evenings and weekends

- The establishment of four Primary Care Alliances which have provided a strong foundation for the development of Primary Care Networks serving neighbourhoods of around 50,000 people
- Publication of our first *Population Health Management Roadmap* (PHM), and the launch of our initial PHM programme which has identified opportunities to provide support to “at risk” individuals in our population
- Development of a robust urgent and emergency care system which has reduced Delayed Transfers of Care (DTOC) in conjunction with BW7 partners, and reduced non elective admissions from care homes to below the national average.
- Working with the Thames Valley Cancer Alliance to increase the uptake of cancer screening amongst individuals who were not previously coming forwards
- Implementing a nationally recognised Increasing Access to Psychological Therapies service which is an early implementer for targeting people with Long Term Conditions
- Delivery a psychiatric liaison service in the Royal Berkshire to support people in crisis who attend the Emergency Department
- Expanding the Individual Placement Support employment model to support people with mental health and addictions to gain and keep paid employment.
- The development of a new contracting mechanisms and a joint approach to managing the system’s financial resources

1.2 About us

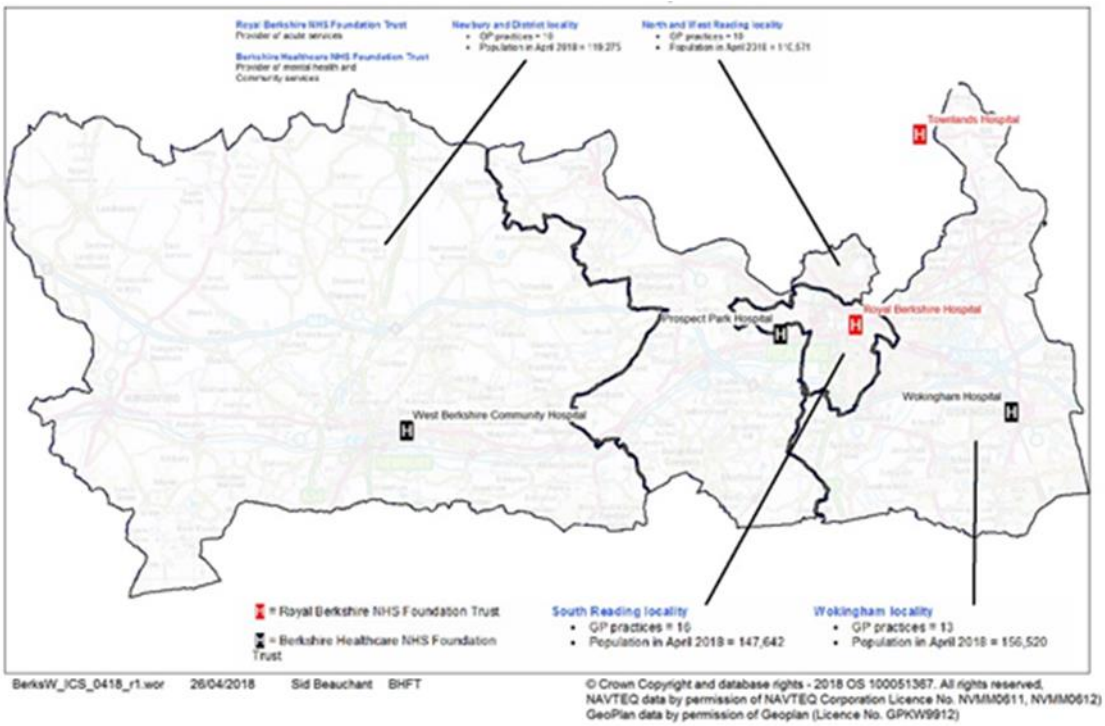
The ICS is collaboration between health organisations to improve services for our local population, delivering consistent high quality and safe care, ensuring the best possible outcome and experience for patients, whilst returning our system to financial sustainability.

Together with our Local Authority partners the ICS are responsible for the health and wellbeing of 528,000 residents living across three Local Authority Areas.

- West Berkshire;
- Reading; and
- Wokingham.

Along with South Central Ambulance Service (SCAS) the three local authorities and 3 NHS organisations make up Berkshire West 7 (BW7)

Map 1.1: Berkshire West Geographical Footprint



The BW7 footprint is a self-contained health economy with approximately 80% of patient activity, and the majority of funding, being with the constituent organisations. The three local authority areas have some notable differences in terms of their demographic and health profiles. Reading has a much younger population with typical characteristics of an inner city diverse population, Wokingham is suburban with rapid housing expansion under way, whilst West Berkshire has an older population and significant rurality.

Generally, the health of residents of Berkshire West is good; however, there are some clear differences between the populations in each of the local authority areas and this is reflected in the differing health needs.

For most of Berkshire West the smoking rates are lower than the national rate in England, however in Reading the rates are higher. The number of people drinking alcohol above the recommended levels is fairly high, particularly in South Reading, and along with smoking is an area of focus for the ICS and BW7. Obesity levels across the area are similar to the national figure as are rates of physical inactivity. The ICS works closely with public health colleagues to monitor and improve these levels with targeted interventions in place to support healthy eating and promoting healthy lifestyles.

Overall the health and well being priorities for Berkshire West include:

- Reducing childhood obesity
- Reducing alcohol consumption to safe levels and alcohol related harm
- Promoting positive mental health and well-being
- Preventing and reducing early deaths from cardiovascular disease, diabetes, COPD, chronic kidney and cancer
- Reducing levels of infectious diseases e.g. Tuberculosis
- Promoting self-care and empowerment

1.3 Our 2019/20 Strategic Priorities and Transformation programme

Despite good progress in previous years the system faces a significant financial challenge in 2019/20. Berkshire West continues to be one of the lowest funded health economies in the country and has already delivered many of the recognised approaches to system efficiency. In recent years the control total has been achieved by a series of non-recurrent mitigations, both within the provider and the commissioner sector. The underlying deficit has reduced but remains and there are no further short term non recurrent mitigations available to address this.

The ICS's focus is therefore on delivering a robust shared cost improvement programme and a broader transformation programme that will deliver medium term service redesign. This is a mature system that now operates on a system wide cost model, as opposed to price and income, but the limiting factor is the rate at which cost can be taken out of the system, mainly from the acute sector. The ICS therefore has put itself into voluntary turnaround and proposes a two year financial recovery plan. The current plan shows recovery of c.50% of the financial gap in 2019/20 and there is work underway to develop a plan during Q1 19/20 that closes the gap completely by 2020/21.

The ICS have identified a number of transformation programmes that will deliver the ambitions of the Long Term Plan and contribute to financial recovery. These have been identified by reviewing Population Health Management (PHM) data, NHSE/I best practice toolkits, Rightcare, New Model Hospital and the Bronze Diagnostic. Proposals are robustly tested by the clinical and financial leadership before they are approved to begin. The list of programmes can be found in Table 1.

A system financial recovery plan at Table 2 shows the full gamut of activity organisations are planning to take this year to improve the financial position and includes the impact of the transformation programmes.

In light of the NHS Long Term Plan and the challenges faced by the local health and care system Berkshire West ICS has identified 7 strategic priorities for the year ahead:

- **Implement the ICS financial recovery plan –** Given the highly challenged financial position of the Berkshire West health economy the partner organisations will work together through a joint Financial Recovery Group to complete and deliver a systems savings plan**.**

- **Design Our Neighbourhoods** – The ICS will work with the newly established Primary Care Networks, the three local authorities, community services, the voluntary sector, patients and communities to integrate services at neighbourhood level around clusters of GP practices. The ICS will invest around £3m in primary care services in 19/20 providing new workforce to improve urgent access to primary care and provide proactive more co-ordinated support to people with complex problems.
- **Development of a new Urgent & Emergency Care delivery model** – following the development of an urgent care strategy for Berkshire West, the ICS have identified a number of key design principles such as access to same day urgent primary care, the development of community hubs, 24/7 mental health support, ambulatory care at the front door of A&E. This means all patients will get a timely and appropriate response to their needs but only the highest acuity patients will need to go to A&E.
- **Outpatient transformation** –The ICS will continue with the objective of reducing the number of outpatient appointments at the RBFT by 50% which will see many patients offered the opportunity to have their outpatient appointment closer to home through a range of approaches including the use of technology
- **Design and development of an Integrated MSK service** – The ICS will introduce new staff whose role is to support patients early on in the pathway and maintain and improve their condition so that fewer people require surgery.
- **Develop a strategy for the future provision of diagnostic equipment and associated care pathways –** The ICS will have a shared understanding of current comparative provision, performance and cost of Berkshire West diagnostic services, an understanding of future demand and an implementation plan to deliver identified gaps
- **Implement and embed our approach to Population Health Management and Digital transformation –** Complete an evaluation of the programme commenced in 2018/19 and identify ongoing PHM priorities, which will support the identification of transformation opportunities at system level and support PCNs in the pro active management of their population. Take steps to develop a shared ICS Business intelligence function

These, along with other programmes of work, are supported by key enablers including a review of shared functions and estate, understanding and modelling our collective bed base, and workforce development.

As a strong component of the Buckinghamshire, Oxfordshire and Berkshire West (BOB) shadow ICS, Berkshire West will contribute to the BOB operating plan which will describe how the wider system will deliver shared programmes at scale.

1.4 Oversight and delivery of Transformation and Financial Recovery

The ICS will have oversight of these programmes via monthly reports from the programme boards to the Unified Executive on progress against agreed deliverables and trajectories. The ICS have an agreed Quality Improvement and Transformation methodology and staff working on the transformation programmes have, or will have, training on these quality improvement methodologies. The system will utilise a set of reporting processes and templates that support the successful delivery of quality improvements.

All significant transformation programmes across the ICS have or will undertake a Quality Impact Assessment (QIA) to understand the impact on patients and staff of the potential change. These are reviewed by the respective organisational or ICS wide Quality Committees with recommendations as to how to mitigate any negative quality impacts.

Efficiency savings are verified by Chief Finance Officers ahead of being agreed by the Unified Executive. A joint Finance Recovery Group will track progress on delivery of the overall Financial Recovery Plan and identify mitigations as required. Risks to delivery will be captured by the individual programme boards and escalated to the Finance Recovery Group and Unified Executive where necessary.

To increase the delivery capability across Berkshire West in 19/20 the CCG will continue its programme of in housing functions from the CSU and the ICS partners will establish a shared transformation function. Dedicated turnaround resource will be secured and located in RBFT.

Table 1.1 – Summary table of ICS Programmes

Berkshire West ICS Strategic Priorities – 2019/20

ICS Objectives

An improvement in the health and wellbeing of our population

Enhancement of patient experience and outcomes

Financial sustainability for all constituent organisations and the ICS

19/20 Strategic Priorities

Develop a resilient urgent care system that meets the on the day need of patients and is consistent with our constitutional requirements	To redesign care pathways to improve patient experience, clinical outcomes and make the best use of clinical and digital resources	Progress a whole system approach to transforming primary care to deliver resilience, better patient outcomes and experience and efficiency	Develop the supporting infrastructure to deliver better value for money and reduce duplication	Deliver the financial control total agreed to by the Boards of the constituent statutory organisations

Key Projects for Delivery

Develop new UEC delivery model; to include:

- Completion of UEC Strategy
- Bed capacity optimisation
- Establish an Urgent Treatment Centre at West Berkshire Community Hospital
- Develop the Reading Walk in Centre
- Refine the approach to ED Streaming
- High Intensity Users

Joint pathway redesign work to include:

Outpatients Transformation

Integrated MSK Service

Diagnostic Strategy

- Delivery of national Cancer ambitions
- Delivery of MH FYFV and Long Term Plan ambitions
- Audiology
- Diabetes
- Ophthalmology
- Respiratory

Implement Primary Care Networks;

- Design of PCN neighbourhoods in partnership with community health, social care and voluntary sector
- DES contracts signed by end of June to achieve 100% PCN coverage across BW
- Increased digital support to reduce workload, offer alternative consultation modes and increase self management by patients
- Completion of primary estates strategy to ensure needs arising from housing growth are met and best use is made of BW estate
- Strengthen the primary care workforce in partnership with BOB shadow ICS and through recruitment of new roles to PCNs
- Support PCNs to adopt a PHM approach and engage with urgent and planned care transformation programmes

Development of integrated Place-based shared functions

- Options appraisal and implementation of an Integrated Place based functions:
  - Transformation,
  - Analytics,
  - Business Intelligence
  - Compliance
- Redesign of governance to integrate the ICS and BW 7 programme and create an Integrated Care Partnership.
- **Develop and implement the ICP Digital Strategy**
- **Evaluate the 18/19 PHM programme and agree the 19/20 deliverables to support PCNs and embed system wide PHM capability**

Credible financial recovery plan for 20/21 and beyond

Progressing transparency of cost information at SLR level

Benefits

- Patients being seen in the most appropriate setting in a timely manner
- Fewer patients needing to access on the day services from the acute hospital
- Constitutional standards achieved

- Patients to receive more of their care closer to home
- Greater reliance on technology to free up clinical time for more complex tasks
- Unlock estate capacity through fewer F2F appts
- Services provided at a lower cost to the taxpayer

- Networked based delivery of additional services and improved access for patients
- Greater resilience and capacity within the primary care sector
- Development and deployment of new care models which are more integrated and delivered closer to patients' homes

- Shared capacity targeted at system priorities
- Improved integration and joint decision making between the NHS and local government
- Digital technology supporting optimal efficiency
- PHM driving pro active care of patients to reduce demand on hospital and identify further transformation opportunities

- Delivery of the financial trajectory agreed with regulators

Table 1.2 – Berkshire West Two-Year Financial Recovery Plan

ID	Org	Scheme	Y1 Total £k	Y2 Total £k	Two Year (Cumulative)
BH01	BHFT	Bed Optimisation (Acute/PICU overspill beds)	1,000	-	1,000
BH02		Papist Way Contract	191	-	191
BH03		Cloisters Contract - Income Loss Avoidance	272	-	272
BH04		Cloisters Contract - Bed Reduction	560	-	560
BH05		Sexual Health Tender	432	-	432
BH06		Court L&D Hampshire	621	-	621
BH07		Veterans Expansion	271	-	271
BH08		19/20 Procurement Programme	301	-	301
BH09		NHS Supply chain Margin Removal	152	-	152
BH10		NHS Supply chain Profit Share	44	-	44
BH11		NHS Supply chain Category Towers	48	-	48
BH12		Medicines Optimisation	52	-	52
BH13		CRHTT	100	-	100
BH14		LD Patients	300	-	300
BH15		NHSPS VAT saving	614	-	614
BH16		SLT (Slough)	60	-	60
BH17		PFI Benchmarking / Review	129	-	129
BH18		Corporate Benchmarking Target	150	-	150
BH19		Admin / Estates Agency Trade Out	200	-	200
BH20		E-Roster Efficiencies (Carter)	100	-	100
		TOTAL Berkshire Healthcare FT	**5,597**	**-**	**5,597**
RB01	RBFT	Procurement Transformation-UCG	175	-	175
RB02		Medicines Optimisation -NCG	507	-	507
RB03		Commercial Income and Opportunities -PCG	331	-	331
RB04		Digital Hospital -NCG	62	-	62
RB05		Digital Hospital -Trustwide	342	-	342
RB06		Patient Flow Bed Base -NCG	329	-	329
RB07		National Procurement - PCG	1,000	333	1,333
RB08		Commercial Income and Opportunities -UCG	495	-	495
RB09		National Procurement -EFM	200	-	200
RB10		National Procurement -NCG	100	-	100
RB11		BSPS CIP- Pathology -NCG	710		710
RB12		Networked Care Pay Schemes -NCG	353	-	353
RB13		Networked Care Non-Pay Schemes -NCG	456	-	456
RB14		Urgent Care Pay Schemes -UCG	394	51	445
RB15		Urgent Care Imaging -UCG	500	167	667
RB16		Digital Hospital -Transcription Service -UCG	25		25
RB17		Procurement Transformation -PCG	951		951

RB18		Planned Care Pay Schemes -PCG	1,052		1,052
RB19		Planned Care Non - Pay Schemes PCG	96		96
RB20		EFM Non Pay Schemes	709		709
RB21		EFM Income Schemes -EFM	100		100
RB22		IM&T Non Pay schemes-IM&T	102		102
RB23		Procurement Transformation - NCG	170		170
RB24		Medicines Optimisation -PCG	435		435
RB25		Patient Flow Bed Base -PCG	35		35
RB26		Patient Flow Bed Base - UCG	844		844
RB27		Patient Flow Bed Base -EFM	214		214
RB28		Digital Hospital Non Pay - CROWN -PCG	113		113
RB29		Digital Hospital Pay Scheme -PCG	370	177	547
RB30		Outpatients - PCG	288	96	384
RB31		Outpatients - NCG	118	40	158
RB32		Women and Children Services - UCG	874		874
RB33		Medicines Optimisation -UCG	40		40
RB34		Outpatients-UCG	86	29	115
RB35		Digital Hospital Transcription - PCG	188		188
RB36		National Procurement - UCG	100		100
RB37		Urgent Care - Non Pay	10		10
RB38		Procurement Transformation - corporate	144		144
RB39		Demand and Capacity	340	73	413
RB40		Operating Theatres Improvement Scheme	250	2	252
		TOTAL Royal Berkshire FT	**13,610**	**968**	**14,578**
CCG01	CCG	SCAS non conveyance	94	31	125
CCG02		Urgent Care Centre Activity	375	125	500
CCG03		MSK	1,050	350	1,400
CCG04		Referral Management	225		225
CCG05		Non-local acute challenges	503		503
CCG06		PLCVs/IFR	475		475
CCG07		Prescribing	1,140		1,140
CCG08		Long term placements	1,075		1,075
CCG09		Community Equipment	190		190
CCG10		Primary Care Networks	150	50	200
CCG11		Running costs general	950	500	1,450
		TOTAL Berkshire West CCG	6,227	1,056	7,283
		TOTAL	**25,434**	**2,024**	**27,458**

1.5 Our Governance

Whilst the members of the ICS remain statutory organisations, the ICS has developed governance arrangements that support full system working. The ICS Leadership Group is led by an independent Chair

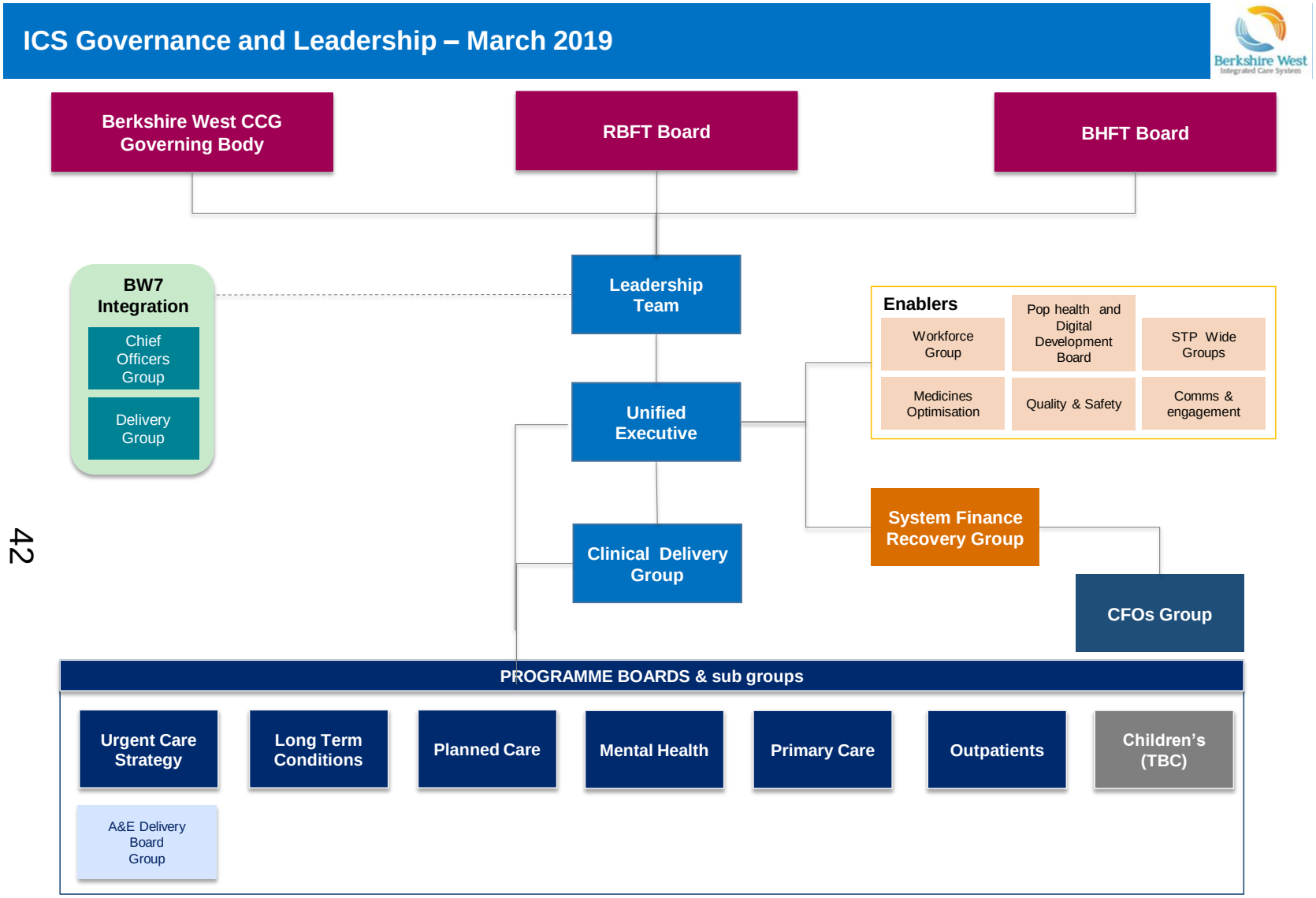
and the membership comprises the Chairs and Chief Executives of three member organisations and the Chief Executive of West Berkshire Council in his capacity as Chair of the BW7. During 2019/20 this group will expand to include the Chief Executives of the other two local authorities in Berkshire West and the elected members who chair the three Health and Well Being Boards. This will present a further opportunity to integrate the work of the NHS and local government. The Leadership Group sets the ICS strategy and holds the executive to account for delivery of the ICS programme. (Proposed new governance arrangements are currently being developed subject to further review and ratification)-

The ICS Unified Executive comprises the three NHS Chief Executives and key members of their executive teams who oversee the design and drive delivery of the programme. During 2019/20 the governance will be reviewed to align the work of the Berkshire West 7 Delivery Group and create a single PMO. The ICS has undertaken an Organisational Development programme supported by the King's Fund which has contributed to the strengthening of our governance arrangements.

During 18/19 Berkshire West ICS became a self-assuring system and monitors its performance through an Integrated Quality and performance Report which is also shared with regulators. Progress on the ICS Transformation Programme is reviewed monthly. Financial assurance is achieved through the Directors of Finance producing a group account of the year-to-date position and forecast at system level.

An ICS Finance Recovery Group has been established to manage the challenging financial position faced by the ICS in 2019/20. This will track delivery of organisational CIPs and the system wide savings plan. The ICS will augment its capabilities with additional finance turnaround support based in the RBFT.

Table 1.3 – ICS Governance and Leadership



2 A NEW MODEL OF CARE FOR BERKSHIRE WEST IN 19-20

Berkshire West ICS has assessed the challenges it faces and the opportunities available to deliver its vision, transform services and achieve financial recovery. This section of the plan describes our strategic priorities and the new model of care we intend to adopt, with partners and stakeholders, to meet these challenges and begin delivery of the NHS Long Term Plan.

Our priorities for 2019/20 were described in section 1 and build on the work undertaken in previous years and are:

- **Implement the ICS financial recovery plan**
- **Development of a new Urgent & Emergency Care delivery model**
- **Outpatient transformation**
- **Develop a strategy for the future provision of diagnostic equipment and associated care pathways**
- **Design Our Neighbourhoods**
- **Design and development of an Integrated MSK service**
- **Implement and embed our approach to Population Health Management and Digital transformation**

These priorities also reflect the visions of the constituent organisations in the system notably RBFT's vision of 'Working together to provide outstanding care for our community,' supported by its Clinical Services Strategy, and BHFT's vision "to be recognised as the leading community and mental health service provider by our staff, patients and partners", supported by its Quality Strategy.

The priorities support delivery of the long term plan by developing a robust primary and community care sector to provide local, accessible services for patients and reduce the pressure on hospital services. The ICS will work with GP practices, the existing primary alliances, community and voluntary services, patients and communities to design primary care networks operating at neighbourhood level. We have already started on a programme of community engagement and partners across Berkshire West are committed to Design our Neighbourhoods as our shared priority in 19/20.

A well supported and resilient primary care sector will play a key role in responding to "on the day" demand in support of the wider urgent and emergency care system in Berkshire West. During the coming year the ICS will identify community hubs. In particular it will seek to upgrade the current MIU to an urgent treatment centre that is linked to NHS 111 and local GP practices. The ICS will review the role of the Walk In Centre in Reading and ensure that there is a good service for children who are currently brought to A and E but do not require this service and for homeless people. The redesign of services will draw on the helpful work of Healthwatch which helped us to understand why people attended A and E and what alternative services we could offer to meet their needs.

Finally a robust primary and community sector enables us offer services that were traditionally provided in hospital in community settings closer to where people live. The ICS has identified a number of areas for transformation in relation to planned care. During 19/20 we will continue with our ambition to transform outpatients and reduce the number of appointments happening at the Royal Berkshire Hospital by 50% and implement the redesigned pathway for people with musculo skeletal conditions. The ICS will also undertake modelling of its diagnostic capacity to ensure that it can meet the needs of patients who may have can cancer in a timely way.

Our 2019/20 transformation programme is underpinned by the implementation of a comprehensive population health management approach. During 18/19 we have commenced a 20 week externally supported programme to increase the capability of the ICS in this area, identify further opportunities for system transformation and provide support to primary care networks to identify and pro actively manage individuals who are risk of deteriorating health in the future.

The diagram below describes our overall transformation strategy for 2019/20.

Diagram 2.1 – ICS Transformation strategy

2.1 Primary Care

A major part of the 2019/20 plan will be the development of primary care networks as the delivery vehicle for a number of related transformation programmes. The ICS will deliver improvements in Primary Care by:

- Building upon existing GP provider configurations to actively supporting the establishment of Primary Care Networks (PCN) including by investing £1.50 per head in accordance with the planning guidance to achieve 100% coverage by July 2019.
- Working with PCNs to develop new models of same day access as part of the broader urgent care system.
- Continuing to provide extended access to general practice services, including at evenings and weekends, for 100% of the population.
- Working with PCNs to embed multidisciplinary integrated care team working at a neighbourhood level, driven by PHM intelligence and ensuring PCNs are able to deliver the national service specifications outlined in the new GP contract.
- Ensuring that clinical pharmacists and social prescribers are recruited into primary care networks to increase their capacity and capability
- Work with community health services, social care the voluntary sector to identify the “wrap around” services for each PCN such as District Nursing, community geriatricians, diabetic nurse specialists, and the Rapid Response and Treatment service to support people in care homes.
- Offering PCNs access to primary care data analytics for population segmentation and risk stratification enabling an in depth understanding of the network’s populations’ rising health and care needs. This will build on the work commenced in 2018/19.
- Providing managerial support and subject matter expertise to PCNs to assist with their development and evolution
- Continuing work on the refreshing of the primary care estates strategy, working closely with the three local authorities to understand and meet the requirements of local housing growth.

- Continuing to support delivery of initiatives to manage workload in primary care e.g. care navigation, workflow optimisation and other High Impact Actions.
- Building the capacity of Primary Care to support the Outpatients Transformation programme
- Working with partners in BOB shadow ICS, implement the Wessex workforce planning tool to inform the primary care workforce strategy
- Build on the implementation the International GP Recruitment programme and support the current international recruits to ensure that they are retained.
- Work with partners in BOB shadow ICS to implement the GP retention programme and support two Berkshire West GPs with GP Fellowships.
- Working with HEE and higher education institutions to support nurses to choose primary care as a first destination and to retain experienced nurses already working in primary care
- Further developing the Berkshire West Training Hub to deliver practice manager development and clinical leadership development and work with partners in BOB to review the optimal model for Training Hubs going forwards
- Increasing the use of digital technology to enable patients to book appointments and order prescriptions on line, have different modalities of consultation such as telephone or skype, and increase the remote monitoring of patients with long term conditions.

Arrangements for managing all delegated responsibilities, will continue unchanged with oversight provided by the Primary Care Commissioning Committee. As part of the process of providing assurance to NHSE these arrangements have been reviewed by internal audit and provided “Substantial Assurance”.

2.2 Urgent Care

During 2018/19 the ICS undertook work to establish how we can better manage the demand for Urgent Care in Berkshire West and avoid the need to expand the acute and community bed base as the population ages. The review demonstrated that the ICS have the correct mix of beds in our system, with some further efficiency opportunities, providing we implemented a new model of care. This new model would provide people with timely and appropriate services to meet their needs and reduce the need to attend A&E. If people do need emergency admission then the aim is to get them back out of hospital and home as soon as possible.

Our work identified a number of key design features for the new model:

- Single point of access/triage – this will build on the work already underway with the Integrated Urgent Care alliance to position NHS 111 as the entry point for patients who are unsure of which service to access
- Prevention and self care at home – supporting patients and their families to maintain wellness and signpost to self care wherever possible
- Proactive management of health
- Voluntary sector support – building on our successful social prescribing and winter schemes during 18/19
- Access to same day urgent primary care
- Access to hospital consultants for GPs to support them to manage patients by ensuring telephone access to specialists to support alternatives to acute admission
- Enhanced NHS 111 Clinical Assessment Service to incorporate secondary care expertise
- Community services tailored to the neighbourhood’s needs and able to respond rapidly
- Paramedics and ambulance services delivering treatment to avoid hospital admission – further enhancing the work delivered through the non-conveyance CQUIN
- Urgent Treatment Centres to provide local alternatives to A&E
- Ambulatory care at the front door of the hospital – delivering the national aspiration for 30% of patients to be treated as same day emergency care
- 24/7 specialist mental health support for all ages
- Tiered provision of community beds
- Services aimed at children with minor ailments – to meet a recognised need in the Reading area.

The ICS will use these principles to complete the Berkshire West Urgent Care Strategy by the end of quarter one and commence implementation.

Working across Thames Valley, the ICS will further develop the Clinical Assessment Service (CAS) underpinning Integrated Urgent Care (NHS 111). During 18/19, the service expanded to include palliative care expertise, access to third sector agencies including the Samaritans and direct booking into GP Out of Hours and the Minor Injury Unit. This approach has enabled the system to channel patients to definitive treatment in the community. Services within the NHS 111 Directory of Services are reviewed regularly, with recent improvements to search limits and mapping of symptom discriminators across Thames Valley, ensuring patients are directed to the most appropriate service, particularly out of hours and for minor injuries.

111 Online is now well established across the Thames Valley with patients receiving direct calls from clinicians after an initial online assessment. As part of a continued development of the CAS this will expand to include call backs from dentistry in 19/20, following a successful pilot in Oxfordshire.

During 2019/20, the ICS plans to:

- Maintain a 50%+ proportion of NHS 111 calls receiving clinical assessment by ensuring there is sufficient clinical workforce available at all times
- Increase the percentage of people triaged by NHS 111 that are booked into a face-to-face appointment with another service,
- Continue to ensure that patients provided with advice by NHS 111 are supported to access an array of services away from the Emergency Department by regularly reviewing the Directory of Services and addressing any commissioning gaps which may be identified"
- Work with commissioners across Thames Valley and the ambulance service to achieve a single Clinical Assessment Service across 999, 111 and GP out of hours
- Expand direct booking into in hours general practice in line with the new contract for Primary Care Networks
- Scope NHS 111 disposition to rapid response community services
- To complete the business case for an Urgent Treatment Centre at West Berkshire Community Hospital, building on the current Minor Injuries Unit
- Develop the role of the Walk In Centre in Reading
- Ensure 100% of ambulance handovers occur within 30 minutes and that Ambulance Response Programme (ARP) waiting time standards continue to be achieved
- Undertake further work with SCAS to improve non conveyance rates with increased access to out of hospital pathways and access to shared care plans to support alternative management of patients
- Build on the successes of the existing Royal Berkshire Hospital Frailty Service and ring fenced Ambulatory Care Unit to increase the number of non elective admissions discharged on a same day basis
- Build on existing good work in relation to national pathways for stroke, heart attack, and sepsis
- Continue to closely monitor and reduce the number of stranded patients in hospital beds by addressing both internal and external reasons for delay and continue to make progress on reducing delayed transfers of care (DTOC).
- Embed the use of the local code to identify causes of delay and identify trends which can then be used to drive further improvements particularly in health attributable delays and delays in mental health beds.
- During 2019/20 the ICS will resume its focus on High Intensity Users – those people with high use of urgent care services. This will be done by reviewing frequent adult, children and mental health patients who attend the Emergency Department; reviewing people who call 999 and 111 frequently and taking the learning from GP reviews of High Intensity Users. The ICS will build on the pilot it implemented to identify an appropriate response to support people and the Oxford AHSN will support the ICS with this work.

As part of the new model of care for Berkshire West there will be a move towards people getting more control over their own health and receiving more personalised care when they need it. During 2019/20 the ICS will achieve this by:

- Introducing social prescribing as part of Primary Care networks so that people have access to a wide range of local support services that help to keep them well and living in their communities.
- Increasingly patients will be involved in making informed decisions about their care. 85% of people who have musculoskeletal (MSK) problems will have the opportunity to work with a voluntary sector provider to support them in managing their condition.
- The ICS will increase the number of patients with complex problems and those at the end of life who have personal care plans that are developed with them and shared by all those involved in their care
- The ICS will learn from the good practice demonstrated by our local authority partners and increase the number of people who have personal health budgets (PHBs). The ICS will ensure that the delivery of all new Continuing Healthcare home-based packages (excluding fast track) use the personal health budgets model as the default delivery process. We also plan to expand the CCG's PHB offer to users of wheelchairs and people entitled to S117 Aftercare. Our submitted trajectory shows an increase of 70 PHB's for 19/20 in recognition of the baseline position and the work required.

2.3 Planned care

Our strategy for Planned Care will improve patient experience and productivity by redesigning services to improve health outcomes for patients, reducing lengths of stay in hospital and the number of outpatient appointments required. Our vision includes the use of new technologies to enable our patients to interact with services in new ways; we will implement virtual clinics and other modalities to deliver follow ups.

Our ICS work programme for 2019/20 includes continuing work to redesign and streamline pathways and reduce clinical variation focusing on Orthopaedics and Musculoskeletal problems, Dermatology, Ophthalmology, Adult Hearing and Diagnostics; efficiencies in outpatients including exploring other modalities for follow ups (e.g. virtual clinics, telephone follow ups), access to consultant advice and guidance for GPs, patient initiated clinics and Pre-op assessments.

A key priority for the ICS in 2019/20 is the transformation of outpatient pathways and the redesign of musculo-skeletal services to improve patients' experience of care. The ICS has drawn on national work to identify best practice in developing its programme. The ICS will achieve these improvements by:

- Designing a new end to end MSK pathway to deliver care closer to patients' homes by preventing unnecessary hospital procedures and investing in conservative treatment. The pathway will incorporate up skilling GPs and peer to peer reviews in primary care, First Contact Physiotherapists in primary care, the introduction of clinical triage service (key national 'must do') for patients that cannot be managed in primary care but require some additional management from a multi disciplinary team of clinicians before considering treatment in secondary care, and increased Shared Decision Making to help patients make informed choices about their care.
- The redesigned service will deliver the following benefits:
    - Ensuring appropriate referrals to secondary care in line with clinical need
    - Reducing clinical variation and duplication through pathway coherence
    - Ensuring that every MSK practitioner is consistent in their approach
    - De-medicalising MSK presenting symptoms and promoting self-care and healthy living such as exercise and healthy eating as enablers to have a positive impact on MSK issues
    - Addressing the issues and concerns identified by patients and improving the quality of patient experience
    - Delivering best value for the Berkshire West pound
- Redesigning the Dermatology service at RBFT to address the shortage of dermatology consultants. The ICS is working together to produce a new and innovative clinical model which will optimise primary care and community providers to support the Dermatology service with consultant oversight. The NHSE Elective Care Handbook for Dermatology has informed the clinical redesign of the service.

- Reviewing the ophthalmology pathway by incorporating triage and redesigning pathways for the three main conditions: Wet AMD, cataracts and glaucoma. We are also maintaining failsafe prioritisation processes and policies in all areas to manage the risk of harm to ophthalmology patients, and act on the outcomes from the eye health capacity reviews
- The ICS performs well in relation to seven-day services and has adopted the Hospital Services Board Assurance Framework to support oversight. The focus in 2019/20 will be on consultant review within 14 hours.

- The ICS generally performs well in relation to Referral to Treatment Times (RTT). Processes have been in place for over two years to manage RTT and proactively review long waits as a result RBFT have not had any patients waiting over 52 weeks in 2018/19.

- To ensure patients make an informed choice of provider a project is being developed to train GP practice staff to educate patients where they can be treated and utilise the information on the electronic Referral Service (eRS) correctly. (The ICS has considered implementing Capacity Alerts however due to pressures within the Thames Valley system this is not an effective tool).

3 ACTION ON PREVENTION AND REDUCING HEALTH INEQUALITIES

Preventing ill health and reducing health inequalities will be key priorities for the NHS in the next decade, with the focus on supporting people to live healthy lives becoming increasingly important.

At present the ICS is working with Local Authority partners to align the Joint Strategic Needs Assessment (JSNA), the Population Health Management Programme, the Health and Wellbeing Strategies and BOB STP prevention programmes. During 2019/20 the ICS will build on the existing programmes of:

- Obesity – working with our local authority partners we will undertake a comprehensive review of our children and adult obesity care pathways. This will aim to improve equity and access across Berkshire West and ensure sufficient support is in place.
- Physical activity – maximise opportunities to engage the least active through the implementation of social prescribing and Making Every Contact Count (MECC) to signpost individuals to local physical activity opportunities. This will be supported by working in partnership with local authorities to build on the learning of the NHS Healthy Towns Initiative to develop a joint health and planning protocol across Berkshire West
- Smoking – work with our local authority partners to undertake a review of our stop smoking services and the implementation of the 19/20 CQUIN across community, mental health and acute providers. This will include improving data quality on those individuals who smoke and ensure brief advice is given
- Alcohol – develop early identification and support for heavy and harmful drinkers, as distinct from those seriously dependent on alcohol that visit A&E frequently, with the aim of targeting people earlier in their alcohol journey support implementation of the 19/20 CQUIN.
- Making Everyone Contact Count – we will continue to roll-out a train-the-trainer model of MECC that will be supported by a behaviour change training in partnership with the University College of London (UCL)

We will continue to work with our partners to ensure a continued focus on reducing health inequalities across the system. Tackling the wider determinants will be important as these are known to strongly influence people's resistance to illness and disease, as well as their ability to self-care. Therefore, we will support the adoption of a "health in all policies" approach to improve population health and health equity. This will be supported through working in partnership with the three local authorities to develop a joint health and wellbeing strategy. The development of our primary care networks, supported by a population health management approach, and social prescribing will also provide more holistic models of care that can help tackle the root causes of ill health.

4 IMPROVING CARE AND QUALITY OUTCOMES IN BERKSHIRE WEST

The purpose of this section of the plan is to set out how the ICS will support the reduction of disease burden across Berkshire West in key areas and improve care and quality outcomes

4.1 Cardiovascular Disease

Preventing cardiovascular disease is one of the biggest opportunities for the ICS to save lives over the next 10 years.

The previous chapter described our prevention strategy which addresses a number of risk factors and in addition the ICS will:

- Work with Primary Care networks to improve the detection and management of high blood pressure, raised cholesterol and Atrial Fibrillation in primary care, support more people to understand their own results and work with health care professionals to improve the management of these conditions.
- Work with Primary Care Networks to improve the management of patients with heart failure and ensure that all high risk patients have personalised care plans

4.2 Stroke Care

Berkshire West ICS performs well in the delivery of Stroke Care but will ensure that the service model is delivered consistently across the 24 hour period. The ICS will work with partners across BOB to plan for the implementation of post hospital stroke rehabilitation models. During 2019/20 the ICS will review its capacity for neuro rehabilitation.

4.3 Cancer

In light of the national cancer strategy and the Long Term Plan the ICS is refreshing its Cancer Framework and plans to:

- Continue to show improvement in the proportion of cancers diagnosed at stage 1 and 2, as progress towards the ambition of 75% cancers diagnosed at stage 1 and 2 by 2028/29. Currently the system is at 54% and the ICS Cancer Steering Group and TV Cancer Alliance (TVCA) are working together to increase this by working with hard to reach groups, Primary Care and Public Health teams.
- The ICS has implemented a Quality Improvement Scheme (QIS) which aims to increase cancer screening across three major tumour sites of Breast, Prostate and Bowel Cancer.
- It will also increase 2WW referrals by providing in-depth and expert advice to GPs on when to refer patients to secondary care for testing.
- The QIS is running alongside a specific patient engagement project to improve knowledge of screening programmes in the community of South Reading where outcomes are some of the worst in the country. The project, delivered by the charity Rushmoor Healthy Living, aims to raise awareness of the signs and symptoms of cancer
- Maintain the 25 cancer champions have been recruited and made over a thousand contacts with our most hard to reach communities to increase early detection and treatment and increase survivorship.
- Continue to ensure that all providers collect mandatory data items for the 28-day faster diagnosis standard cohorts and work with TV Cancer Alliance to use this data to improve time to diagnosis,
- Redesign pathways to enhance the existing services for breast and prostate cancer to provide high quality, efficient, accessible, effective and safe follow up care. The ICS has already fully implemented the risk stratification of follow-up protocols for Breast and is looking to roll out prostate and colorectal follow ups in 2019/20. Work with TVCA and PHE to implement bowel FIT screening testing, HPV and consider lung health checks.

- Review our demand and capacity modelling to ensure the capacity required to achieve the national performance standard, including diagnostic capacity are fulfilled and work with TVCA to consider a local Rapid Diagnostic Centre

4.4 Respiratory Conditions

Berkshire West ICS have identified respiratory as an area of focus using Right Care data and agreed the following areas of focus for19/20:

- the provision of Spirometry in a consistent way across the system and
- the development of a clearer pathways for COPD patients, particularly those with exacerbating conditions, across primary, community and secondary care, building on our existing pulmonary rehabilitation services
- a prescribing Quality Incentive Scheme that includes the review of inhaler provision and support for inhaler technique for asthmatic patients.

4.5 Diabetes

Diabetes continues to be an area for improvement within Berkshire West therefore in 2019/20 the ICS plans to:

- Support Primary Care Networks to reduce variation in achievement of the diabetes treatment targets between GP practice through data sharing and support from the Diabetes Clinical Leads.
- Ensure individuals with Non-Diabetic Hyperglycaemia are referred to the NHS Diabetes Prevention Programme (NDPP) to reduce the risk of Type 2 diabetes, with support to practices frm the programme coordinator.
- In 2019/20 the CCG's pre-diabetes Community Enhanced Service (CES) will have an explicit requirement to refer to NDPP.

4.6 Mental Health

Improving mental health is a fundamental part of the CCGs' operating plan with the need to integrate care to meet the needs of a changing population both for adults and for children and young people. During 2019/20 the ICS plans to:

- meet the mental Health investment standard; as part of the 2019/20 financial planning, all budgets and investment have been through the CCG's governance processes
- continue focus on early intervention and improving outcomes for people with mental health problems, supporting them to achieve greater wellbeing, build resilience and independence and optimise life chances, as well as reducing premature mortality.
- address the challenge of increased demand and ensure children and young people get the right help they need, building capacity and capability across the whole system is critical to improving access to community mental health services.
- In line with our Local Transformation Plan significantly improve access to emotional wellbeing and mental health support by reducing waiting times and strengthening pathways for our most vulnerable children. This will ensure that 34% children and young people with a diagnosable mental health condition will receive treatment from an NHS-funded community mental health service.
- As one of 25 national trailblazer sites, set up two Mental Health support teams in 2019 that will increase capacity to both identify and intervene earlier as well as strengthen the knowledge and response of local schools. These teams will contribute another 1000 intervention as year when fully operational as well as provide highly valuable training and consultation to local school leaders in order to get children, young people and families the right support at the right time.
- develop the current community eating disorder service and ensure that the service is compliant against NICE standards and will meet national standards on access and waiting times for children
- work with partners to identify cases earlier in order to support children and young people at an earlier stage of eating disorder with mild-moderate presentations.

- review the mental health services for adults with the intention to redesign core community mental health services by 2023/24 to deliver better outcomes and meet the new four-week waiting time target, underpinned by a systematic focus on prevention and supported self-care, with the aim of reducing unplanned hospital admissions .
- reinforce the Psychological Therapies pathway particularly for people with long-term conditions by integrating the psychological pathway across IAPT and the Acute hospital, increasing access to IAPT services to 25% by 2021 and ensuring that the recovery rate of 50% continues to be met.
- continue to develop plans for the IAPT workforce by having an integrated service for people with mental health and physical health needs, as well as creating a workforce trained to deliver talking therapies for children and young people.
- continue to engage with the BAME community and with people over 65 to promote the service and increase access for these groups
- develop CMHTs to work in partnership with drug and alcohol teams to support individuals with dual diagnosis.
- review the crisis pathway with the intention of building on the current expansion of crisis care that incorporates a single point of access and timely, universal mental health crisis care for the residence of Berkshire West, 24/7 community support, alternatives to admissions (such as crisis houses and sanctuaries) and work with the ambulance service to better respond to people with MH needs through increased access to mental health training
- develop a Primary Care Mental Health model as a key part of the vision for transformation in 2019/20, ensuring more accessible and extensive mental health support within primary care which will also allow individual to transition from secondary care into primary care in a timely manner.
- focus on addressing the physical health risks and reducing premature death for our patients in both mental health and learning disabilities by ensuring Mental Health clinicians have a range of skills and knowledge
- work with GPs to deliver physical health checks by offering incentive to carry out an enhanced health check service, in addition to the current QOF arrangement, with a target of reaching at least 60% of those on SMI registers having a physical health check.
- continue to develop our Psychiatric Liaison Service to be an all-age mental health liaison service in A&E and inpatient wards by 2020/21 that will enable it to meet the Core 24 standard.
- carry out a full needs assessment of the section117 cohort to ensure we commission services that meets the needs of this group in a cost effective manner. The ICS will work collaboratively with the market to develop new solutions for meeting the needs of service users to increase the local supply and provide greater choice. This will allow the ICS to reduce out of areas placements and enable people to be closer to their family.
- continue to work in partnership with BHFT and the Councils to develop a process to regularly monitor requests for out of area placements, the application of the Care Programme Approach (CPA) and progress towards repatriating people placed out of area.
- Building on the committed investment in Perinatal Mental Health, ensure increased access to community-based specialist perinatal mental health services and delivery of the 5YFV targets. Continue to developing the service ensuring that at least 4.5% of the target population receive dedicated psychiatric and psychological support to in line with NICE guidance
- make good progress against the OAP baseline of 476 bed days for 2017-18 with the aim of reducing the numbers by 33.3% in 2019-20.
- continue to meet the national EIP standard of 50% people experiencing a first episode of psychosis begin treatment within two weeks of referral and work towards the increased target of 60% in 2021.

4.7 Dementia

Increasing the identification of people with dementia so that they can receive appropriate support is a key priority for the ICS. During 2019/20 the ICS will:

- focus on maintaining the dementia diagnosis rates across Primary Care.
- deliver the Dementia Action Plan with partners to improve dementia diagnosis rates, access to services and outcomes for people living with dementia and their carers.

Dementia Strategy for Learning Disability

The ICS Dementia Action Plan also focuses on the needs of people with learning disabilities. The priorities for 2019/20 are:

- increase access to assessment / diagnosis and treatment by working with primary care and Learning Disabilities Team to identify the cohort at risk of early onset Dementia from the Learning Disability registers.
- GPs will complete assessments on people identified as having early signs of Dementia.
- Deliver more training on Learning Disability and early onset Dementia for primary care and social care staff.
- Work with providers to ensure that reasonable adjustments are made to referral and assessment pathways for people with learning disabilities
- Work with colleagues in Adult Social Care to ensure that people with learning disabilities have a regular assessment of their care needs

4.8 Self-harm and suicide

A partnership Berkshire wide Suicide Prevention Strategy has been developed and approved by all six Berkshire Local Authority Health and Wellbeing boards. The implementation of the strategy plans to meet the national target to reduce suicide rates by 10% by 2020/21 against the 2016/17 baseline. The ICS will support the concept of “zero suicide” which facilitates the belief that suicide is preventable and all health and social care partners can make a positive contribution to this work.

To support this within Berkshire Healthcare progression against the zero suicide ambition will focus on self-harm and suicide of those under the care of in-patient and Crisis teams, ensuring that all of these patients have a safety plan in place.

4.9 Transforming Care for people with learning disabilities

The key focus for the ICS in 2019/21 will be to continue to deliver the regional and local Transforming Care plans with local government partners, enhancing community provision for people with learning disabilities and/or autism. This will enable a reduction in occupancy within inpatient beds; reduce premature mortality by improving access to health services, education and training of staff, and by making necessary reasonable adjustments for people with a learning disability and/or autism. This will be achieved by:

Transforming Care

- develop the services to deliver significant changes in community services that will enable support to be delivered to people with Learning Disabilities and/or Autism and Challenging Behaviour to enable care closer to home.
- ensure every one with a Learning Disability/ASD has a Care and Treatment Reviews (CTRs) and routinely review the care of all people in in-patient beds and or at risk of admission
- scope the development of the children’s intensive support service will enable delivery of Community Care Education and Treatment Reviews to support admission avoidance.

Annual Health Checks

- focus on improving our progress with the Directed Enhanced Service annual health check sign up by primary care to improve access to healthcare for people with learning disability so that by 2020 75% of people on a GP register are receiving an annual health check and

improve flu immunisation uptake rate.

Housing Plan

- working with partners, develop a housing plan for people with a learning disability or autism or both who display behaviour that challenges, including those with a mental health condition. The Berkshire approach is to increase housing options for people to improve choice, support person centred care and meet the requirements of the national strategy for 'Building the Right Support'

Workforce development Plan

Berkshire Transforming Care Programme's workforce plan supports the changes in service provision and engagement with people with learning disabilities and/or autism and their parents and carers. It has been produced on a multi-agency basis and is supported by an action plan with clear governance and responsibilities.

Learning Disability Mortality Review (LeDeR) Programme

The ICS will maintain its well established steering group which has clear governance and accountability both to the to the Quality and Governance leads and the Health and Well Being Boards.

Children & Young People

A work stream targeted at Children & Young People in 52 week placements is ongoing to ensure that there are robust transition plans in Berkshire for this cohort of patients.

4.10 Maternity

Maternity transformation and quality assurance is delivered through a Berkshire West Maternity Steering Group (MSG) that reports directly to the BOB Local Maternity System Board. Building on the progress made since the publication of *Better Births* and the *Five Year Forward View*, the ICS will continue to deliver improvements for maternity care provision. The BOB LMS action plan, sets out the ambitions and priorities for maternity transformation, with separate implementation plans for each locality. The Berkshire West MSG is responsible for the delivery of our local implementation plan, overseen by the BOB LMS Board. To date, RBFT data for stabilised and adjusted perinatal death rate per 1000 births shows a 10.3% decrease from 2015 to 2016 (the latest available data) The ICS aims to:

- Continue against trajectory to deliver improvements in safety towards the 2020 ambition to reduce stillbirths, neonatal deaths, maternal death and brain injuries by 20% and by 50% in 2025.
- Deliver full implementation of *Saving Babies' Lives Care Bundle version 2.* At present the ICS is 93% compliant with the set standards and work is in progress to meet the remaining requirements, which will be monitored through the Berkshire West MSG
- Increase the number of women receiving continuity of the person caring for them during pregnancy, birth and post-natally. By June 2019 a trajectory will be shared with the MSG for achieving 20% of women booked onto the continuity pathway
- Continue to deliver improvements in choice and personalisation through Local Maternity Systems so that by March 2021 all women have a personalised care plan. In Berkshire West all women carry handheld antenatal notes which include an in-depth plan of care. The ICS have appointed a Midwife project lead for 'Better Births, who will lead to deliver all of the recommendations and work with similar midwives leads across the STP who are progressing this work.
- Continue to deliver improvements in choice and personalisation through Local Maternity Systems so that by March 2021 more women can give birth in midwifery settings. So far year to date 30.4% of women are under midwife led care at home and the Home Birth Team are demonstrating increase in last quarter of home births. It is envisaged that the Continuity pathways will enable more women to access services in midwifery settings; this will be monitored as part of the ongoing project evaluation and reported through the MSG

- Through the LMS Digital work stream, build on the findings of the local Digital Maturity Assessment Report, which outlines the vast amount of work required to deliver interoperability across BOB. RBFT are global digital exemplars (GDE), which means that they are digital fast followers and have subsequently received investment to support their digital programme development. In addition, RBFT have appointed a Digital Midwife Lead to progress this key work programme.

4.11 Children's Health

Alongside improvements to children's mental health services the ICS will establish a Children's programme board with local authority partners and NHS providers which will seek to ensure improvements in children's wider needs by:

- Improving on the current performance in relation to childhood immunisations to deliver the standards required by public health
- Supporting childhood vaccination by monitoring uptake as part of the CCG Practice visits and through commissioning of a Quality Enhanced Service
- Reducing the need for children to attend A&E by ensuring that there is access to a range of NHS and local authority services to meet their needs.
- Improving the care of children with asthma, epilepsy and diabetes
- Working with partners across the BOB STP to establish paediatric networks to ensure a co-ordinated approach to critical care and surgical services for children
- Supporting the development of a Children and Young people's strategy within the acute trust to create a culture change across the organisation and change how services are shaped around the child.

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5 QUALITY

Prioritisation of quality – including delivery of safe care, and ensuring a good experience for patients and their families – is at the centre of our ICS. Partners have a strong track record of delivery of good quality services, with well-established leadership, governance and monitoring systems.

The Royal Berkshire's current Care Quality Commission rating is "*outstanding*" for the Royal Berkshire Hospital, with an overall Trust rating of "*good*". Berkshire Healthcare's overall Trust rating is "*good*" with an "*outstandin*g" rating for "*well-led*". The four GP Provider Alliances have a strong foundation of good quality general practice, and have developed leadership and governance arrangements, enabling them to work effectively together as well as at local neighbourhood level.

The Quality Strategies (Appendix B) of both Foundation Trusts are strongly linked to the 5 CQC domains of *safe, effective*, *caring*, *responsive*, and *well-led*, and align well with both the ICS strategic priorities as well as with individual organisational strategies. Quality Accounts and providers' plans for 2019/20 ensure clarity of focus on key quality priorities, supported by a strong focus on Quality Improvement.

5.1 Summary of Quality Priorities for 2019/20

- Reduction in the numbers of pressure ulcers in our hospitals
- Reduction in infections acquired due to a lapse in care (gram negative bacteraemia and e-coli)
- Reduction in medication errors
- Reduction in self-harm and suicide
- Reduction in harm from falls

Alongside these, mortality reviews, mortality review for people with a learning disability, implementation of NEWS2, and Sign Up To Safety have been established and will continue to provide a strong framework for the ICS safety culture**.**

The ICS work continues to be informed by national policy guidance – including the *Long Term Plan* – which will continue to shaper local plans alongside the developing work on population health management and the views of local people.

As Executive leads for quality improvement, Directors of Nursing from the CCG and provider trusts have worked together to develop a collaborative approach to quality improvement, with an ICS Quality Framework which retains robust scrutiny, builds greater transparency and reduces duplication. This new approach to quality assurance, shares responsibility and accountability for delivery of high quality care with both providers and commissioners. The ICS has developed an Integrated Quality and Performance Dashboard (IQPR), which includes a quality section; divided into patient safety, clinical effectiveness and patient experience and a performance section. The IQPR is scrutinised at the ICS Quality Committee, where providers present by exception, any risks to patient safety and mitigating actions taken. The ICS are continuing to build on this, through the development of a common ICS quality improvement/transformation methodology using local experience and international best practice, ensuring a culture of healthy challenge from provider to provider in addition to the usual commissioner to provider arrangement. The ICS Quality

Committee is an enabling committee within the ICS governance structure and reports formally through the CCG Quality Committee to the Governing Body.

The ICS has retained named quality leads for provider contracts within the CCG and a collaborative approach to the development of quality schedules and confirmation of quality priorities between commissioners and all providers.
The ICS Clinical Delivery Group is chaired by the Royal Berkshire's Medical Director, and includes senior leaders from all partner organisations. It has played a key role in identifying strategic priorities where the ICS can demonstrate value in terms of improved quality and use of our collective resources.

National priorities are reflected in the ICS strategy, and Berkshire West leads are also well engaged with work taking place at STP level on Urgent Care, Mental Health, Cancer and Maternity Services.

Our Quality Concerns are largely linked to high demand and workforce shortages, and are also focussed on work required to mitigate key risks linked to avoidable deaths – all of which are set out below in summary form.

Table 2 – Quality Concerns and actions to address

Challenge	Actions to address
Clinical Staff Shortages	Retention, recruitment and workforce transformation initiatives within local organisations, at "place" and "system" level to reduce vacancies and turnover and increase workforce stability. Monitoring of progress is maintained within each of the Foundation Trusts, enabling Board overview and assurance that risks have been properly identified and mitigation put in place, under the leadership of Directors of Nursing and Human Resources. There is also oversight through the ICS Workforce Committee, which reports into the BOB Local Workforce Action Board
Capacity and flow within Trusts and across the local healthcare economy	The A&E Delivery Board, chaired by the Chief Operating Officer of the Royal Berkshire, is well established and supported by all local health and social care organisations. There are strong arrangements in place to manage demand and capacity across acute, community and mental health inpatient services. A programme of work is in place within Berkshire healthcare to optimise bed use, improve patient flow and reduce Out of area placements. Urgent Care system, Acute Medicine Pathway and Primary Care Alliance development are focussed on provision of safe and effective care, with good use of resources. The Urgent Care Strategy, development of Primary Care Networks, Outpatient Transformation and Digital Development are all priority initiatives for the ICS. The ICS has a specific focus on children and young people in ED and CAMHs in individual organisations, as well as the use of SAFE improvement programmes– recognising that reducing avoidable harm reduces bed days and delivers more efficient care.
Treatment of serious infections in the context of increasing antimicrobial resistance	The Royal Berkshire and Berkshire Healthcare both have a strong focus on reducing harm to patients in their plans for 2019/20, with specific targets and programmes of work in place for their quality priorities. Sepsis and antimicrobial stewardship work programmes within individual organisations and across the ICS include the review and implementation of a "catheter passport", developing urinary tract infection management guidelines for community patients (inpatient and in own home) and standardised approaches to nutrition and hydration in care homes.

A Mortality Review Group has been established at ICS level, linked to robust arrangements within each of the Foundation Trusts and CCG. Along with the joint ICS Serious Incident Panel, these facilitate learning

and development across our local system. One recent example of this is the joint work undertaken to plan implementation of *Pressure Damage Guidance* from NHSI.

The learning and experiences from major issues, initiatives and reports (such as NHS Improvement's drive towards providing 7-day hospital services; and implementation of the National Quality Board's "*Guidance on Learning from Deaths*", Gosport Inquiry) are used to guide local work – and are reported through Executive and Board governance processes, as well as through our ICS structures.

NEWS2 has been implemented within the Royal Berkshire and is being rolled out to community inpatient services within Berkshire Healthcare, supported by training around the deteriorating patient and electronic patient record systems.

Quality Impact Assessment processes are established within both Foundation Trusts, including approval processes relating to major cost improvement or transformation programmes. These include a structured assessment of potential impact, as well as a formal sign off process including Medical and Nursing Directors. Monitoring of key safety and experience metrics within provider organisations is enhanced by the ICS Quality Framework and Dashboard outlined above, process, which enables a system wide overview of potential impacts of major programmes. The Clinical Delivery Group supports our ICS Unified Executive in understanding the quality implications of ICS priority initiatives as part of our prioritisation and performance monitoring processes.

Berkshire Healthcare has implemented a significant, multi-year Quality Improvement Programme, including external support from internationally recognised experts. As well as including the tools and techniques used to support quality improvement in patient facing services, the programme includes a significant focus on strategy, leadership and development of a whole organisation culture focussed on quality improvement. Berkshire Healthcare also has a Quality Strategy which is set out in summary form in Appendix B.

The Royal Berkshire has established a quality improvement initiative and full details of this can be found in Appendix B.

6 ACTIVITY PLANNING

6.1 Overview

The purpose of this section is to summarise the activity assumptions that have been agreed across the ICS for 2019/20 as required to deliver on constitutional standards and the intentions of this plan. They have been developed following detailed modelling by providers and commissioners and are supported by the detailed activity returns from our constitutional organisations. The section also seeks to summarise the action we are taking to ensure that capacity exists in providers to deliver on these assumptions and the specific action we have planned to ensure service continuity during Winter 2019/20.

6.2 Activity assumptions

Bottom up modelling by providers and commissioners has indicated a limited need for growth in services for the year ahead. This continues the trend seen during 2018/19 and is reflective of the strong performance of the system with respect to operational standards.. A high level summary of our assumptions is provided in table X below which highlights the limited growth expected by all parties save for the growth in zero length of stay Non-elective admissions which is linked to the growth trend as seen since 2017/18 and work to embed ambulatory care pathways and improve patient flow in support of same day emergency care. .

Table 6.1 – Forecast growth 19/20

Code	Activity Line	Forecast Growth from CCG Adjusted 18/19 FOT to 19/20 Plan (Total)*
E.M.7	Total Referrals (General and Acute)	0.5%
E.M.7a	Total GP Referrals (General and Acute)	0.5%
E.M.7b	Total Other Referrals (General and Acute)	0.5%
E.M.8+9	Total Consultant Led Outpatient Attendances	0.4%
E.M.8	Consultant Led First Outpatient Attendances	0.5%
E.M.9	Consultant Led Follow-Up Outpatient Attendances	0.3%
E.M.21	Consultant Led Outpatient Procedures	1.0%
E.M.10	Total Elective Admissions	1.2%
E.M.10a	Total Elective Admissions - Day Cases	1.2%
E.M.10b	Total Elective Admissions - Ordinary	1.2%
E.M.11	Total Non-Elective Admissions	3.2%
E.M.11a	Total Non-Elective Admissions - 0 LoS	10.0%
E.M.11b	Total Non-Elective Admissions - +1 LoS	0.0%
E.M.12	Total A&E Attendances excluding Planned Follow Ups	1.2%
E.M.12a	Type 1 A&E Attendances excluding Planned Follow Ups	2.0%
E.M.12b	Other A&E Attendances excluding Planned Follow Ups	0.0%

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6.3 Capacity to deliver constitutional standards

Given the limited growth planned for 2019/20 and our existing performance the constituent members of the ICS are assured that there is sufficient capacity available to deliver the level of activity agreed in the plan. Key actions already in train to support this are detailed below.

RTT:

For elective procedures the main acute provider (RBFT) has been a strong performer on access targets (RTT) and therefore has an ability to absorb some fluctuations in demand. Should there be concerns that develop during the year in relation to ability to manage capacity there is significant capacity in the Berkshire West system through a large independent provider presence, although it is not anticipated that additional activity is required at this stage and indeed there is an ambition to repatriate some activity to RBFT.

Where there are agreements in place with local independent sector providers, these providers are agreed with commissioner partners as permitted subcontractors, through the usual contractual process. When demand spikes are experienced, over and above the locally agreed demand and capacity plans, there remains the operational and associated financial risk of any associated increases in capacity. Work will continue, as in 2018/19, to mitigate the risks of such instances.

Cancer:

The ICS remains committed to the delivery of the national cancer access standards and we continue to work closely across both primary and secondary care to identify opportunities for further improve and access to treatment for patients referred with a suspicion of cancer. Through 2018/19 the main acute provider has performed well across all standards cancer standards with the two 14 day and five 31 day standards expected to achieve above target performance for the year. The Cancer 62 day standards have been more challenging through 18/19 following a significant unexpected increase in referral demand within one tumour site which when combined with the low volume nature of the 62 day standards has resulted in lower than targeted performance. However whilst performance has not been as high as we would like the Trust has robust processes in place to ensure that high quality care is maintained and wait times are kept to a minimum. The Trust remains significantly above the national average for the 62 day standard and will be targeting a compliant 62 day position through 2019/20..

As an ICS we work closely across the sectors and with the Thames Valley Cancer Alliance (TVCA) to manage our adherence to the national standards but importantly there is a strong collaboration in place to identify areas for improvement and transformation across a range of pathways and enabling programmes. We continue to target opportunities to deliver improvements that will support;

- Shorter waiting times
- Earlier diagnosis (both identification and access to diagnostic tests)
- Support and management of patients 'Living with and Beyond Cancer
- Care Closer to Home
- The use of Digital technology to support improvements in care delivery and support.

Looking forward to 2019/20 the ICS will remain focused on delivering the highest quality care to patients with or suspected of having cancer and will continue to work towards our goal of all patients being seen, diagnosed and communicated with quickly and effectively, and where cancer is diagnosed, ensuring treatment is started as quickly and effectively as is clinically appropriate. The ICS will continue to work closely with the TVCA and NHS England in relation to changes to the national cancer standards that are under discussion (e.g. 28 day diagnosis) to ensure we are able to respond effectively for the benefit of our patients.

Diagnostics:

The ICS is conscious that performance against the diagnostic access standard has been a challenge through 2018/19 as a result of workforce and equipment challenges at different points of the year. Through 18/19 the Trust has address the cause of these issues and is targeting a return to compliance in 19/20. Looking forwards, as detailed elsewhere in this plan, the ICS will be commencing a programme of work to inform planning for diagnostic services across the ICS for the next five years. This work will be undertaken in close communication with wider footprint stakeholder via the STP and Thames Valley Cancer Alliance.

Urgent Care:

During 2018/19 the system was successful in securing capital to increase acute medical capacity in the hospital in order to better manage urgent care demand. This investment alongside associated revenue funding and other investments across the system has supported a 39% reduction in 4hr breaches in Q4 of 2018/19 when compared to the same period last year and has allowed us to support the best possible care for increasingly complex patients.

During 2018/19 work was completed on a system wide bed modelling exercise to ensure that the ICS can appropriately size system capacity. This work demonstrated that with the investment above the system had sufficient near term capacity but that work was required to develop a new model of care in order to avoid the need for future investment. Progressing this work is a key priority for the ICS in the year ahead.

6.4 Winter planning and escalation/planning

The ICS A&E Delivery Board has partners working together to plan, address issues and support robust winter planning arrangements. The ICS is a comparatively high performer against urgent and emergency care metrics and have undertaken a number of improvement programmes through 2018/19, for example Patient Flow Improvement with the support of the Emergency Care Intensive Support Team (ECIST). In addition during winter 18-19 RBFT have tested arrangements to open additional short stay and HMU capacity at times of escalation and temporarily convert elective orthopaedic beds to medicine.

Winter resilience planning for 19-20 will be based on an evaluation of the 18-19 system wide plan and will adopt the same key principles of;

- Providing safe, quality care for patients aiming to reduce multiple moves in patient pathways and maintaining privacy and dignity
- Streaming as many patients as possible across front door locations to same day emergency care services
- Treating patients in short stay facilities wherever safe to do so
- Robust approach to targeting all delays in patient pathways across the system
- Supporting staff at times of pressure
- Communication and escalation with system partners as necessary to support system flow.

6.5 Mental Health Targets

BHFT and the CCG are working together to ensure that BHFT have the resources to deliver key operational standards during 2019-20. These include:

- timely access to IAPT treatment to specified outcome measures,
- early intervention for people with first episode of psychosis,
- an increase in the number of children receiving timely mental health treatment,
- physical health checks for people with mental health conditions,
- reduced number of suicides
- The required additional clinical workforce.

There is a need to ensure sufficient capacity and resource to reduce the number of out of area placements (OAPS). Whilst BHFT have been able to achieve their target trajectory, the position remains volatile. The ICS have invested in a Bed Management Team and will review opportunities for the use of alternative

provision including crisis beds and "safe haven" models. NHSE capital funding will enable a 12 bedded unit for General Adolescent Services, including specialist eating disorder services to open in the summer of 2020, which should reduce OAPs and support young people closer to home.

BHFT, working with The Berkshire Transforming Care Partnership, has closed an inpatient service (7 beds) and developed a community based Intensive Support Team for people with learning disabilities who are at risk of inpatient admission. There is a focus on enabling a small number of people in specialist OAPS to be discharged back into local community based services – and to work with partners to support the development of sufficiently robust services locally to reduce admissions, and new OAPs.

As highlighted in our quality section one of the risks to future performance is, in common with much of the rest of the NHS, the challenges around workforce. However, given the work outlined in the workforce section the ICS believe that it is making steps to reduce this risk.

7 SYSTEM FINANCIAL PLAN

7.1 System Financial Sustainability

Introduction

Financial sustainability continues to be one of the strategic priorities of the ICS. In 2017/18 the ICS achieved its control total and in 2018/19 there will be a small (0.5%) underachievement. Good in year financial performance has been achieved by non-recurrent mitigations whilst the underlying run rate has remained unresolved. Although, the allocations for 19/20 provide welcome additional funding for both providers and commissioners much of the new funding is committed to cover inflation, in particular the impact of the Agenda for Change pay award, alongside supporting delivery of the requirements of the Long Term Plan. The focus of the ICS is to deliver a robust shared cost reduction programme, with medium term service redesign through transformation.

Table 7.1 – Per Capita Funding

CCG Allocation 2019/20 (raw population)

Per Capita Funding*	**£**
Berkshire West CCG	1,175
SE England average	1,397
England average	1,460

As a result of changes to allocation methodology, Berkshire West CCG has moved on its core allocation from being 4.65% below target allocation in 2018/19 to 0.81% above target funding in 2019/20. The system continues to be one of the lowest funded in the country.

7.2 Gap Analysis and Efficiency

There is evidence to support the success that the ICS has had in flattening demand and as a result the underlying deficit has reduced, but this has been offset by inability to take cost out of the system at the same pace. The system wide gap has reduced from £50m to £45m over the 2 year period from April 2017 to March 2019 and while this is encouraging, the key focus for the system going into 19/20 is to increase the pace of change as the ability to mitigate a significant deficit has been eroded over time.

The ICS system financial gap is calculated to be £45.2m for 2019/20 and is made up from commissioner and provider positions as outlined in the bridge analysis below.

Table 7.2 – Bridge Analysis

	RBFT* £000s	BHFT^ £000s	CCG £000s	Total £000s
2018/19 Surplus/(deficit)	(3,684)	2,522	(3,000)	(4,162)
Non-recurrent Funding		(3,531)	(5,500)	(9,031)
Other non-recurrent action	(14,305)	(1,565)	(8,500)	(23,670)
Recurrent position	(17,989)	(2,574)	(17,000)	(37,563)
Allocation increase		240	33,000	
Price/tariff inflation	21,170	4,510	(15,750)	
Other inflation	(19,341)	(5,095)	(1,800)	
Investments	(5,500)	(450)	(2,900)	
MH and community commitments	0	837	(1,750)	
Growth	1,887	3,930	(6,800)	
Cost pressures/cost associated with growth	(2,052)	(4,040)	(2,150)	
Rebuild contingencies/reserves	0	0	(5,600)	
2019/20 Gap	(21,825)	(2,642)	(20,750)	(45,217)

**RBFT figures for all contracts. ^BHFT figures represent 60% of total*

Individual and system efficiencies linked to flattening demand and containing costs are summarised as follows for 19/20. The residual gap is £21.4m split between RBFT £9.4m and the CCG £12m. It is expected that the CCG will be able to mitigate some of the residual gap non-recurrently and this will leave £7m net risk as per the detailed financial templates.

Table 7.3 – Summary of Individual/System Efficiencies

Programme	RBFT £000s	BHFT £000s	CCG £000s	Total £000s
Gap	(21,825)	(2,642)	(20,750)	(45,217)
RBFT	13,930			13,930
BHFT		2,400		2,400
CCG			6,227	6,227
Net Position	**(7,895)**	**(242)**	**(14,523)**	**(22,660)**
Control total	1,503	(242)	0	1,261
Gap before mitigations	**(9,398)**	**0**	**(14,523)**	**(23,921)**
Enhanced Access Allocation			2,500	2,500
Residual Gap	**(9,398)**	**0**	**(12,023)**	**(21,421)**

7.3 Growth and Inflation

The high level **combined** growth and inflation assumptions used in planning are given below.

Commissioning segment	%
Royal Berkshire FT (based on detail projections)	6.1
Other Acute	5.4
Prescribing (as per guidance)	2.5
CHC (as per guidance)	5.7
BCF (as per guidance)	1.8
Mental health	6.2
Community	5.5
Ambulance (9s contract as per guidance)	5.2

In addition to growth and inflation, further investment will be made in Primary Care Networks and specific pathway development as proposals are agreed throughout 2019/20.

7.4 Compliance with Financial Rules

The system's ability to comply with the financial rules is assessed below, with the main risk highlighted around the achievement of individual control totals.

Table 7.4 – ICS compliance with financial rules

Financial Rule	Current Rating		
	RBFT	BHFT	CCG
Break-even in year within their overall allocation.			
Have a cumulative surplus of at least 1% of allocation.			
Set aside a contingency which is 0.5% of overall allocation.			
Invest into Mental Health services to ensure spend in 19-20 is 6.2% more than spend in 18-19			
Achievement of control total			

Given the scale of the underlying financial deficit and the more limited in year options for mitigation, the system has put itself into voluntary turnaround. Work is underway to redesign the collective transformation resource into a fit for purpose function spanning the entire ICS with a dual aim of demand flattening and cost efficiency. Linked to this, we are in-housing key services from SCWCSU to release significant cost and improve effectiveness of support functions with resource being aligned to the ICS programme boards. This has been made possible as much of the non-value added activity related to PBR and associated contractual challenge has been removed. A joint Financial Recovery Group has been established with executive level representation and a wide remit to focus on both system and individual plans.

For RBFT there is a requirement to improve financial control and forecasting, with the following programme of work agreed by the Board in March and supported by partners:

- A full review of financial governance and control is underway, led by the Chief Finance Officer.
- This will include governance over the operation of the procurement cycle, management of contracts, approval mechanisms over variable pay, delegated spending controls, budget management training and a review of financial reporting across the organisation, with the aim of improving the accuracy of forecasting, reporting, and the effectiveness of cost control.
- This programme will encompass corporate and care group areas. It will also include supporting a Trust wide demand and capacity review with the required cost, income and activity information.
- Internal Audit and some targeted external expertise will be assisting in this work. Including an external review of the financial bridge for 19/20.

The key transformation areas which will deliver system sustainability are described in Chapter 2 of this document, with the following identified as having the greatest potential benefit from 20/21 onwards:

- Outpatient Transformation
- iMSK
- Development of Primary Care Networks

To this list is added our Berkshire West First programme which aims to minimise leakage out of the system and maximise the ROI on existing healthcare assets.

Following the receipt of the Bronze Diagnostic and using other data that becomes available to the system in year e.g. output from the Population Health Management trial, it is hoped that the number of areas for transformation can be increased.

7.5 Creating the Right Environment for Transformation

The ICS has a Chief Finance Officers' Group which has been working together since September 2016 to develop a number of work streams to support our sustainability:

- **New payment mechanisms:** The ICS moved away from PbR in 2018/2019 using an innovative "blended payment" approach working closing with the NHSE/I joint pricing team. The ICS is seen as a trailblazer in this respect. The payment mechanism includes a fixed payment and an innovative risk sharing agreement with different interpretations to reflect the different starting points and risk appetites of the 2 main providers. *Ambition for 2019/20: Extend the risk share to BHFT (subject to further discussion and agreement).*
- **Cost of system delivery:** In order to further the ICS payment journey ICS finance leads have identified the need to better understand the cost of system delivery and the interplay between demand and cost. Close work with the NHSE/I Joint Pricing team has enabled the ICS to have access to support from KPMG to develop a system costing model which will enable us to assess the cost impact of proposed transformation. It is expected that this model will be fully operational from the end of Q1 with 60% system cost coverage (and 40% using price as a proxy for cost). By the end of 2019/20 the model will have been enhanced with primary care cost data linked to an innovative primary care patient level costing project. This model will link to our PHM interventions and will give visibility of cost across pathways with the ability to summarise at PCN and individual practice as required. *Ambition for 2019/20 and beyond: move to an efficient cost model for the fixed element of the blended payment.*
- **System control total:** The ICS signed up to a control total linked to the additional PSF in 2018/19. Berkshire West was the first ICS to request and secure an in year offset between providers. The control total will be at BOB STP level in 19/20 so there are no opportunities to develop this further at place on a formal basis.
- **Group Accounts** – the development of a consolidation model for group accounts gave visibility of system income and costs through the early months of 2018/19 and has now been replaced by the BWICS system risk and mitigation monitoring and sharing methodology which will be further

developed in 2019/20. This is ensuring alignment throughout planning and for forecast outturn reporting.

- **Contractual form:** The ICS will continue to use the Standard NHS Contract which has been supplemented with an Alliance Agreement setting out the risk share arrangements for the year ahead. No further development work is planned for 2019/20.
- **New ways of working:** The joint contract and finance team is being supported to develop 6 focus areas with the dual theme of creating capacity and efficiency. These compliment the 4 focus areas already developed by the CFOs' Group.

Table 7.5 - New Ways of Working & Focus Areas

Focus areas from CFO Group	Focus areas from joint team
ICS Finance Team Development	Eliminate provider to provider recharges
Cost of system delivery	Joint contract review meetings
Internal audit and governance	Improve intra BW recharge processes
Adopting the Best Possible Value Framework	Development of joint business case group and processes
Communication	
Berkshire West First Project	

7.6 Agency Rules

In 18/19 the RBFT Agency Ceiling was £9,502k and the Trust expects to spend c£9,600k. For 19/20 the Ceiling is again £9,502k which the Trust does not expect to exceed.

BHFT has been operating below its agency cap for the last two years and plans further cost and quality improvements in 19/20 related to non-clinical agency usage and more effective use of our existing e-rostering system by increasing volumes of planned roster at 8 weeks in advance, reducing unused contracted staffing capacity, and better manage absence to reduce agency costs.

7.7 Use of Capital

RBFT: A high quality, modern, accessible and welcoming estate along with the presence of modern digital infrastructure and medical equipment is critical to our collective ability to serve our patients. Like many hospitals, the RBFT estate is a patchwork of bespoke buildings built in a range of different eras across multiple sites a number of which are beyond their useful life and or require investment or replacement. During 19/20 RBFT is seeking to develop a master plan for its estate that will set the long-term direction for its facilities. This plan will explore ways the Trust can to utilise estate away from RBFT site, alongside evolving digital and technological solutions. While this plan is in development the Trust will prioritise investment in infrastructure (physical and digital) and will look to deal with required backlog maintenance issues through the planned £37m of capital spend in 19/20.

BHFT: Through a £12.4m total capital programme two key estate developments will commence in 19/20. The first is the move of our inpatient learning disability service on the Prospect Park Hospital site into an improved environment for patients, releasing capacity to relocate our Wokingham based Tier 4 CAMHS inpatient service onto the hospital site in Reading (Tier 4 service move funded by wave 4 STP capital expected to be drawn in 20/21). The second scheme is to commence refurbishment of our leased property on the Reading university Whiteknights campus to move and co-locate Reading community based mental health and physical health services from poor dispersed sites, including specialist childrens services provided by Royal Berkshire FT (capital and lease funded by RBFT for their wing of the building). During 19/20 BHFT will continue major investment in IT infrastructure (cloud, 0365 etc.), PDC funded GDE programme delivery and HSLI community worker mobile device upgrade, to improve productivity and digital experience of the clinical workforce.

8 WORKFORCE

The workforce challenges remain significant in our ICS particularly with regard to recruiting and retaining staff; this is most acute in relation to the front line nursing, allied health professional groups and primary care staff. Workforce presents the greatest risk to the delivery of our strategy, and the ICS recognises that failure to recruit and retain an appropriately qualified skilled and experienced workforce will directly impact our ability to maintain quality outcomes and deliver the transformation agenda. The ICS recognises the importance of sustaining an engaged and motivated workforce and adopting technological and digital solutions to address workforce pressures and support front line staff.

In Berkshire West, the workforce supply challenges are compounded by the high cost of living locally; Reading is the sixth most expensive place to live in the UK, and local employment levels are high. The ICS also have above average numbers of workers aged over 50 in a number of services/specialities, which may reflect the impact of the high cost of living and alternative employment options available to younger workers.

The ICS has identified its ambition in relation to workforce:

- To fully engage our staff in the development of our ICS – using their talents and creativity to develop innovative solutions to the challenges of increasing demand and finite resources
- To work together as partners to share good practice and expertise to respond effectively to our workforce challenges
- To provide increased opportunities for career development through the new ways of working that are incorporated within our ICS priority initiatives, alongside cross-organisational leadership
- To develop a shared methodology for transformation and quality improvement as part of an ICS approach to organisational development

The ICS had identified five key strategic objectives to deliver its ambition and address the workforce challenge, working both within the ICS and with partners across the STP, and the RBFT and BHFT HR Directors provide leadership to the BOB work programme via the Local Workforce Advisory Board (LWAB).

8.1 Collaboration

The STP working group collaborate through regular meetings and the sharing of best practice, polices, training courses and campaigns. They have engaged in developing a People Strategy for the BOB STP, ensuring where appropriate things are done once and all can benefit from the activity. The group has worked together on the EU settlement scheme as well as leadership courses and recruitment expertise. The NHS Trusts have also collaborated on streamlining areas such as recruitment, statutory training and occupational health provision to ensure it is easier for staff to move around the NHS and reduce costs.

8.2 Recruitment and Resourcing

The ICS held an event to share recruitment and resourcing expertise between the NHS Trusts and other health and social care providers including GP surgeries. The Trusts are able to share ways of recruiting, such as using advertising campaigns, writing engaging job descriptions and using social media, that result in successful applications.

8.3 Organisational Development

At BOB level the People Strategy development and engagement of all parts of the system is a good example of OD at its best. Providers have worked on the development of a joint strategy to identify where better links and closer working would lead to better services and higher recruitment levels. This activity included conversations on the values each provider has and ways of working required by leaders and staff going forwards.

8.4 Staff Engagement

ICS partners run the NHS Staff Survey annually and use the results to make changes to how it feels to be an NHS employee in Berkshire. The feedback has led to improvements in the health and wellbeing offer, the way in which appraisals are done and development for managers to ensure they have the skills to manage well and in accordance with our values. 68% of NHS staff in the ICS would recommend the NHS as a place to work. Together we will work on the interventions to make this a great place to work including developing career paths across the system, improving the training available and recruiting more people to support our current workforce.

8.5 Retention and Wellbeing

The ICS a retention plan which includes initiatives such as reviewing the working environment, IT support, career path options, introducing flexible and agile working practices, and building a network of mental health first aiders and health, wellbeing and engagement champions to improve the support to staff. All of this work will be part of the Great Place to Work For All campaign to be launched later in 2019.

8.6 Workforce design

The ICS is working together on building the skills to design and plan the workforce for the future. A number of staff across the ICS have attended training on workforce planning and will attain a formal qualification with the aim of having internal expertise to support projects where health and social care are working together to improve workforce design.

8.7 Planning and Productivity

The current workforce data is used to predict future requirements in the light of planned changes to services. In addition ways of working and delivering services are linked to contractual renewal or bid cycles to ensure the best value for money. The Global Digital Exemplar programme has also led to the introduction of technology which has impacted on the way people work and the type of roles required. For example, community nurses are benefitting from the introduction of IPADS and smart technology allowing them to update patient records without having to travel to a fixed base.

The constituent organisations of the ICS are working to deliver an efficient, effective and sustainable workforce model to support the delivery of services. Whilst temporary staffing remains an important resource, to allow for flexible delivery, the work described above will improve staff recruitment, retention and capability which will reduce the need for temporary staffing.

Job planning and e-rostering are in place to see a better match between workload and staffing at RBFT and BHFT. Both trusts have been able to manage agency costs below the NHSI ceiling, and utilise more bank than agency shifts. RBFT has reviewed its temporary staffing policy which sees priority being given to lower costs sources over higher cost, in the first instance. Since September 2018 a joint staff bank has been established between RBFT and BHFT. RBFT believes it has been successful in achieving very competitive agency rates from providers, however there have been some issues in finding staff to cover shifts, which

may in part be linked to the rate that is being offered and therefore there may be limited future scope in this direction. Both providers have successfully implemented a “bank only” approach to temporary staff required for staff at Bands 2 and 3.

In addition both Foundation Trusts within the ICS have Board approved workforce strategies which include a focus on workforce planning, recruitment, development and retention. The ICS have recruited from both the EU and beyond and continue to see overseas recruitment as part of our workforce plans. Steps have been taken to retain existing EU staff, including regular communication with them about their importance to our success, and to address their concerns and issues.

The development of new roles, including apprenticeships across clinical, support services and leadership roles are a key part of our plans. RBFT has been highlighted as an area of best practice for their use of apprenticeships. The ICS is also developing shared functions in key areas to increase capability and make best use of the collective resource.

The CCG leads a BOB wide primary care workforce group which is developing workforce analytical and modelling capability. This group allocates the national funding available to support recruitment, retention and upskilling in primary care and works with the three place based Training hubs. The group will also have oversight of the diversification of the primary care workforce and the recruitment of new roles to Primary Care Networks.

An analysis of specific workforce challenges, risks and initiatives are set out below by sector.

	Workforce challenge	**Impact**	**Initiatives**
Primary Care Workforce	Reducing supply of registered GPs and increasing numbers of registered patients Berkshire West has higher than average numbers of GPs and Practice Nurses aged over 50.	Poor access to primary care, resulting in patients accessing less appropriate services	Current Work Streams: Time to Care Initiative, Social Prescribing, development of Footfall system use, GP Retention Scheme, International GP Recruitment, GP Locum Chambers, GP Fellowships, Upskilling and Development of the Primary Care Workforce. Development and employment of increased numbers of supporting roles within primary care including: Physicians Associates; Paramedics; Apprenticeships: (GP Assistant posts); Pharmacists
	Fewer Practice Nurses entering training since the removal of the nurse training bursary.		HEE funding is supporting the development of an integrated model of community and practice nursing.
	GP workforce data is not as robust as other sectors	Inadequate understanding of work force pressures and key skill shortages	Implementation of the Wessex Workforce Planning Tool and support from HEE

		which impedes workforce planning	Workforce Data Intelligence Team
Acute hospital	**Workforce challenge**	**Impact**	**Initiatives**
	Shortage of staff in specific services/roles including elderly care and paediatric nurses, Theatre Practitioners.	Difficulty in offering flexibility in working patterns, higher use of temporary staffing, increased workload for other staff. Challenges in filling on call rotas	Incentive schemes, rotational posts, review of shift patterns, development of new roles, retire and return initiatives. Specific review of Paediatric Consultant requirements based on demand forecasting
	Long term vacancies in Dermatology, Pharmacy and ED Consultant roles	Use of locum and agency staff to maintain service provision. Increased waiting times.	Updating of job roles and consideration of new ways of working with primary care. Redesign of roles within a workforce transformation programme and consideration of rotation scheme with private providers. New employment offering with flexibility options. Joint working with other acute trusts in BOB.
	Transformation initiatives are potentially compromised by workforce issues	Benefits of initiatives may not be fully realised or are delayed.	Employment of a Head of Workforce Transformation Use of a workforce planning template to enable integration of workforce, activity and financial planning
Community and mental health	**Workforce challenge/risk**	**Impact**	**Initiatives**
	Difficulty in recruiting to Band 5,6 and 7 Nursing and Allied Health Professional roles (particularly podiatrists and physiotherapists) This is most significant in Mental Health Inpatient, Community Inpatient and Community Nursing Services. Supply of Learning Disability Nurses is also	Use of temporary staff (targets for reduced use of agency staff are being met) and vacancy rate are both higher than BHFT wants to achieve. Adverse impact of staff wellbeing as a result of increased workload	Specific Workforce Plans and initiatives are in place for areas of highest risk. BHFT aims to increase permanent staffing recruitment, targeting Band 5 Nurses (MH, LD and DN), band 3 and 4 nursing associates to deliver national Long Term Plan targets and meet forecasted demand, and to recruit more

	limited, with reducing numbers of training courses available.		apprentices both into clinical and non-clinical roles. Improving data for workforce planning, reviewing job role design and content, and better forecasting. Recruitment of specialist support to improve health, wellbeing and engagement to reduce sickness levels and increasing engagement Recruitment of a social media expert to develop innovative recruitment channels

9 DIGITAL TRANSFORMATION

Digital Transformation underpins almost all of the ICS transformation programmes. According to *The Long Term Plan* '*Technology will play a central role in realising the LTP, helping clinicians use the full range of their skills, reducing bureaucracy, stimulating research and enabling service transformation'*

The NHS Foundation Trusts within our ICS have *Global Digital Exemplar* and fast follower GDE status – which provides a strong basis for our system focus on digital transformation: our Connected Care Programme is our largest individual work programme within the ICS, and is well established, with shared leadership from partner organisations. A digital "summit" meeting of ICS partners held in September 2018 achieved alignment of digital priorities – and reaffirmed our shared commitment to Connected Care. This meeting also provided an important organisational development opportunity for our ICS – with senior leaders summarising and reflecting the perspectives of other partners into the debate – thus modelling system rather than organisational leadership in service of our population.

Working in collaboration with Berkshire East CCGs and the Frimley Health and Social Care ICS, the Berkshire West system has led the way in the provision of integrated digital platforms which enable the sharing of information across health and social care organisational boundaries. As well as combining information held in different IT systems across the county, the shared record allows care professionals to create and update care plans, creating co-ordinated multi-agency care for individual patients and enables new ways of delivering services.

To ensure delivery of our ambition, we recognise the importance of strong foundations in a number of key functions – and our Connected Care programme includes the following priority projects.

Table 9.1 - Connected Care programme

Cloud based infrastructure Building system resilience, scalability and alignment with LHCRE	**ePMA** Including medication items within Connected Care, phased over time by provider	**Pathology** Enabling view of test results through Connected Care sent in real time by pathology service providers
Enhanced acute feeds Providing an enhanced, standard data set across Royal Berkshire and Frimley Health services	**Next generation social care** Ensuring social care data feeds can migrate to a cloud based infrastructure	**Documents** Ensuring document forms in secondary care can integrate into Connected Care

Our overarching objectives with the full deployment of new digital technologies will be to:

- Facilitate the sharing of information between professionals to support the coordination and delivery of care, regardless of which NHS organisation(s) the patient is interacting with
- Continue our work on the development of Population Health Intelligence (PHI) to support the identification and proactive support of people with complex needs and to identify pathways that could benefit from redesign across the ICS
- Provide different modalities of care – such as online service delivery (already established within IAPT, Eating Disorder, Perinatal and other mental health services), remote monitoring, Skype consultations, smart home technologies to drive efficiencies and improve patient experience. Other examples include online appointment bookings, e-prescribing and the digital front door to general practice
- Empower and supporting patients to manage their own health through access to their records and information, through the NHS app and NHS login, as well as self-access to high quality self-care information and signposting (e.g. further development of NHS 111 Online). The ICS anticipates that

the patient portal within our shared record system will develop over time to be a significant driver in the development of our ICS.

The ICS are working at organisational, place, system and regional levels, focussing on what scale or population size is required to add greatest value in digital transformation – illustrated in the following table.

Table 9.2 - Overview of digital transformation

Regional/Sub regional	BOB STP work streams with digital focus	ICS/Place	Organisation
LHCRE Programme - Thames Valley and Surrey Pathology Network Thames Valley Cancer Network Oxford Academic Health Science Network	Information Governance Steering Group Digital Work Stream including capital investment Cancer and Maternity work streams	Bucks Digital Transformation Group Oxfordshire Digital Strategy Group Berkshire West PHM Development Board	Berkshire Healthcare GDE Royal Berkshire GDE fast follower

As our ICS moves into 19/20 the momentum on this vital programme of work has been maintained by the formation of the *Population Health and Digital Development Board*. Members of this board include Chief Information Officers of partner organisations, Directors of Strategy and Director of Public Health, thus ensuring that our work is fully embedded within our overall strategic plans – both as a system and within individual organisations.

This board will oversee the continued development of the Connected Care Programme and will be the lead for Population Health Management approach (PHM). As set out in the *Long Term Plan*, it is expected that this approach will become; *increasingly sophisticated in identifying groups of people who are at risk of adverse health outcomes and predict which individuals are most likely to benefit from different health and care interventions, as well as shining a light on health inequalities.*

The board plan for 2019/20 is to:

- Work with the ICS Programme Boards to enable delivery of the ICS Strategic Priorities
- Hold the Strategic focus for ICS digital / infrastructure development
- Lead and deliver the Connected Care programme
- Design and deliver enhanced Information sharing between ICS and Local Authority partners
- Develop an Analytics and Information Governance Group which will provide the system with '*one version of the truth'* for Planning and Business Intelligence
- Drive and deliver the accelerated *Population Health Management* programme

10 NEW WAYS OF WORKING

Berkshire West ICS is entering its third year of operation and has maximised the opportunities this way of working has brought, along with additional support from NHSE. However, the Long Term Plan identifies the requirements for ICSs to operate at a larger footprint to have the scale required for some of the necessary transformation in the NHS.

Berkshire West ICS has been an active member of the Buckinghamshire, Oxfordshire and Berkshire West STP (BOB) and will use its experience to work with colleagues in BOB to achieve ICS status. Partners in BOB have recognised that transformation will continue to be delivered in each of the 3 places in partnership with local authorities and other stakeholders. The ICS will work with NHSE and BOB partners to describe how each of the three places in BOB might operate as part of a larger ICS to optimise the NHS across the system. It should be noted that Berkshire Healthcare Foundation Trust (BHFT) is also a constituent of the Frimley STP / ICS and are fully engaged with the ICS in both geographies.

As part of our work to strengthen how the Berkshire West system operates the ICS has already begun to introduce shared leadership and shared posts between the organisations. In 2019/20 partners will transfer organisational planning and transformation functions into a shared place based function, develop more robust joint commissioning arrangements with the three local authorities and provide support to emerging Primary Care Networks.

The ICS is working jointly with officers and elected members in the three local authorities to develop and implement new governance arrangements that will integrate the ICS and BW7 programmes.

In preparation for working at scale the CCGs in BOB have begun to review commissioning arrangements in three areas:

- Specialised commissioning,
- NHSE direct commissioning
- CCG commissioning.

This will enable the ICS to take opportunities to integrate the different commissioning activities to ensure aligned commissioning intentions and commission services along patient pathways.

The ICS will also contribute to the design of the BOB ICS governance and support the recruitment of a non-executive chair by the end of quarter 1 and a substantive executive lead by the end of quarter 2. The governance in BOB will need to be flexible to recognise the three places and will need to address partnership working with local authorities and clinical involvement in the design of services. BOB partners are working together to develop a clear road map to achieve ICS status by April 2020.

11 SUMMARY

In summary, the Berkshire West ICS is a high performing health system which is looking to build on the achievements of 2018/19. However, the financial challenge faced by the health system is 2019/20 is particularly significant and the ICS will be in voluntary turnaround to address this challenge.

The 2019/20 plan outlines the key transformation programmes that will deliver the first year of the Long Term Plan although it should be noted that lack of available financial headroom will constrain the ability to invest further in new models of care to accelerate these changes.

Despite this financial challenge, the ICS is in a strong position and as it moves into the next 10 year phase of the NHS. Working together the with local government, the third sector, partners and our local communities the ICS will continue to drive system transformation to ensure that the local NHS improves health outcomes and improves the experience patients have of NHS care.

12 APPENDICES

A COUNCIL OF GOVERNORS AND ELECTIONS

A.1 Berkshire Healthcare Foundation Trust

The Council of Governors comprises 32 representatives and has enjoyed an engaged membership since our foundation trust authorisation in 2007. The 19 public governors on the Council of Governors are elected by thirds. This ensures that there is a balance between new and experienced governors.

During 2018/19 BHFT appointed 4 governors, with 1 position currently vacant. Our membership strategy is designed to ensure BHFT exceed our required 10,000 membership (currently 11,900) which reflects the diversity of Berkshire's population. There will be elections for 7 new public governors in 2019/20. The Council of Governors' Membership and Engagement Committee is planning to promote the role of Governor by attending local community groups and events to encourage interested people to put themselves forward as candidates for governor elections. The Committee, together with our Chair and Company Secretary, routinely reviews and responds to best practice in attracting potential governors.

All new Governors are invited to attend an induction session facilitated by the Chair and the Company Secretary. The sessions provide an overview of the work of the Trust and an introduction to the statutory roles of Governors. This is supplemented with attendance on the core module of the Governwell development programme delivered by NHS Providers. Governors with specific responsibilities, such as recruitment of non-executive directors, have access to the relevant specialist Governwell module. Locally delivered training is also arranged to address any development needs. Development also features regularly within the quarterly joint meetings held between the Council and the Board.

The Trust is part of two Integrated Care Systems (Berkshire West and Frimley Health). During 2018-19, the Trust hosted two ICS Engagement events in the East and the West. This provided an opportunity for governors, clinical commissioning groups, voluntary sector, councillors and senior health and local government staff across the two systems to network and to discuss the development of the ICSs.

Governors use a variety of opportunities to engage with members and the public. This includes attendance at the Trust's Annual Members' Meeting, attending local community engagement events, such as World Mental Health Day, and attending Reading Pride. Governors also draw on their own community links to engage with members, the public and service users and carers.

A.2 Royal Berkshire Foundation Trust

The Trust has 9,256 members with public governors representing five local geographic areas, as well as volunteer, staff and partner governors. The Trust has recruited five new governors during 2018/19. There are currently five vacancies on the Council of Governors and elections will be held during May 2019 to fill these seats. All governor vacancies are advised via the Trust's Pulse magazine, as well via internal briefings to staff

The Trust, and its governors, has been raising the profile of governors with members and the public through a number of methods including sessions for people to meet their governors at all membership events. The Trust has also refreshed its membership magazine, Pulse, using an electronic platform in which the Lead Governor has a standing article in each edition, as well as featuring an article from other governors. RBFT have also sought to engage staff members to promote the role of staff governors. Proposed dates for membership events have been circulated to the governors. In 2018/19 all membership events were oversubscribed and these events were used to encourage people to become members, apply to become a governor as well as engaging our members on the development of Trust Strategy. The Trust held its third Open Day in September 2018 which was well attended. This is now an annual event.

Where there has been an under-representation of groups from the local community , the Trust has engaged with Governors to address this issue, identifying alternative ways of recruitment, including Governors attending patient engagement events in the community as well as Trust recruitment events. Members aged between 16-29 years are currently underrepresented and the Trust is due to hold a joint membership event with South Central Ambulance

Service specifically aimed to engage and recruit younger members. The Trust is also in discussions with our Integrated Care System (ICS) partners about holding joint membership events during 2019/20.

To help Governors fulfil their role the Trust has strengthened its induction programme and sought to develop them through the committees with which they engage. In addition, Governors are provided with regular updates via the NHS Providers newsletters. A Governor training and development programme continued in 2018/19 including sessions on NHS finance, commissioning, quality governance and patient experience.

The Trust is committed to meaningful engagement with its members. The membership strategy for the next 12-24 months will focus on ensuring that the Trust's membership is representative of the population served.

B QUALITY STATEMENTS FROM RBFT AND BHFT

B.1 RBFT approach to quality improvement, leadership and governance

Ensuring safety and quality of care for every patient is RBFT's top priority. RBFT aims for all its services to be outstanding every day of the week, and to maintain its position as a top performer in delivering NHS access standards. RBFT strives to be the one of the safest and most caring NHS organisations in the country.

Our high-quality clinical care is based on a strong research and development culture, being one of the most research active district general hospitals in the country. We are committed to continual learning and improvement, with a strong desire to ensure that every day is better than yesterday.

RBFT's Quality Strategy (2018-2023) provides the framework for the quality improvement work taking place across the Trust, based around the 5 CQC domains of safe, effective, caring, responsive, and well-led. The Quality Strategy sets out our quality aims and targets to help us to maintain our position as an 'outstanding' quality organisation at the Royal Berkshire Hospital site and aligns with our actions to achieve outstanding across the rest of our services. The Trust's Medical Director and Director of Nursing are the lead Executives for quality.

Our assessment of our quality of care and our chosen priorities reflects a balanced view of:

- The action taken to deliver ever improving standards of quality in the care we provide (including CEO transformation projects; "Learning from Excellence" feedback programme; and staff engagement in the 'What Matters' campaign)
- The learning and experiences from major issues, initiatives and reports (such as NHS Improvement's drive towards providing 7-day hospital services; and implementation of the National Quality Board's "Guidance on Learning from Deaths", Gosport Inquiry)
- The views and conclusions of our regulators such as the Care Quality Commission and NHS Improvement
- Feedback received from patients, partners and stakeholders in the community
- Analysis of themes arising from internal quality indicators (complaints, incidents, clinical audits, mortality reviews, outcomes data);

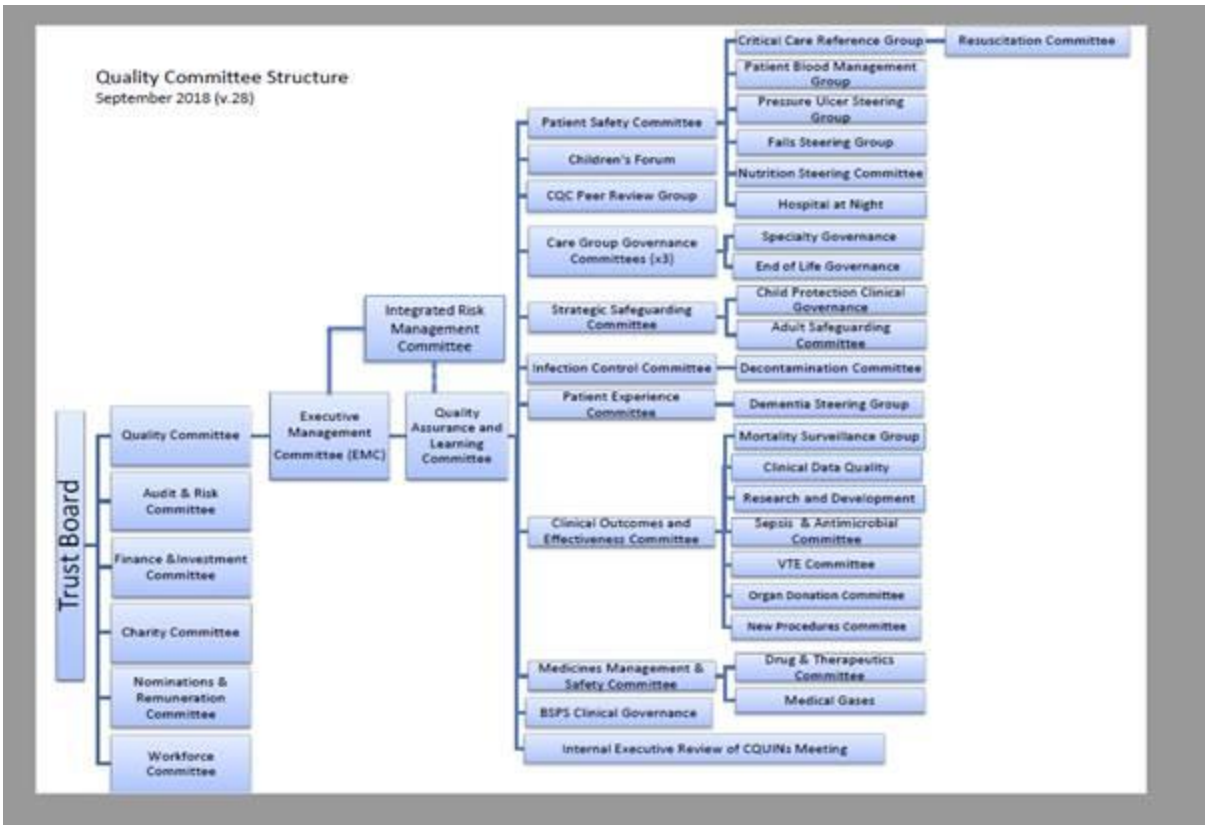
As a result, RBFT is confident that the quality priorities selected are those which are meaningful and important to our community.

Our quality priorities will be monitored to ensure that our ambitions are turned into reality. Underpinning this will be a comprehensive monitoring process to ensure that we know we are delivering quality care. This will encompass:

- the Executive and Care Groups meeting monthly to discuss and monitor progress against our quality indicators
- the monthly quality performance report to the Board
- periodic quality and safety reports
- regulatory assurance
- patient feedback

This is supported by an extensive governance infrastructure, see diagram below.

B.1.1 RBFT's Quality Governance Infrastructure



B.1.2 Summary of the quality improvement plan

Learning from Deaths

RBFT has a robust process of mortality surveillance and learning from deaths, and this is shared system wide. Our processes ensure that every adult, inpatient death receive an initial screen at the point of death certification to check if there were any concerns against an approved checklist of standards. All deaths which 'trigger' are subject to a full review by a consultant. Any avoidable deaths identified are presented in detail and considered for potential serious incident reporting and investigation. In addition plans are underway to implement the Medical Examiner role.

Reduction of Gram-negative Bloodstream (GNB) Infections

NHS and Public Health England's (PHE) ambition is to reduce healthcare associated Gram-negative bloodstream infections by 50% by 2021 and reduce inappropriate antimicrobial prescribing by 50% by 2021. RBFT, as part of the wider Berkshire West health economy, has implemented a Gram Negative Bacteraemia reduction action plan and work-streams that enhances the existing Infection Prevention & Control surveillance of E.coli Bacteraemia. Within the RBFT, progress against the action plan is monitored by, and reported to the Trust Infection Prevention & Control Committee

Development of safety culture

- To work with the Academic Health Science Network (AHSN) Patient Safety Collaborative to share learning across the region
- To be within the top decile of NRLS incident reporters
- To achieve an "outstanding" CQC rating for safety
- To develop new roles and career opportunities to meet emerging healthcare needs and to respond to national shortages of key clinical staff, such as Physician and Nursing Associates

Reduction of avoidable harm

- 50% reduction in avoidable grade 2 pressure ulcers
- Zero avoidable grade 3/4 pressure ulcers

- Reduction of avoidable hospital acquired Escherichia coli bloodstream infections
- Zero avoidable falls with harm
- Reduction in avoidable, hospital-acquired venous thromboembolisms (VTEs)

Maternity improvement programme

- To improve the maternity safety culture by working with NHS Improvement on Wave 2 of the Maternity and Neonatal Safety Collaborative.
- Zero never events relating to retained swabs
- To develop Quality Improvement (QI) coaching for maternity staff to enable a culture of continuous learning and improvement.

Mental Health

- To improve safety and outcomes for mental health patients through increased partnership working with community services

The four priority standards for 7-day hospital services

In April, 2018 the Trust was compliant with 3 of the 4 standards with standard 2, consultant review within 14 hours for all emergency admissions, not being met in all areas. In order to address this, issues were investigated at a service level and an improvement plan developed.

The Trust is preparing for the introduction of the new Board assurance self-assessment framework The Trust completed the "dry run" self-assessment which was signed off by the Trust Board and submitted to NHSI. Good progress has been made in developing our EPR system to enable reporting against both Standards 2 and 8. It is envisaged that systems and processes will be in place for full implementation of the framework by 28th June.

B.1.3 NEWS2

NEWS2 has been implemented within the Trust, facilitated by the development and go-live of the Trust's EPR system.

B.1.4 Risks to Quality

There are significant challenges facing the NHS in the delivery of high quality patient care that we will address locally through this strategy. These include:

Challenge	Actions to address
Clinical Staff Shortages	Retention, recruitment and workforce transformation initiatives
Capacity and flow within the Trust and across the local healthcare economy	Acute medicine pathway: GP Streaming and Paediatric ED "SAFER" Patient Flow Programme 7 day working programme Development of innovative outpatient services Digital Hospital work programme
Treatment of serious infections in the context of increasing antimicrobial resistance	Sepsis and antimicrobial stewardship work programmes
Increased financial pressures	SAFE improvement programmes– reducing avoidable harm reduces bed days and delivers more efficient care

The key issue for RBFT are largely reflected across the NHS, balancing high quality care against increasing demand and constrained financial resources. To support the delivery of our quality and access standards we continue to drive improvement through innovation, change and recognition of good practice.

B.1.5 Summary of quality impact assessment process and oversight of implementation

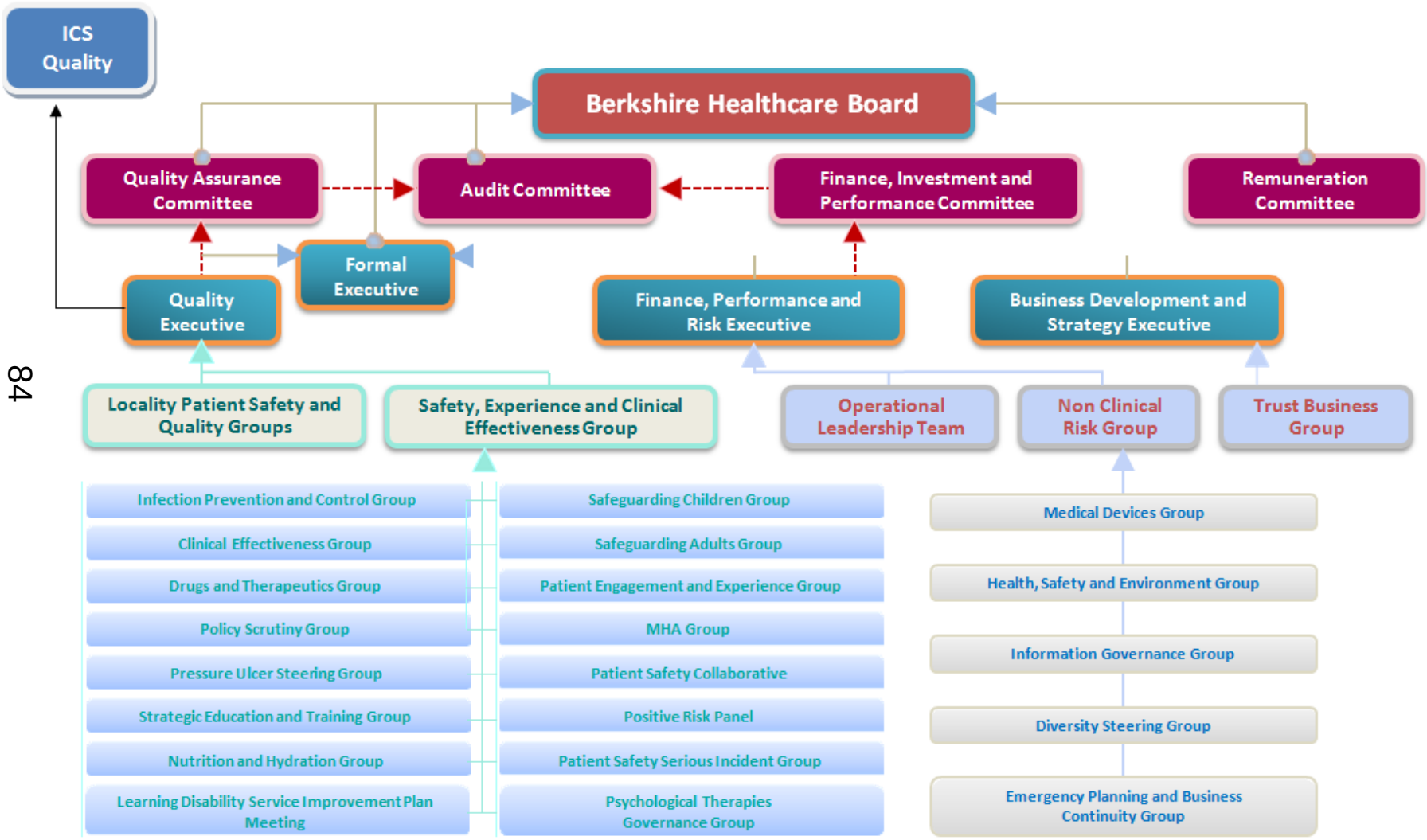
The Trust has a robust Quality Impact Assessment which is carried out on efficiency schemes over a certain value and on ones where the value maybe small but there is likely to be a negative impact on staff or the quality of the service provided. There is a standard template that reviews the quality impact of schemes on patients and staff. There is a clear scoring criteria and if any of the criteria scores over 8, the quality impact assessment is escalated to the Director of Nursing and the Medical Director for a decision to assess whether the project should continue, continue with amendments, pause and review the scope or the project should not be progressed. A quarterly update on quality impact assessments is also provided to the Quality Committee.

The following table shows RBFT's quality domains against which the QIA is scored.

Area of Quality	Impact question
Duty of Quality	Did the proposal impact negatively on any of the following - compliance with the NHS Constitution, partnerships, safeguarding children or adults and the duty to promote equality?
Patient Experience	Did the proposal impact negatively on any of the following - positive survey results from patients, patient choice, personalised & compassionate care, patient complaints or waiting times?
Patient Safety	Did the proposal impact negatively on any of the following – safety, systems in place to safeguard patients to prevent harm, including infections, medication errors, slips/trips/falls or adverse events?
Staff Safety	Did the proposal impact negatively on – safety, safe systems of work, or introduce further risks into the environment?
Education	Did the proposal impact negatively on the number of training placements provided by the Trust?
Clinical Effectiveness	Did the proposal impact negatively on evidence based practice, clinical leadership, clinical engagement, high quality standards, readmission rates or mortality rates?
Prevention	Did the proposal impact negatively on promotion of self-care and health inequality?
Productivity and Innovation	Did the proposal impact negatively on - the best setting to deliver best clinical and cost effective care; eliminating any resource inefficiencies; low carbon pathway; improved care pathway?

B.2 BHFT approach to quality improvement, leadership and governance

B.2.1 BHFT's Quality Governance Infrastructure



B.2.2 Summary and oversight of implementation

The Trust Board has overall responsibility for setting strategy and ensuring its implementation across the organisation. This is undertaken through the structure described in B.2.1.

Furthermore:

- Each meeting of the Trust Board starts with a focus on service quality, and all members of the Board make “quality visits” to our services to ensure that they stay in close touch with patients, their families and our staff.
- The Quality Assurance Committee undertakes detailed consideration of quality issues, and is complemented by the Audit and Finance Investment and Performance, Committees of the Trust Board, to collectively provide a strong Board governance structure.
- The Quality Executive includes all Clinical Directors, Executive and Regional Directors, and is the senior executive level body for decision making and scrutiny in respect of service quality and in addition, reports into the Berkshire West ICS Quality Committee. The structure diagram in B.2.1. shows the groups that are accountable to the Quality Executive, which include:
- Locality Patient Safety and Quality Groups which are chaired by our Clinical Directors and are responsible for identification and monitoring of key risks and associated action plans concerning patient experience, quality and safety across all service areas within and hosted by the locality.
- Safety, Experience and Clinical Effectiveness Group which is responsible for development and monitoring work of specified subcommittees, supporting the development of the Annual Quality Account, receiving standard reports for example serious incidents requiring investigation and undertaking work delegated by the Quality Executive.

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The Finance, Performance and Risk Executive Meeting oversees performance against key quality priorities including falls, pressure ulcers, reduction of prone restraint and assaults to staff. This is supported by our Quality Improvement methodology which has enabled detailed root cause analysis and development and implementation of targeted countermeasures. This Executive meeting also receives safe staffing reports along with performance monitoring across all the Trusts “true north” priorities of: Harm Free Care, Supporting our Staff, Good Patient Experience and Money Matters.

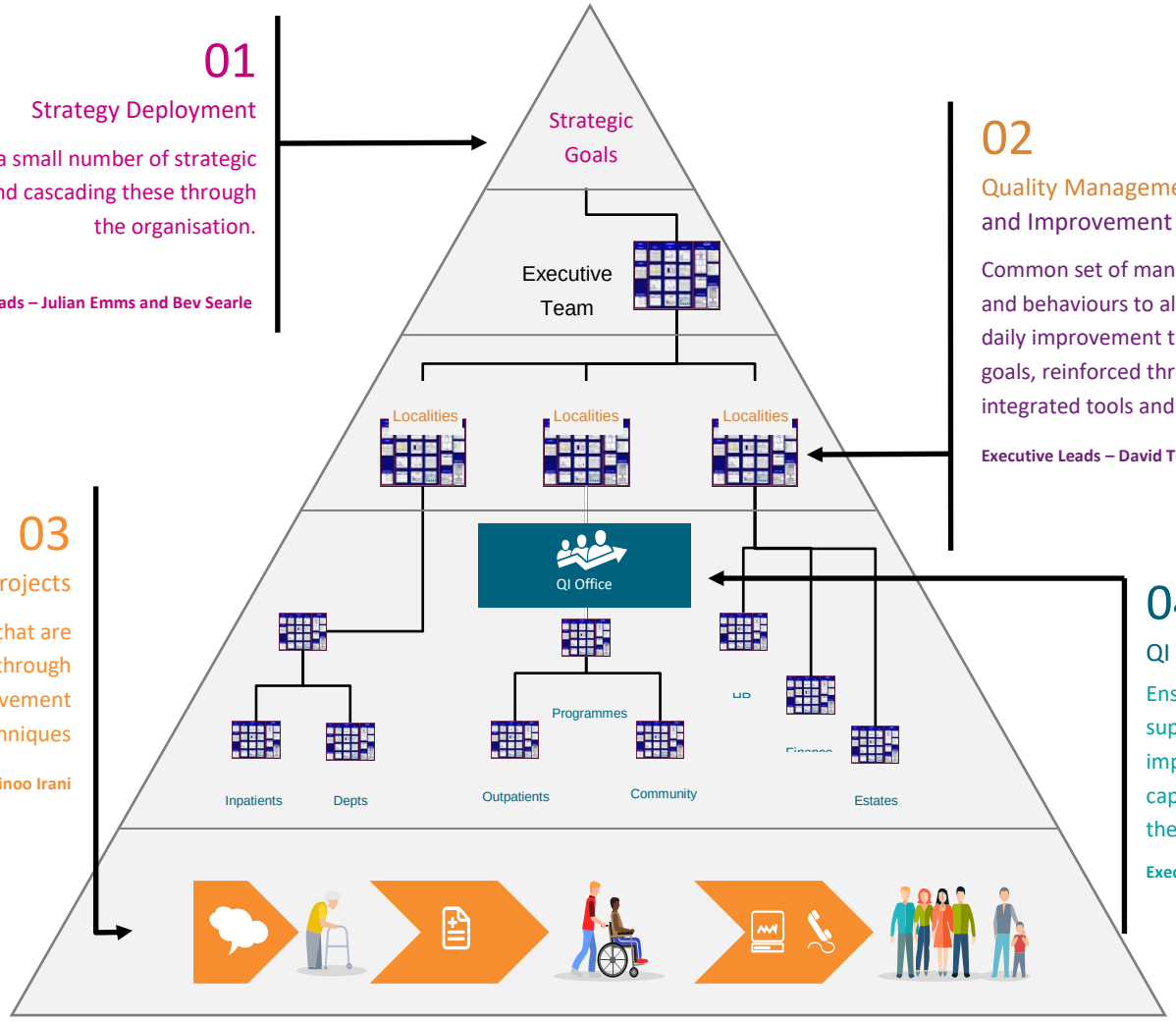
The Business and Strategy Executive oversees progress of major projects - and uses a strategic prioritisation approach developed as part of the Quality Improvement Programme. This enables an overview of all major projects in one place, and consideration of their resource impact on patient facing and corporate services.

Quality Impact Assessments are carried out for major projects – including our cost improvement plans. These are signed off by the Trust’s Director of Nursing and Governance and Medical Director and reported through to the relevant Executive meeting.

Implementation of the Quality Strategy (summarised in B.2.3) is supported by our Quality Improvement Programme, which is outlined in B.2.4 and includes setting of True North patient safety metrics which are outlined in B.2.5.

B.2.3 Summary of the quality strategy

B.2.4 Quality Improvement Programme Overview



01
Strategy Deployment

Identifying a small number of strategic priorities and cascading these through the organisation.

Executive Leads – Julian Emms and Bev Searle

02
Quality Management and Improvement System

Common set of management routines and behaviours to align performance and daily improvement the Trust's strategic goals, reinforced through the use of 9 integrated tools and techniques

Executive Leads – David Townsend and Alex Gild

03
Quality Improvement Projects

Making improvements in areas that are too complex to be resolved through daily continuous improvement techniques

Executive Lead – Minoo Irani

04
QI Office

Ensuring structured accountability, support and dedicated resources for improvement activities. Developing capabilities for improvement across the organisation.

Executive Lead –David Townsend

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B.2.5 Berkshire Healthcare True North Patient Safety Metrics

Metric	Threshold/baseline	Reduction target for 2019/20	comments
1. Self-harm	87/ month	30%	baseline unchanged from 2018/19
2. Suicides	no current threshold	10% reduction by 2021	Unchanged from 2018/19
3. Falls	8/1000 bed days	50%	baseline unchanged from 2018/19
4. Medication errors (moderate and above categories)	less than 5 per 12 months	20%	new
5. Pressure ulcers acquired due to lapse in care (Community Nursing East & West; Community Inpatient wards)	180 days without category 3 and 4 pressure ulcers— reported individually by Community IP wards and Community Nursing East & West	10%	new
6. Gram negative bacteraemia (due to lapse in care)— Inpatient Community wards	Less than 2 GNB per 12 months	50%	new

C STRATEGIC PRIORITY RISK REGISTER

Risk Ref. No.	ICS Strategic Priority	Risk description, source and owner	Inherent risk score			Required controls and actions to reduce/mitigate risk (with dates)	Review Dates: (monthly, quarterly)	Monitor/ Review body	Residual Risk Score and Rating			Is risk/ rating accept-able
			L	I	IRR				L	I	RRR	Yes/No
01	SP1	**Financial Recovery Plan 19/20** - there is a risk that unless the work required to identify opportunities for future years is completed more quickly the ability to produce a robust plan which delivers financial balance will be missed.	5	5	25	System to enter formal financial turnaround. System Financial Recovery Group initiated. Scope for external support and challenge at RBFT being drafted.	Monthly	ICS Unified Executive	4	5	20	No
02	All	**Workforce** – The largest risk to delivery and sustainability of the Berkshire West health economy is access to new workforce, both of established and new clinical roles. This risk extends to both recruitment and retention and will significantly impact the ability to deliver transformation of, and ongoing high quality services.	4	5	20	Time to Care programme Wessex workforce planning tool HEE integrated community nursing project Organisation and system level incentive schemes	Monthly	ICS Workforce Group and ICS Unified Executive	3	4	12	Yes
03	SP2	**Design our Neighbourhoods** – there is a risk that elements of this work (such as the agreement of the new DES) have short delivery timescales which are both challenging to meet and may impact on what can be achieved in year one.	2	4	8	Priority workstream for CCG Primary Care Team. Monitoring, support and oversight provided by system wide Programme Board.	Monthly	ICS Unified Executive	1	3	3	Yes
04	SP3	**Development of a new UEC delivery model** – there is a risk that the implementation of any significant changes to the delivery of UEC services will either require unavailable investment or are slow to realise due to their complexity.	3	4	12	Further mitigating actions are required for this work, including the production of a new local strategy, programme plan, resource plan and timelines. This risk has not yet been mitigated.	Monthly	ICS Unified Executive	3	4	12	Yes

05	SP4	**Outpatient Transformation** – there is a risk that the piecemeal / service-by-service change model does not release a high enough volume of activity to reduce acute hospital costs. Additional risks exist around the data and information available to track the impact of the change(s).	3	4	12	Outpatients Programme Board is continuing to work on an improved suite of programme reports, including more granular level of data and information. ICS Unified Exec will take a deepdive in April 2019 to understand outstanding issues and provide further support.	Monthly	ICS Unified Executive	2	3	6	Yes
06	SP5	**iMSK** – there is a risk that the amount of investment required to establish the new clinical pathway is unaffordable. An additional risk exists to the achievability of the cost out requirements within the acute sector.	4	4	16	Project teams are working with CFOs from all three organisations to refine the financial modeling and better understand delivery risks. Timeline for production of business case has been agreed, culminating in a final decision expected at the May meeting of the ICS Unified Executive.	Monthly	ICS Unified Executive	3	3	9	Yes
07	SP6	**Develop a strategy for the future provision of diagnostics** – there is a risk that there is a constrained level of both capital and revenue to achieve the full ambition of this work. There is also constrained transformation capacity to scope and manage this work and external support may be required which may not be affordable given the system financial position.	3	3	9	Further mitigating actions are required for this work, including the production of a new local strategy, programme plan, resource plan and timelines. This risk has not yet been mitigated.			3	3	9	Yes
	SP7	**Implement and embed our approach to PHM & Digital** – there is a risk that the level of cultural and resource change required to achieve this goal is so significant that realisable delivery is only possible in future years.	3	3	9	The Population Health and Digital Development Board are continuing to manage this risk which will be further addressed through the production of the system wide Digital Strategy.			2	2	4	Yes

TITLE	**Strategy into Action**
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board on Thursday, 13 June 2019
WARD	None Specific;
DIRECTOR/ KEY OFFICER	Graham Ebers, Deputy Chief Executive and Charlotte Seymour, Project Support Officer

Health and Wellbeing Strategy priority/priorities most progressed through the report	This report meets all three of the strategy priorities: Priority 1 – Creating physically active communities Priority 2 – Reducing social isolation and loneliness Priority 3 – Narrowing the health inequalities gap
Key outcomes achieved against the Strategy priority/priorities	Update the Board on actions taken towards implementing Strategy into Action.

Reason for consideration by Wokingham Borough Wellbeing Board	Update the Wellbeing Board on the progress of the Wellbeing Agenda 'refresh' and implementation of the strategy through the action plan. To seek views and ideas with regards to potential actions for the delivery of the strategy.
What (if any) public engagement has been carried out?	An email containing information regarding the Wellbeing Board and its strategy has been distributed to WBC partners and commissioned services. This email also contains a short survey.
State the financial implications of the decision	None at present.

RECOMMENDATION

That the Board acknowledges the update and progress to date for the Wellbeing Strategy and supports the implementation of Strategy into Action.

SUMMARY OF REPORT

The purpose of this paper is to provide the Wellbeing Board with an update for the implementation of Strategy into Action and future actions to create and implement the action plan.

Background

The Wellbeing Board has considered proposals to refresh its 'agenda' since 2017. These considerations have been in relation to governance, partnership working and other issues seen to be relevant to improving the effectiveness of the Board and enhancing its community engagement. It was decided that in order to ensure enhanced focus, vibrancy and engagement with the community, the agenda for the Wellbeing Board should facilitate this, with this in mind an agenda setting group has been set up to review and discuss papers to be presented to formal Board meetings to determine if the paper is appropriate for inclusion. There will be close monitoring of prospective items to ensure the Board are clear on what is being asked of them and how the items fit in with the refreshed strategy and delivery against its key priorities.

Through the refresh, the Wellbeing Board have created a revised and more meaningful Joint Health and Wellbeing Strategy 2018-21. This strategy was designed around the overarching vision of "**creating healthy and resilient communities**", within which are three key priorities:

1. **Creating physically active communities**
2. **Reducing social isolation and loneliness**
3. **Narrowing the health inequalities gap**

Under each priority, the Strategy into action group have identified the following themes and core action areas:

Reducing Social Isolation and Loneliness	
Themes	Action Areas
• Identifying lonely and isolated people • Creating links • Strengthening the community • Providing interventions and services	1. Social Prescribing 2. Technology 3. Groups and Clubs

Creating Physically Active Communities	
Themes	Action Areas
• Creating active environments • Professionals encouraging activity • Providing services and interventions • Creating a 'social movement'	1. Active transport environments 2. Schools and Early Years 3. Media Campaign

Narrowing the Health Inequalities Gap	
Themes	Action Areas
• Pre-school • School attainment • Jobs for all • Unhealthy lifestyles	1. Early Help (Early Intervention and Prevention) 2. 'Whole School' Child Approach 3. Training and Employment Advice & Work-based Training

Wellbeing Board Workshop

In May a world café style workshop during the informal Wellbeing Board meeting which provided the forum for discussions to be held around what more can be done against the three key priorities. The board was divided into three groups with equal representation from areas such as health, WBC and voluntary sector, each discussing one priority at a time.

The overarching themes identified that were consistent throughout the workshop for all of the three key priorities were:

- Changing attitudes and behaviours / increasing awareness and understanding
- Focusing on prevention
- Utilising learnings from best practice areas
- Schools and education settings
- How to identify gaps / individuals who need help
- Utilising services
- Intelligence and data sharing
- Technology

Within each priority, themes, key lines of enquiry and actions have been identified from the workshop feedback. Please refer to Appendix for full list of themes and KLOE per priority area. The Appendix is a spreadsheet which will be used to track progress on the KLOE and actions derived from the workshop and the previously identified themes.

The Appendix has been formatted to help address the following suggested next steps:

- Agree action/ key lines of enquiry (KLOE)
- Identify responsible individual for each action / priority
- Agree how this work will be carried forward e.g. task and finish groups
- Agree how actions will be feedback to the Wellbeing Board, and frequency

Next Steps

- Synthesise findings from the Wellbeing board workshop and the partner survey.
- For robustness, review and screen actions and KLOE, ensuring resources are dedicated to those actions and KLOE which are deemed to be the most fruitful

Partner Survey

At the end of April, an email was distributed to departments within Wokingham Borough Council, partners of the Wellbeing Board and commissioned services which included information on who the Wellbeing Board is and what our strategy and key priorities are. This email included a short survey which requested the recipient to complete. The aim of the survey was to gather a broader picture on what is currently happening within the borough, to understand perspectives on current provision to identify gaps, and to provide a platform for feedback on our strategy.

We have received a 10% response rate so far for the survey but the information received was fruitful and informative and showed a great willingness to work alongside the Wellbeing Board and its three key priorities. To allow for more responses, a further 10 working days has been provided for the survey to be completed. Key partners who have not yet completed the survey have been identified and sought out individually to request their input.

Next Steps

The feedback from the survey is being tracked and documented as it is provided. Once the deadline has passed, this information will be collated and KLOE will be identified and followed up on. This will include liaising with any partners who have expressed concern or confusion over the strategy to ensure full understanding.

The responses from the survey will also be used in combination with the feedback from the Wellbeing Board workshop to further the KLOE.

Analysis of Issues, including any financial implications
None at present.

Partner Implications
All partners to review and acknowledge the strategy and utilise this in policy. It is essential that all partners feel engaged with and contribute to the action plan and thus are well informed about the Wellbeing Board and its purpose, strategy and key priorities.

Reasons for considering the report in Part 2
N/A

List of Background Papers
Appendix: Identified themes and consequent KLOE

Contact Charlotte Seymour	**Service**
Telephone No Tel: 0118 974 6050	**Email** charlotte.seymour@wokingham.gov.uk

Initial Action Areas	Workshop Themes	Action/KLOE	Expected Output	Measures	Responsible Individual	Time Scale	Update #1
Priority: Narrowing the health inequalities gap							
1. Early Help (Intervention and Prevention) 2. 'Whole School' Child Approach 3. Training and Employment advice & Work-based training	Intelligence and data sharing	Review JSNA chapter and identify 3 areas to act upon					
		Possible survey/focus group; what do key groups think and want?					
	Resources	Who funds/invests in any of these ideas?					
		Who is accountable/responsible?					
	Maximise assets	Explore how Health visitors and Early Learning can be maximised					
	Social determinants of health	Identify evidence of interventions around social determinants of health which have reduced health inequalities					
	Mental health of children and young people	What is currently being done? Where?					
Priority: Creating Physically Active Communities							
1. Active transport environments 2. Schools and Early Years 3. Media Campaign	Workplace, active transport and commuting	Scope work of MyJourney; explore inclusion of Daily Mile for Modeshift STARS programme					
		Explore if/when cycle way linking Reading, Wokingham & Bracknell is complete					
		WBC workplace wellbeing: screen prompts, gym. Induction to include wellbeing at work module					
		Create plan to work with local companies					
	Children	Discuss potential influence and possibility of introducing interventions with School Improvement Officer					
	Social movement	Explore funding for things like empty units; blue lines (Bicester), marketing					
		Explore what's involved to set-up ParkRun, GoodGym					
		Symbolic awards					
		Explore having a section in Borough Newsletter with a focus on one priority & promoting what's available/what we are doing to raise awareness					
		Build up engagement in campaigns such as #MovingIs and #MovingCan to increase awareness					
Priority: Reducing Social Isolation and Loneliness							
1. Social Prescribing 2. Technology 3. Groups and Clubs	Intelligence and data sharing	Review JSNA chapter and identify 3 areas to act upon					
	Elderly people	Evidence; intergenerational work					
	Identification	Scope existing channels. Explore evidence: Milton Keynes' community enablers					
	Support	Scope existing support, activities and groups etc.					
		Focus group: what is wanted?					
	Transport	Explore/intervene possible plan to stop bus passes					
	Resources	Evidence: use of technology around social connectivity?					
		Who funds/invests in any of these ideas?					
		Who is accountable/responsible?					
	Community spirit / neighbourliness	Evidence: areas to focus on?					

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TITLE	**Better Care Fund (BCF) Programme 2018/19**
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board on Thursday, 13 June 2019
WARD	(All Wards);
DIRECTOR/ KEY OFFICER	Matt Pope, Director of Adult Social Care, Wokingham Borough Council (WBC) and Katie Summers, Director of Operations, NHS Berkshire West Clinical Commissioning Group (CCG), Wokingham Locality

Health and Wellbeing Strategy priority/priorities most progressed through the report	• Creating physically active communities • Reducing social isolation and loneliness • Narrowing the health inequalities gap Integrated health and social care services are essential building blocks to enable the 3 priorities of the Wellbeing Board.
Key outcomes achieved against the Strategy priority/priorities	• Improved physical health of adults • Creating healthy and resilient communities • Support and collaboration of partners • Those most deprived will enjoy more years in good health • Greater access to health promoting resources

Reason for consideration by Wokingham Borough Wellbeing Board	For information
What (if any) public engagement has been carried out?	N/A
State the financial implications of the decision	N/A

RECOMMENDATION
That the board notes the performance of the Better Care Fund in 2018/19

SUMMARY OF REPORT
To provide a summary of Wokingham's BCF Programme performance for 2018-19 (financial year), including progress of integration, challenges, performance metrics and finances.

Background

Wokingham's Better Care Fund (BCF) Programme is jointly funded by the Wokingham Borough Council and NHS Berkshire West Clinical Commissioning Group, Wokingham Locality. This Programme began in January 2014 and has funding approved to 31st March 2020, with an aim of integrating adult health and social care services. Objectives are reviewed regularly to ensure they remain relevant and to set achievement criteria.

The Better Care Fund (BCF) was developed to pool resources and deliver the integration of adult health and social care services. We are delivering our BCF plan through a pioneering public sector partnership bringing together the NHS community health, primary care, social care and voluntary sector services in the borough. We have been set up to make a positive contribution to help people in Wokingham live longer and enjoy healthier lives than they do now.

Our mission is to achieve this by:

Leading local care and improving lives in Wokingham, with you – right care, right time and right place

Our vision is simple. We believe that by working together and providing responsive and pro-active integrated services, we can help the people of Wokingham to:

- Receive services that meet their needs at the earliest possible opportunity
- Have equal access to health and social care
- Receive safe, effective and compassionate care closer to their homes
- Live healthy, fulfilling and independent lives
- Be part of dynamic, thriving and supportive local communities

The BCF Programme has four key objectives which are seen as essential to delivering integrated health and social care services:

1. **Partnerships** with other health, social and voluntary sector providers working towards integration and collaboration
2. **Better Care** through targeting investment to improving services, which will be organised and delivered to provide the best, most effective support for all
3. **Better Health** by promoting and supporting healthier lives at the earliest opportunity, reducing health inequalities and adopting an approach based on anticipation, prevention and self-management
4. **Better Value** by making the most cost effective use of our resources and the most efficient and consistent delivery, focusing on prevention and early intervention

The Programme has 4 local schemes and 6 Berkshire West wide schemes.

Local Schemes:

1. *Integrated Front Door - The Health and Social Care Hub*, managed by Berkshire Health Foundation Trust (BHFT), provides a single point of contact for all health and social care referrals. The staff offer advice and information to residents about how they might meet their needs in the community, providing small items of equipment, as well as carrying out assessments for rehabilitation and social care needs.

2. *Wokingham Integrated Social Care and Health (WISH) Team, including Step Down* WBC's and BHFT's health and social care teams have joined forces to create a more flexible urgent access service. The team provides 3 main functions:
   - Rapid Response - For when I need urgent help
   - Maximising Independence - For when I need to regain my independence

- Facilitated and Supported Discharge - For when I've been in hospital and need support to get home safely

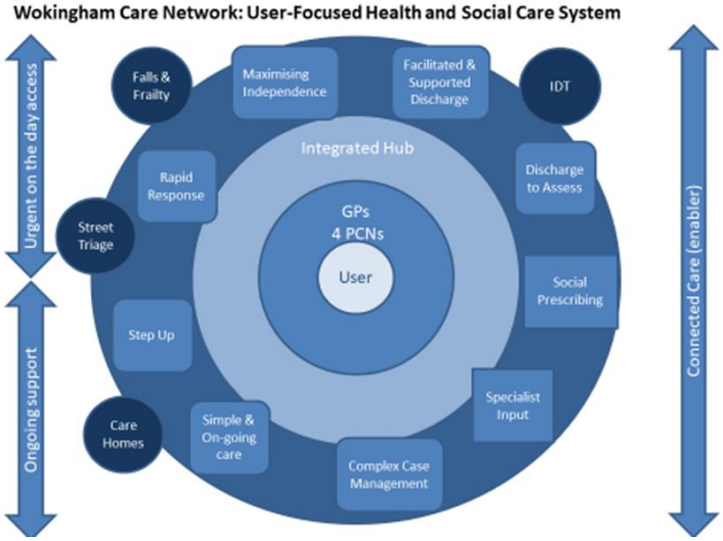
The aim of this integrated service is to reduce the number of people needing to be admitted to hospital or to residential or nursing care and avoid more people being delayed in hospital when they are fit to return home.

3. *Community Health and Social Care (CHASC) including Community Navigators* WBC's, Optalis and BHFT's health and social care teams along with Wokingham GP Alliance and Involve have joined forces to create an integrated service for those people with on-going and longer term needs. The team provides 4 main functions:
   - Simple & On-going care – To meet all my on-going care and support needs
   - Complex Case Management - For when I need care and support that is co-ordinated and planned
   - Specialist Input - For when I need care and support from an expert in a particular field
   - Social Prescribing - To support me to self-care and maximise my wellbeing

   The aim of this service is to support the top 10% of health and social care users focussing on early interventions and prevention, working with GPs in defined neighbourhood/network areas in Wokingham. This year we have introduced revised community MDTs to support our more complex residents, who have one or more needs spanning more than one service that requires goal planning across those services.

4. *Step Up* - Since December 2017 we have provided 6 Step Up beds in Wokingham Community Hospital for our residents providing an alternative to acute hospital admission, in order to avoid the need for a hospital admission or permanent placement in a residential or nursing home. Service delivery will ensure priority is given to optimising patients' health, well-being, function, and independence through a service that may include rehabilitation, nursing, medical or therapy support.

   The aim of this service is to provide community based, in-patient facilities for Wokingham Borough residents experiencing an exacerbation of an existing condition or a decline in health. Admission is for short term, active rehabilitation to promote recovery and return to independence. The service will provide an alternative pathway to acute hospital admission, enabling the provision of care closer to home.



Berkshire West Wide Schemes:

1. *Care Homes (Community Support) Project - incorporating RRAT (Rapid Response and Treatment)* - Offers residents of care homes a co-ordinated, joined up health and social care service, reducing unnecessary admissions to hospital, improving the flow of patient from community to acute and back to community and avoiding unnecessary delays in discharges back to the care homes.

   The Rapid Response and Treatment Service is a medically led multidisciplinary service whose aim is to assist people to remain in their care home with the right support to meet their needs, and avoid hospital admission.

2. *Connected Care* - This is an integrated IT system, covering NHS and social care services across Berkshire. Currently information is supplied to the system by most GP surgeries, local authorities, acute hospitals and our community health provider. It will allow GPs, ambulance staff, hospital staff, community health workers and social care teams to share some of the key items of information needed to deliver improved care to patients and service users.

3. *Integrated Discharge Team and Trusted Assessment* - This scheme has been business as usual since April 2018 when the IDT service was launched. Achieved by establishing a multi-disciplinary integrated discharge service including LA social workers, focused on 'Home First', co-located in RBH which also continues to look to develop as a system wide service. The aim is to reduce the time people spend in an acute, community or mental health inpatient bed at the point that they no longer need clinical care and to prevent avoidable admissions.

4. *Street Triage – Mental Health* - The Berkshire West street triage service became operational 7 nights a week on the 3rd July 2017 and is delivered by Band 7 Advanced MH Practitioners working alongside an allocated officer between 17.30 and 03.00. They operate out of Reading or Newbury Police Station. The aim of the service is to reduce use of police custody and use of section 136 of the mental health act which allows the police to take the person to a place of safety from a public place. Enabling people to access the right support at times of potential crisis can also reduce avoidable hospital admissions and A&E attendances.

5. *Falls and Frailty* - To improve the user experience of emergency care by providing an acute, blue light multi-disciplinary response to the frail elderly who have fallen in their own homes to reduce A&E attendances. The service has recently increased to a seven day service for a two-month trial period to evaluate the effectiveness and impact of the service. Non-conveyance rate is maintained between 75% and 80%.

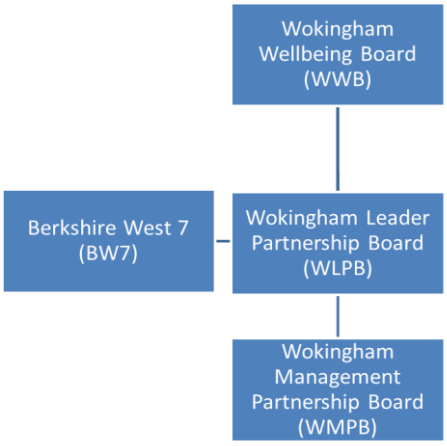
Brokerage service for self-funders at the RBFT (provided by CHS) - It was identified in 2017/18 that people who have to self-fund care were frequently delayed in a hospital bed. A pilot ran in 2017/18 and a 3 year contract was then awarded to CHS in Sept 2018 to place 35 self-funders, who are on the DToC list, a month with a SLA of a placement within a median of 5 days. To support people who are patients at the Royal Berkshire Hospital who are self-funding and require care services or care home placement find this in a timely manner to prevent delayed days in hospital.

Wokingham's BCF Programme 2018/19 Performance Summary

1. Governance

During 2017/18 we recognised that a change to the governance was needed in order to further support and build on our integration plan, as our partnership was led by the 2 commissioning organisations in Wokingham Borough with all other organisations being members of the partnership. Through consultation with our members and the Wokingham Wellbeing Board (WWB) we agreed to form The Wokingham Integrated Partnership and explored multiple governance options.

Following a final review by the CCG in December 2018 and being mindful of the developing ICS and the NHS Long Term Plan it was proposed that a set of Guiding Principles would be preferable to an Memorandum of Understanding; this had final sign off at February 2019 Well Being Board.



The Partnership has 2 boards, the Wokingham Leader Partnership Board (WLPB) and the Wokingham Management Partnership Board (WMPB) which have operated in shadow format for much of 2018/19 whilst the mechanism for the partnership was agreed and signed off by the relevant organisations.

WLPB - a sub-partnership of the HWB; leads the development of and provides strategic direction to the Partnership. Responsible for the business and overall performance of BCF projects and Wokingham's Health and Social Care Integration programme. This Board is chaired by the Executive Member for Adult Social Care, Health and Well Being and Housing

WMPB - responsible for the day to day leadership, management and support of the activities of the Partnership. The focus is to have a tactical level of detail, ensuring the processes are in place to support high quality outcomes for services and the population of the Wokingham Borough.

The Wokingham Leader Partnership board has 5 partners:

- Berkshire West Clinical Commissioning Group (CCG)
- Wokingham Borough Council (WBC)
- Berkshire Healthcare NHS Foundation Trust (BHFT)
- The Royal Berkshire NHS Foundation Trust (RBFT)
- Wokingham GP Alliance

And it has 3 members:

- Optalis
- Healthwatch
- Involve

To support the development of our emerging governance Wokingham's Integration Position Statement (IPS) for adult health and social care was developed and agreed this year to set out our long-term vision for the future of public services in Wokingham, explain what new approaches and services are needed, and encourage our partners to help us formulate new ideas and ways of doing business. The purpose of this statement is to let people know where we in Wokingham stand with regards to Integration of Adult Health and Social Care.

It aims to set out clear, concise messages to be communicated to all stakeholders about:

- What is Integration in Adult Health and Social Care?
- Why should Integration be a focus for all?
- Where have we got to with Integration in Wokingham?
- Where are we heading with Integration?
- How are we going to get there?

It was signed off by the Wokingham Wellbeing Board in November 2018. The IPS is recognised by the Board as important and significant steps in the development of the new collaborative partnership for health and social care in Wokingham.

2. Integration Success Story Highlights

2.1 We have developed and published our first Integration Position Statement; our clear statement, available to everyone, about our approach to making sure that Adult Social Care and Health in Wokingham is the best that it can be. Setting out as clearly as possible our vision and strategy which will shape integration going forward.

2.2 Keeping people at home safe and for longer as demonstrated by our 91 day target and reduction in permanent care home placements (see section XX for further detail).

2.3 For our Integrated Hub user satisfaction of the service is high with 100% of users reporting that all their questions are answered and that staff are polite and respectful and 89% of users report that they are satisfied with the ease of contact.

2.4 The Care Homes Project reported that at the end of Q3 of 2018/19 the project is reporting a 4% decrease in See, Treat & Convey (STC), a 7.5% decrease in A&E contacts and an 11% decrease in Non elective Admissions (NEAs) from care homes in Berkshire West.

2.5 We have implemented a Care home live bed state portal which can be accessed by the relevant health and social care staff across Berkshire West.

2.6 Our Street Triage team reported the following success:

- In 2017/18 that it avoided 150 section 136's which resulted in a saving of £256,500 (the service costs - £222,000)

- A significant decrease in the number of individuals with mental health presentations being detained in Police Custody (cost of holding a person in custody overnight is £418).
- In 2018/19 Q1 and Q2 avoided 69 section 136's which resulted in a saving of £117,990.

2.7 For our residents that have been through the MDTs we have seen a reduction in emergency admissions of 30%, a reduction in attendances at A&E of 25% and a reduction in calls to our out of hour GP service of 27%. The article below is a patient story that we published in the Borough News and there is a video available on YouTube, Integration of health and social care in Wokingham, Berkshire, showing the full interview. https://www.youtube.com/watch?v=9ZwFpgPQTG8&feature=youtu.be

MDTs have also supported joint working, as well as an effective complex case management tool, developing health and social care partnership working on the ground.

Working as one for Guy

Guy has chronic diabetes and has had two brain aneurysms and two strokes.

"For the first two months of the year I was in and out of hospital every other week, or every two weeks, so I spent half my time in hospital."

Now he's under the care of an integrated health and social care team, Guy has not been admitted to hospital in six months.

"I have what is called a multi-disciplinary team for the different aspects of my needs. We meet every month and I explain to them what's needed and they sort things out."

GUY'S TEAM:

Social worker • Occupational therapist
District nurse • Diabetic nurse
Housing officer • GP
Transform Housing & Support charity

Guy's kitchen is one of the things the team has sorted. "I'm not having ready meals anymore. I can cook what I like, within reason, and I think one of the biggest reasons I haven't been back into hospital is because I can provide for myself."

He says integrated teams give him a better outcome and a better leave of life. "It's like a proper networking system and is a lot faster and a lot more informative. It's one of the best ideas."

Guy's multi-disciplinary/integrated health and social care team in the Wokingham Borough is thanks to the Better Care Fund (BCF).

Launched in 2014, the BCF brings together us, the NHS, and community organisations to create joined-up health and care services directly in people's homes. By doing this, people can manage their own health and wellbeing to live independently for as long as possible.

WOKINGHAM'S ADULT INTEGRATED TEAM:

Wokingham Borough Council • Berkshire Healthcare NHS Foundation Trust • Berkshire West CCG
Wokingham GP Alliance • Involve charity • Royal Berkshire NHS Foundation Trust • Optalis

This new approach means people only need to tell their story once because their information is shared among all the professionals involved. It also gives people more power to shape their own care to what they need. This helps them stay at home, which in turn shifts traditional hospital care into the community where it has the most effect.

More information:
rhian.warner@wokingham.gov.uk

2.8 Our year-end forecast underspend reported in Q2 was redistributed in Q3 to fund 3 short term schemes (4 month duration to 31.03.19) – Paramedic Home Visiting Service, Therapy Demand for Reablement and Demand Management in ASC to support NEAs and DToC performance through the winter period. We reviewed the performance of

these schemes in Q4, which all achieved their planned outcomes. These schemes will not be continuing into 2019/20.

2.9 Community Navigators (Social Prescribing) - In 2018/19 the service received 242 referrals with 87% of users reporting that they felt more self-reliant, shown in the chart below.

CNS User Quotes

21 year old man with cerebral palsy and mobility issues, looking for social opportunities/ activities.

"My son has found help and we have a much better understanding of how to find help now."
Mother

A lady called on behalf of her father who needed support with transport and was becoming isolated.

"Your info was very helpful, things have been set up for my father now. Will definitely contact you in future if we need further help."

Patient told to contact us by his GP – after navigator appointment he phoned to say thank you to the Volunteer. He had contact from a local 'home care for the elderly' organisation who had been out to visit him. They are going to arrange for someone to visit him once a week and take him out.

2.10 Our step up service is now operating at planned capacity following a 9 month ramp up. In 2018/19 the service supported avoidance of NEAs (102 avoided) and A&E attendances (127 avoided).

3. Risks/Challenges during 2018/19

3.1 Top 3 Risks
1. Non-delivery of emergency admissions target **-** Further embedding and developing our established integrated care model fails to translate into the required reductions in emergency admissions, impacting the overall funding available to support core services and future schemes. Financial risk impacts mainly on Council and CCG, operational risk is borne by provide.
Mitigations: We have a number of controls in place including regular reporting and monitoring in which we have been able to identify the age bands with the highest

percentage activity growth. Moving to a population health management approach to provide more targeted interventions.

2. Recruitment and retention of workforce - All organisations in Wokingham and Berkshire West are experiencing this issue which impacts service delivery and patient experience and outcomes.
Mitigations: Berkshire West ICS have a workforce work stream where they are exploring options which Wokingham are linked in with. Joint commissioning is also being explored across Berkshire West, with one area to be explored is the sustainability of the care market.

4. *Culture change* - Culture, physical and structural change within and between organisations is a critical to the success of integrating systems, organisations and services. Culture change is always challenging and can take long periods of time to embed.
Mitigations – Development of the Adult Health and Social Care Integrated Position Statement. Monthly Partnership Newsletters. A specific work stream for 19/20 to develop culture change opportunities.

3.2 Top 3 Challenges
1. Performance across the Berkshire West system was not the same, with Wokingham achieving the greatest success overall. As the Berkshire West system is moving towards an Integrated Care System (previously Accountable Care System) model it was felt it would be beneficial to have all 3 unitary areas performing at a similar level.
Mitigations:
- Sharing of best practice and support for other areas in Berkshire West in place. Monthly meetings between the Integration leads for Reading, West Berkshire, Wokingham and Berkshire West 7 Programme Office were held throughout the year.
- In particular, analysis of positive progress within WBC to identify ideas for improving DToC performance was a key factor.

2. Wokingham's iBCF for 18/19 was £112,780. Wokingham was one of the very few out of 150 LAs to receive only 10% of the iBCF money due of the Relative Needs Formula allocation methodology. Due to the small amount of funding Wokingham was unable to develop any new schemes or services. Mitigation:
- The iBCF did not affect decisions on the budget and there were no new metrics introduced to isolate and measure the iBCF improvements

3. Services underperforming due to lack of utilisation. At present, elements of services (MDTs, CNS, Step Up and Step Down) are not receiving sufficient referrals. Mitigation:
- Escalation process for MDTs
- Regular comms and meetings e.g. GP Council Meeting and sharing of performance
- Access to the IPA Risk Stratification tool to pro-actively select users

4. Performance Metrics

The BCF performance is measured and reports against 4 National Metrics.

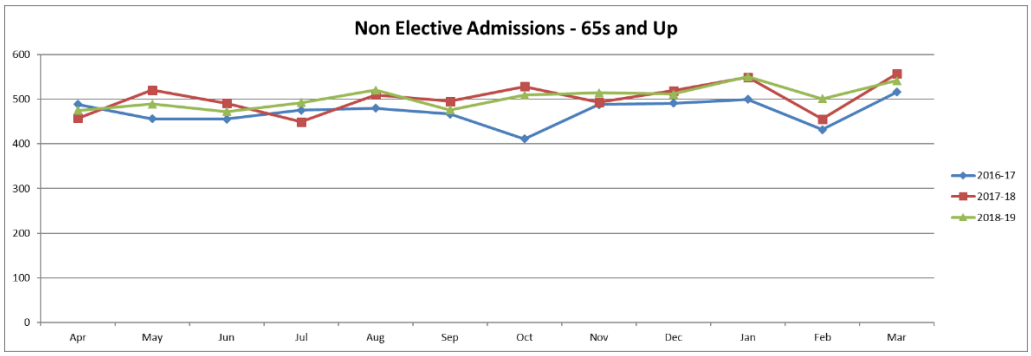
4.1 Non-Elective Admissions (NEAs)
NEAs for 2018/19 were 14,789 compared to a Plan figure of 12,848 (15.1% higher) and for the same period in the prior year of 13,630 (8.5% higher).NEAs for 2017/18 were 13,630 versus plan of 12,612, (8.1% above plan).

Non - Elective Admissions (General and Acute)										
		Baseline					Pay for performance period			
		2016-17 Q4	2017-18 Q1	2017-18 Q2	2017-18 Q3	2017-18 Q4	2018-19 Q1	2018-19 Q2	2018-19 Q3	2018-19 Q4
Total non-elective	Plan	3,230	3,036	3,113	3,231	3,232	3,093	3,170	3,291	3,294
	Actual	3,230	3,324	3,367	3,512	3,427	3,564	3,555	3,799	3,871
Quarterly Variance		-	288	254	281	195	471	385	508	577
Quarterly Variance %		0.0%	9.5%	8.2%	8.7%	6.0%	15.2%	12.1%	15.4%	17.5%
RAG Rating										

When looking at NEAs by Age Band we continue to show a static performance for the >65 Age Bands over the past two years:

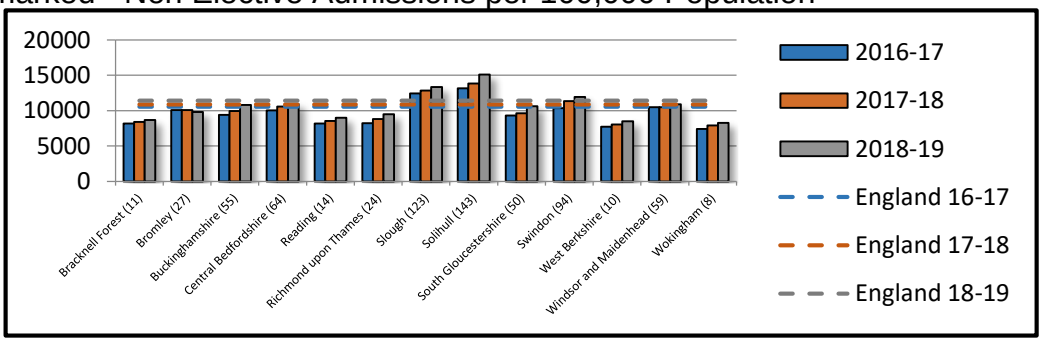
- 2016/17 5,660
- 2017/18 6,026
- 2018/19 6,054

With the population of this age band growing by 3% year on year.



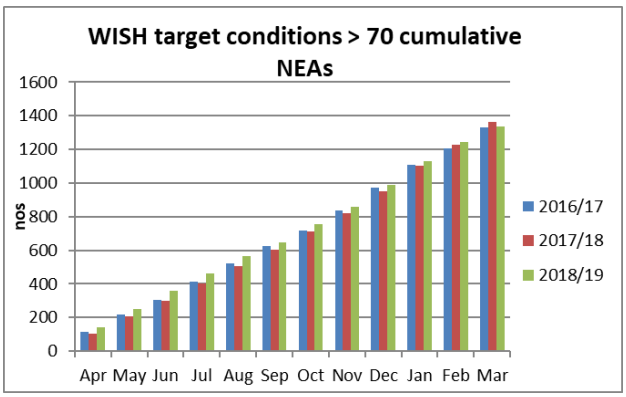
We have compared our performance nationally and Wokingham is the 8th best performer in England for non-elective admissions, a slight reduction in our performance compared with 17/18 when Wokingham's NEA rate is ranked 3rd best (out of 207 CCGs) for performance, the best performance of the 4 Berkshire West CCG localities.

Benchmarked - Non Elective Admissions per 100,000 Population



Source: National CCG Monthly Hospital Activity Return (MAR) data is used for this comparator as National Secondary Uses Services (SUS) data is not available. Local authorities based on Commissioning for Value packs as 10 most comparable areas and local Berkshire Unitary Authorities. Current rank in brackets (1 lowest, 150 highest)

WISH team NEAs for the Target Conditions and > 70 years of age were 1,336 for 2018/19. This compares to 1,365 in 2017/18 and 1,329 for 2016/17. This demonstrates that overall figures for the target group have remained static over the past three years.

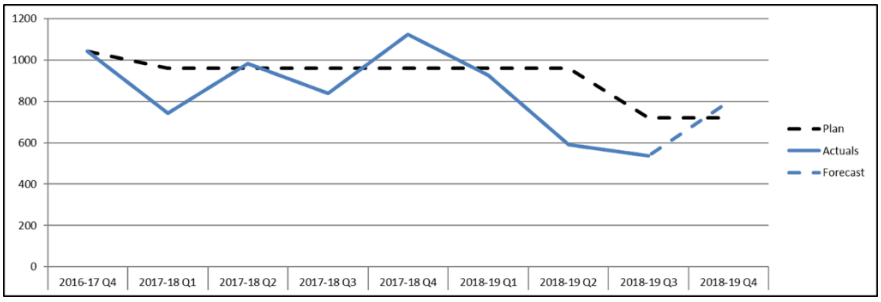


The priority focus of schemes in the BCF was the Frail Elderly and the +70 age group. The investment in BCF schemes and in particular the WISH, CHASC and the Rapid Response and Treatment scheme in Care Homes, has been successful in keeping the level of NEAs for this target group largely static over the last three years.

4.2 Delayed Transfers of Care (DToC)

DToC days for 2018/19 were 3,001 days v Plan of 3,360 (10.7% better than plan). This compares to 3,689 days for the same period in the prior year (18.6% reduction year-on-year). Overall for the year we have met the target in 3 of the 4 quarters, Q4 was above plan figure, although a similar peak was seen in Q4 of all prior years. This might have looked differently had the plan been phased to recognise the higher number of days during the winter quarter, but this request was not agreed by NHS England.

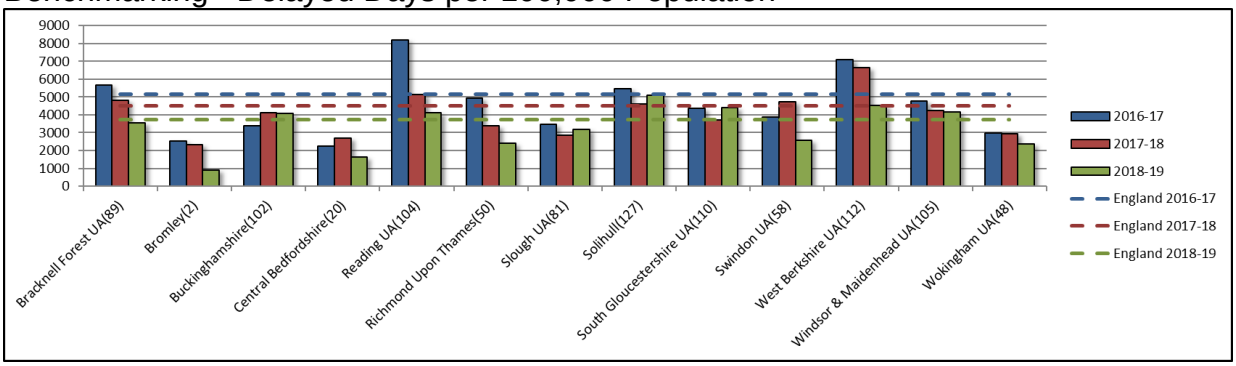
Delayed Transfers of Care	BCF SUPPORTING METRIC (NATIONAL)									
		2016-17 Q4	2017-18 Q1	2017-18 Q2	2017-18 Q3	2017-18 Q4	2018-19 Q1	2018-19 Q2	2018-19 Q3	2018-19 Q4
Delayed transfers of care	*Plan*	1,041	960	960	960	960	960	960	720	720
	Actuals	1,041	744	984	838	1,123	927	591	537	946
Quarterly Variance		-	- 216	24	- 122	163	- 33	- 369	- 183	226
Quarterly Variance %		0%	-23%	3%	-13%	17%	-3%	-38%	-25%	31%
RAG Rating										



It must also be noted that we have made a significant improvement in delayed days for social care, which has reduced from 765 days (Nov–March 2017/18) to 320 days (Nov-March 2018/19), a 58% reduction on the previous year.

We have compared our performance nationally and Wokingham is now ranked 48th, improved from 54th in 2017/18.

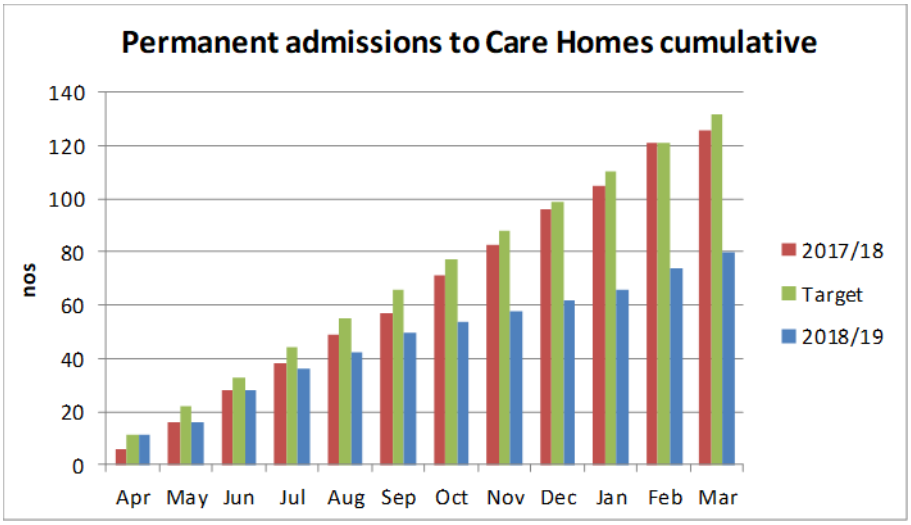
Benchmarking - Delayed Days per 100,000 Population



Local authorities based on Commissioning for Value packs as 10 most comparable areas and local Berkshire Unitary Authorities. Current rank in brackets (1 lowest, 150 highest)

4.2 Permanent Admissions to Care Homes

Permanent Admissions to Care Homes for 2018/19 were 80 against a target of 132 and 126 for 2017/18.



Whilst we have reduced the demand on admissions to care homes year on year we recognise that due to increasing care home costs WBC remain financially challenged, but without the work of the BCF schemes would be in an even more financially challenged position.

4.3 91 day target

This relates to the number of people who have been discharged from hospital into rehabilitation/reablement services that are still at home 91 days after discharge. We achieved an average 87% for 2018/19 against a target of 85%.

4.4 Local Metrics

We do collect further metrics to understand our performance.

5. Finances (including initial benefits realisation)

5.1 BCF Budget 2017/18
The Wokingham BCF budget for 2018/19 was £10,011,100 and for the 12 months ended 31st March 2019, there was a net underspend against budget of £32.0k. Any net underspend on the BCF will be returned to the Section 75 Partners pro-rata to their original contributions, (Berkshire West CCG 80%; WBC 20%). The CCG has requested a credit note to be issued in April. The WBC share of the underspend will be carried forward into 2019/20 to contribute to funding the next year's BCF.

Year-to-date there were underspends on the following schemes:
- Berkshire Integrated Hub £8.8k
- WISH £90.7k
- Step Up £40.8k
- CHASC £48.1k
- Local Programme Office £11.7k
- BW PMO £6.9k
- Contingency £8.4k

The following schemes were overspent:
- Step Down Beds £12.9k;
- SCAS Falls & Frailty £4.7k
- CHS £27.3k
- Connected Care £7.0k

5.2. Risk share
The Wokingham BCF budget for 2018/19 included an amount of £477.3k in respect of risk share. Release of this money was contingent on the achievement of the NEA targets contained in the BCF Plan for 2018/19. The risk share was split up across the following BCF schemes: WISH; Step Up; CHASC and Care Homes/Rapid Response and Treatment. Each of these schemes individually contributed to reductions in NEAs; however the overall target for the year was not achieved (as shown in para 4.1 above). Since the NEA target was not met, the Risk Share has been retained by the CCG to cover the increased cost of the above plan NEAs.

5.3. Benefits realisation

During 2018/19 we have worked hard to be able to demonstrate the financial benefits of the Wokingham BCF schemes. We went back to the original business cases and are now in a position to demonstrate the planned and actual savings during the last year. Benefits were derived from reductions in residential care/nursing care, DToC and NEAs.

The table below shows the overall performance for 2018/19. We planned to save £2,513,448 and we actually saved £2,466,209.

The main reasons we have performed well are:
- Permanent Admissions to Care Homes - assuming each reduction avoids a permanent admission to a Care Home by at least 12 months and an annual cost of £40,720 per placement, the savings for 2018/19 are £2,117,440, which exceeds the Planned Year Savings in the 5 Year Business Case
- Step Up NEAs and A&E attendances – combined savings from NEAs and A& E attendances for 2018/19 are £131,135

We recognise that whilst we didn't achieve the planned benefits for MDT NEAs and A&E attendances - reductions averaging 8 NEAs a month vs. a target of 28, but the MDT referrals are not at capacity and as an average have been 40% lower than planned. The same applies to A&E attendance reduction.

Metric/KPI	Month Activity Plan	Month Activity Actual	Month Savings	Full Year Activity Plan	YTD Total Activity	YTD Actual Savings	YTD Out-turn Savings	Planned Year Savings
WISH Reduction in NEAs over 70s with 13 specific conditions	114	93	£23,117	1,365	1,336	£31.923	£31.923	£412,809
WISH Reduction in DToCs	240	306	n/a	3,280	3,111	£59,150	£59,150	£129,180
WISH Reduction in care packages	-	-	-	-	-	-	-	£145,229
WISH Reduction in care home admissions	11	6	£203,600	132	80	£2,117,440	£2,117,440	£1,232,784
91 Day Reablement	78%	86%	N/A	78%	87%	N/A	N/A	N/A
MDT NEA reduction	28	4	£4,295	331	96	£103,101	£103,101	£355,484
MDT A&E reduction	42	2	£340	499	138	£23,460	£23,460	£84,830
Step Up NEA reduction	10	20	£21,479	119	102	£109,545	£109,545	£127,802
Step Up A&E reduction	13	25	£4,250	149	127	£21,590	£21,590	£25,330
TOTAL BENEFITS	[redacted]	[redacted]	£257,081	[redacted]	[redacted]	£2,466,209	£2,466,209	£2,513,448

NEA (for WISH) = £1,100.82 DToC (for WISH) = £350/bed/night
Permanent Admission to Care Home =£40,720 p.a. NEA (for MDTs and Step Up) = £1073.97
A&E attendances (for MDTs and Step Up) = £170

At present, WISH CHASC and Step Up, are ahead of its planned net benefit position and is on track to meet or exceed the planned 5 year savings target.

5.4 Review of Schemes

Each year we carry out a review of our schemes to assure and ensure that they are delivering against plan. We completed our yearly BCF Review of Schemes in November 2018, all Wokingham BCF schemes were reviewed in detail by stakeholders to inform decisions as to how the schemes may progress in the next financial year – continue as is, with changes or for the schemes to cease. In order to do this in an objective manner we have created a template and scoring system, which can be seen on the next page.

The partners and members of both WLPB and WMPB, all partners agreed the following:

1. Step Down – service to cease in current format as not delivering on any of its outcomes and has been in place for 2 years. The scheme used 3 beds in an extra care facility (Alexandra Place), with a focus on supporting Delayed Transfers of Care (DTOC) from acute hospital beds. It has been agreed that the funding from the Step Down scheme would be utilised to support DToC in 2019/20 and onwards.
2. Step Up – It was acknowledged that this service has been a slow burn and that November was the first month referral capacity had been reached. If the activity is maintained the scheme does not require further review. Step Up has maintained its activity and all other KPIs.
3. All our schemes have been implemented as planned with schemes becoming business as usual within our current model, this has put us in a strong position to further develop our schemes into a single network model.

2018/19 BCF Review of Schemes Scores

		Risks/ Dependencies		Performance				Finance				
Scheme	Maturity	What is the risk that this scheme doesn't deliver its benefits?	Is the scheme delivering against its activity plan?	Is the scheme delivering against its KPIs?	Is the scheme demonstrating its ability to support people effectively and improves user satisfaction?	Does it meet Wokingham's integration goals/targets?	Has it delivered on its planned outcomes?	Does the scheme meet the goals of the ICS and the priorities of the Wokingham HWB?	Is the scheme achieving its planned costs/ expenditure?	Is the scheme achieving its planned benefits?	Total	%age
Hub	BAU	80	60	N/A	60	70	70	70	70	70	550	69%
WISH	BAU	80	80	70	60	70	80	70	80	80	670	74%
Step Down	BAU	30	20	10	40	40	10	70	70	10	300	33%
CHASC	Implement	50	40	40	70	70	70	80	70	40	530	59%
Step Up	Implement	40	20	30	40	40	30	70	70	10	350	39%
CNS	BAU	80	60	70	80	70	70	80	70	70	650	72%

6. Forward Plans for 2019/20

In order to further develop our Integration Programme for Wokingham and to ensure alignment with the emerging Berkshire West ICP, the Wokingham Well-being Board Key Priorities and the NHS Long Term Plan we held an Annual Planning Day Workshop on the 4th April. The outcomes from this day will be to identify and agree our key priorities and next steps for 2019/20.

In summary

- National Performance Metrics – We exceeded performance in DToCs, Admissions to Care Homes and 91 day reablement performance, we continue to have further work to improve NEA performance
- Financial Performance – Overall we came in on budget but more importantly we are able to demonstrate for our schemes that the planned benefits are being delivered.

Partner Implications
The Better Care Fund Programme is delivered by the Wokingham Integrated Partnership, a partnership of commissioners and providers in Wokingham Borough.

Reasons for considering the report in Part 2
N/A

List of Background Papers
N/A

Contact Rhian Warner	**Service** Better Care Fund Programme
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TITLE	**Berkshire West New Safeguarding Arrangements**
FOR CONSIDERATION BY	Wokingham Borough Wellbeing Board on Thursday, 13 June 2019
WARD	None Specific;
DIRECTOR/ KEY OFFICER	Carol Cammiss, Director Children's Services

Health and Wellbeing Strategy priority/priorities most progressed through the report	Safeguarding Children to promote the wellbeing of children and vulnerable adults in Wokingham.
Key outcomes achieved against the Strategy priority/priorities	Partnership approach to safeguarding children in Berkshire West.

Reason for consideration by Wokingham Borough Wellbeing Board	No one agency can safeguard children, priorities and focus across all governance Boards and agency work should include a safeguarding agenda.
What (if any) public engagement has been carried out?	Partner engagement.
State the financial implications of the decision	N/A

RECOMMENDATION

That the safeguarding agenda in Wokingham be promoted.

SUMMARY OF REPORT

In response to the Alan Wood review of Local Safeguarding Boards the Department for Education (DfE) Working Together 2018 published in 2018 set the timeline for the disestablishment of Local Safeguarding Children Boards (LSCB) by September 2019. The Local Authority, Police and Clinical Commissioning Group are the Strategic partners in the arrangement.

Wokingham, Reading and West Berks LSCB's merged as one Board in July 2018. The 3 LSCB's have worked together as an early adopter of the new arrangements and published the Berkshire West Safeguarding Children Partnership arrangements in March 2019.

Partner Implications
All partners have a responsibility to promote the welfare of children to safeguard them

Reasons for considering the report in Part 2
N/A

List of Background Papers
1. New Arrangements 2. Children's version 3. Children's visual version

Contact Sherrie Newell	**Service**
Telephone No Tel: 0118 974 6726	**Email** sherrie.newell@wokingham.gov.uk

Berkshire West Multi-Agency Safeguarding Arrangements

OWNER	VERSION	DATE	REVIEW DATE
MASA Programme Board	2	28th March 2019	June 2019

Contents

Berkshire West Multi-Agency Safeguarding Arrangements

Vision and Values

Berkshire West partners are strongly committed to the shared responsibility to safeguard and protect children and young people. Berkshire West benefits from excellent inter-agency engagement, and proactive leadership, of this shared safeguarding agenda. We commit to working as partners to ensure all children and young people can live safe, happy and positive lives, achieving their potential and being respectful to others.

Berkshire West partners are fully committed to keeping the child or young person at the heart of all that they do. Partners want to see the voice and lived experience of children making a tangible difference to all aspects of safeguarding, and ensuring that Independent Scrutiny arrangements expect children's experience to be fundamental in quality assurance and development activity of the partners and is the founding principle underpinning local arrangements.

Local learning has encouraged partners to be clear that their understanding of the local safeguarding and protection arrangements must be timely and responsive. Partners are keen to avoid unnecessary delay in responding to safeguarding concerns and risks and being timely is of real local and collective importance. Partners have also learnt that ensuring that commitments they make are followed up, to understand the extent to which change has been embedded and the difference changes have made to local children and young people are all elements of an effective safeguarding system.

Whilst the national arrangements propose leadership from Police, Local Authority and CCG, Berkshire West's experience and good practice demonstrates that a collective partnership ownership of safeguarding including schools, the breadth of the health economy and voluntary, community and faith sector partners, is essential to continually improving local arrangements. The structure of the Berkshire West Safeguarding Arrangement is intentionally designed to maximise partnership leadership.

Local leaders recognise that the way in which we work together matters. Leaders recognise that the three locality areas covered by the Berkshire West arrangement (Reading, Wokingham and West Berkshire) are in very different stages of safeguarding development, with different risks and opportunities, working effectively as leaders together are essential to fulfilling the function.

How we will work together

Berkshire West leaders recognise that the crucial work of the partnership often rests on how senior leaders work together to support and challenge each other, to identify risk and mitigate it together, and to problem solve systems issues. Senior leaders in Berkshire West will be trained in, and seek to model, a restorative approach to safeguarding leadership, clearly defining risk and keeping the child at the centre of decision making.

In order to promote the welfare of, and safeguard, Berkshire's West's children and young people effectively, we will:

- Listen with care to our children and young people, and to each other
- Hold each other to account through respectful support and challenge
- Collaborate and co-operate with each other to improve outcomes for children
- Spot problems and difficulties early, problem solving together, recognising we have shared responsibility for our children
- Identify risks in our system and mitigate them together
- Be efficient and timely in our responses to each other and to needs arising from our local communities
- Recognise that each locality area (Reading, Wokingham and West Berkshire) are different and Independent Scrutiny needs to operate differently in each area, but also recognise that we have much to learn from each other and ultimately are stronger together.

In the change to national guidance local leaders have noted the changes around the non-participant observer role, but have also recognised the importance of ensuring the Lead Members for Children's Services continue to fulfil their statutory responsibility. Ensuring Lead Members for Children's Services receive information, and assurance, about the sufficiency of local safeguarding arrangements impact on outcomes for children is a priority for partners. There are examples of excellent independent scrutiny and challenge from Lead Members in some parts of Berkshire West and these new arrangements embed this insight and experience in a way that is right for each locality.

Our shared priorities

Quality Assurance, scrutiny and challenge are at different stages of development across Berkshire West. Designing and implementing new Independent Scrutiny arrangements for each Berkshire West Locality, will be the most important and first priority for Berkshire West Safeguarding Arrangement. It is an expectation that these arrangements will seek to understand the lived experience of local children and young people, and the practice learning from frontline staff and volunteers, specifically but not exclusively on the following areas of practice and policy:

- Domestic Abuse
- Children in Need
- Effectiveness of Early Help
- Missing and exploited children and Return Home Interviews (RHIs)
- Understanding contextual safeguarding in the lives of adolescents and in the context of schools

What success looks like

Our foremost priority is that children and young people are safe and protected from harm, living happy fulfilled lives and achieving their potential.

Berkshire West partners are committed to understanding that the different decisions they make, the way services or support is organised, makes to positively improving outcomes for children. In particular senior leaders anticipate that a measure of success of these shared arrangements for safeguarding will be the extent to which partners problem solve and find solutions together, to improve outcomes for children. This will include effective partnership challenge and support. Where risks are identified they will be closely monitored, together, in partnership.

Background and Context

The Alan Wood review

In 2015, in response to national questions about the sufficiency and effectiveness of LSCB arrangements, Alan Wood was commissioned to lead a review of the impact of LSCBs on outcomes for children. This review took place between January and March 2016 and was contributed to by a range of national leaders and in total over 600 areas responded.

The review concluded that with the exception of a few LSCBs, most Safeguarding Children Board arrangements had difficulty demonstrating their effectiveness in improving outcomes for children. In particular LSCB's tendency to receive a range of annual reports on a broad range of safeguarding activities was criticised, as well as a lack of real-time responsiveness and lack of effective partnership decision-making. This led Alan Wood to recommend that a stronger statutory partnership of the Police, Clinical Commissioning Groups (CCGs) and Local Authorities should be asked to lead local safeguarding arrangements.

Children and Social Work Act 2017

In its May 2016 response, the Government supported Alan Wood's analysis and commented that "current arrangements are inflexible and too often ineffective. Meetings take place involving large numbers of people, but decision-making leading to effective action on the ground can be all too often lacking".

Instead, it proposed a stronger but more flexible statutory framework to enable partnership leaders to become more effective in their duty to protect and safeguard children and young people. The Children and Social Work Act 2017 received Royal Assent in April 2017 and the Act removes the requirement for local areas to have LSCBs (Section 30), instead Sections 16 – 23 introduce a duty on the Local Authorities, Police and CCGs to make arrangements with others to protect and safeguard children. These arrangements must identify and respond to the needs of children in the area and also identify the learning arising serious child safeguarding cases which raise issues of importance in relation to the area.

The Berkshire West Approach to Safeguarding Partnership – our arrangements for our children and young people

The number of Berkshire West partner representatives actively involved in the previous three LSCB Boards equates to in excess of one hundred individuals. It is recognised by all partners that sustaining the engagement of all organisations and sectors in proactively supporting Berkshire West safeguarding and protection arrangements is of real benefit to local children and young people. Nonetheless, it is also recognised that partnership arrangements become unwieldy and less effective where there are this many partners represented in Board arrangements.

This recognition has required hard choices and decisions from Berkshire West children's services leaders.

Following careful discussion, over many months, Berkshire West partners have agreed on the following Safeguarding Arrangement for children and young people (please see Appendix 1 for a visual representation of the model):

Berkshire West Safeguarding Children Partnership

This group comprises of the following members:

- Directors of Children's Services - Reading, Wokingham and West Berkshire
- Berkshire West CCG
- Thames Valley Police
- Independent Scrutiny representative

The group will meet three times a year and the partnership leaders will chair the group on rotation.

The Independent Scrutineer function will join the membership of the Partnership to ensure that the pivotal learning from independent scrutiny directly informs the leadership of the arrangements. The Safeguarding Partnership is the final decision making body overseeing the multi-agency plan to protect children and safeguard their welfare in Berkshire West, but in keeping with Berkshire West ethos and values, the role of the wider Safeguarding partners is pivotal in setting the direction, priorities and overseeing partnership safeguarding activity. In addition, there will be opportunity for Lead Members for Children's Services to join partnership leaders to review the effectiveness of these local arrangements and critically examine the extent to which safeguarding arrangements have improved outcomes for children and young people in Reading, Wokingham and West Berkshire.

In particular, the Safeguarding Partnership will review progress and assess strengths and areas for development in the local safeguarding system. This analysis will be directly informed by Independent Scrutiny findings, the learning from Education Safeguarding leaders and Health Safeguarding committee. It will underpin the priorities for the wider partnership and will inform the Berkshire West Safeguarding Children annual report, which will be published.

Berkshire West Safeguarding Children Leaders (Forum)

The Forum Leaders will comprise of the wider safeguarding leaders across the partner organisations who will meet three times a year.

Forum members will critically examine and review local safeguarding priorities, problem solve together and agree roles and responsibilities for proactively responding to safeguarding learning, including responding to areas of risk and sharing good practice. This model ensures that the previous partnership engagement in safeguarding and protection of children is sustained. This will be managed as a conference style event. A wide selection of partnership leaders representing the breadth of sectors will be invited to attend this Forum. There is no expectation that all partners will attend every meeting, but this infrastructure enables the shared responsibility for safeguarding to be effectively deployed in Berkshire West.

Berkshire West Safeguarding Children Health Safeguarding Committee

Berkshire West has particular good practice in effective, active health economy leadership of the safeguarding agenda. Berkshire West CCG will continue to sustain this quarterly meeting of health economy leaders across Berkshire West, who specifically considers the safeguarding and protection learning, risks analysis and mitigation, and ongoing practice development specifically related to the health economy.

Reading, Wokingham and West Berkshire Education Safeguarding Groups

Berkshire West has benefitted from exceptional education leadership and engagement in safeguarding and protection. In order to sustain and further develop this leadership role, Headteachers of all stages and phases are working collaboratively with further education, early years and PRU/Special school leaders to ensure safeguarding leadership in education is maintained and maximised to improve outcomes for children. This includes leading S175 safeguarding self-assessment review processes in education provision and identifying development areas for the sector, leading education Peer Review of settings safeguarding practice, designing and leading safeguarding training for Governors and Trustees, to enable them to fulfil their safeguarding functions effectively.

Reading, Wokingham and West Berkshire Independent Scrutiny Groups

The three locality areas (Reading, Wokingham and West Berkshire) serve different demographics, have different strengths and development areas and need to oversee and mitigate different risks.

The ‘back bone’ of effective safeguarding arrangements is the Independent Scrutiny groups. These groups will meet bi-monthly and are designed to sustain the best practice from the previous Quality & Performance groups, including routine review of data and performance information, undertaking of joint multi-agency audits, ensuring that children and young

people's local experience and the insight and experience of frontline staff and volunteers routinely informs multi-agency learning. The learning from these groups will proactively drive the work of the Berkshire West Safeguarding Partnership and in turn, the Safeguarding Forum.

It is an expectation that Independent Scrutiny Groups will have a direct relationship with Elected Member led Overview and Scrutiny (or ACE Committee) arrangements in Reading, West Berkshire and Wokingham. Each localities Overview and Scrutiny arrangements are organised slightly differently and the specific inter-relationship for Reading, West Berkshire and Wokingham will be agreed locally between the Chairs of the respective groups.
In turn, it is an expectation of all Berkshire West senior leaders that the learning and priorities emerging from Independent Scrutiny groups will, where appropriate, inform strategic planning of Health & Well-Being Boards, Children's Partnership arrangement and Community Safety Partnerships. There are particular opportunities for partnership working with Berkshire West Safeguarding Adult Board and the proposed joint focus on transition is one example of this.

Berkshire West Case Review Group

Berkshire West Case Review group is comprised of leaders from CCG, health economy, Police and Local Authorities. It meets every two months, due to the number of opportunities for local learning. Its primary role and function is to consider how national learning informs local practice in Berkshire West and review local children and young people's circumstances in which our expectations for inter-agency safeguarding and protection of a child have not been met and multi-agency learning is identified.

This has included developing an innovative lower level review of cases that do not meet criteria for a statutory review, but would inform ongoing partnership development. These reviews are an opportunity for partnership led peer review and challenge; it enhances the partnership scrutiny and challenge function. Partnership leaders and middle managers have really welcomed the learning this model has yielded, and because it does not rely on independently resourced critical evaluation, but enhances the sufficiency of partnership ensuring effectiveness function, it is a sustainable model. The approach to case review analysis and learning is intended to ensure that the voice and experience of the child/young person is held at the centre of multi-agency review. Regular review of the progress and implementation of findings from the reviews is a key component to effective systems change.

In the new arrangement cases that potentially require statutory and independent review, will be considered by the Independent Scrutiny function and will be discussed with the Chair of the Berkshire West Safeguarding Children Arrangement, where the final decision on the nature of the review will be made.

Learning from national and local reviews, including particular thematic improvements is shared with relevant sub-groups and in turn informs the learning and development of the partnership. Bite-sized lunchtime workshops for multi-agency staff have been particularly

successful in this regard. Effective communication to the breadth of the partnership remains an ongoing iterative dialogue.

Berkshire West Learning & Development Group

This group oversees the inter-agency safeguarding learning and development pathway for the children's workforce (both staff and volunteers). This group:

- Undertakes training needs assessment;
- Reviews the sufficiency of training provision;
- Commissions and designs learning and development resources;
- Incorporates local, national and Serious Case Review (SCR) learning into the learning and development offer;
- Undertakes quality assurance;
- Evaluates the impact of learning on practice and outcomes for children.

In the new arrangements ensuring that Independent Scrutiny learning directly informs the partnership learning and development offer will be essential.

Pan-Berkshire co-operation

The existing pan-Berkshire subgroups that serve Berkshire West, Bracknell Forest, Royal Borough of Windsor & Maidenhead and Slough, will continue unchanged. These groups are the Child Death Overview Panel processes (CDOP), Policies and Procedures, Child Exploitation and Section 11 self-assessment.

The business functioning and administration of the Berkshire West Safeguarding Partnership will be supported by Business Management and administrative resourcing.
After each Partnership meeting, leaders will be responsible for passing on updates to their own organisations and for ensuring timely progression of agreed actions.

Timelines for the transition to new arrangements

These are the national expectations for publication:

- Police, CCG and Local Authorities must agree the new safeguarding arrangements by the end of June 2019.
- These arrangements must be published within three months of a notification to the Secretary of State.
- The arrangements must be implemented within three months of notification/publication at which stage Reading LSCB, Wokingham LSCB and West Berkshire LSCB cease to exist.
- There is a 12-month period for LSCBs after new arrangements are in place to complete and publish any outstanding Serious Case Reviews.
- There will be a 4-month grace period for CDOPs (under the LSCB) to complete child death reviews.
- The child death review partners (the local authority and the CCG) will have 12 months from the end of June 2018 to agree the arrangements for child death reviews and 3 months to implement them (by the end of September 2019).

Berkshire West partners will adhere to the transition guidance details the arrangements which should be followed during the transition from LSCBs to safeguarding partners and child death review partners (including timelines for managing existing child death reviews) and during the transition from the current system of Serious Case Reviews to new national and local review arrangements.

As an early adopter, Berkshire West Safeguarding Partners agreed to publish their arrangements on the 31st March 19. The arrangements will be implemented by 30th June 2019 and all ongoing Serious Case Reviews will be published within 12 months from publication. Berkshire Child Death Overview Panel (CDOP) will finalise the additional changes to CDOP arrangements by 30th June 19 and these will be fully implemented by September 19.

The partners are committed to continuing to develop as a learning community together. In practice this means that the new arrangements will be subject to review and in particular partners are keen to test the effectiveness of these new arrangements in improving outcomes for children and young people, enabling effective partnership problem solving and risk mitigation.

The first twelve months of implementation of these new arrangements will be a period of particular partnership learning and review.

The pivotal role of Independent Scrutiny and effective quality assurance

Berkshire West partners have historically valued the voice of independent scrutiny and challenge of safeguarding arrangements. In the new Berkshire West Safeguarding Arrangements the role of the LSCB Independent Chair will be superseded by Independent Scrutineer functions.

Effective Independent Scrutiny relies on:

- Effective analysis of performance information
- Multi-professional audit or reflective learning discussions
- Understanding the lived experience of local children and young people
- Understanding the frontline experience, strengths and challenges of frontline staff and volunteers.

Berkshire West partners are keen to ensure that all safeguarding partners are actively engaged in Independent Scrutiny. There is a partnership emphasis on ensuring that the scrutiny is objective, acts as a constructive critical friend and promotes reflection to drive continuous improvement. In particular, the Independent Scrutiny arrangements consider how effectively the arrangements are working for children and families as well as for practitioners, and how well the safeguarding partners are providing strong leadership and agree with the safeguarding partners how this will be reported. It is an expectation that the learning from Independent Scrutiny is published in an annual report.

The thinking behind Independent Scrutiny

It's sometimes really difficult for us to see the 'wood for the trees' when we are helping to lead services. The national expectation is that having an independent person or person(s) to review what difference local services are making to outcomes for children and young people, what we're doing well (together) and what we need to improve (together) is important. Senior leaders think it's not the best use of resource to have this independent resource chairing a Board, instead, this investment in independent scrutiny will work alongside local leaders in Independent Scrutiny groups.

What are our roles and strategic functions in the Independent Scrutiny Groups?

The most important thing for us to do in these groups is understand how our services impact on outcomes for children and young people; we need to know what's working and what isn't.

There are seven key things (strategic functions) we need to fulfil in the Independent Scrutiny groups, these build on our current arrangements:

- Analyse performance information to spot patterns and trends (reporting exceptions, good and bad to the partnership)

- Multi-professional audit of specific themes, where we need to understand what's happening better, or we think we've got development work/improvement to do
- We are assuming that enabling frontline staff to reflect together on what they have learnt working with children and families (with the needs/circumstances we'll be auditing) is really important. They will tell us things we can't see in audit.

- We need to talk to children and young people, to understand their experience, what they think is good and what they'd like to see changed. If we're looking at our effectiveness around a theme (e.g. Domestic Abuse, Children in Need, Neglect, etc.) we need to talk to our local community.

- We will ensure that learning from significant national issues is reflected in local arrangements.

- Whatever we find/learn needs to be communicated in a way that's practical and tangible for our frontline and volunteers e.g. what can we do that's effective, what do we need to change in our practice, what does that look like? The more people we reach the better.

- Where we learn that we need to re-think the design or function of services, where we find risk we must proactively mitigate, this must be communicated clearly to senior leaders – we expect this to inform Safeguarding Partnership risk management, priorities and Forum workshops.

- Where we agree we need to make changes, it's essential that we follow up the effectiveness and impact of that implementation in 6 or 12 months' time.

Who needs to be in the room?

If we're going to do this well, we need members of the group who are skilled in:

- Partnership Auditing
- Analysing data and audit findings – to be clear what the causal factors are that we need to address to affect change might be
- Can have difficult conversations, calmly and with respect, to work together as a partnership to find solutions
- Facilitating reflective practice conversations with frontline staff and volunteers
- Facilitating conversations with children, young people and families

We will also need members who are senior leaders who can take decisions on behalf of statutory partners. As a minimum we think that needs to include:

- Thames Valley Police (LPA Deputy Commander),
- Children's Social Care ADs/HoS,
- Education and school Safeguarding leads
- Health economy Designate professionals and senior leaders from RBHFT, BHFT, CCG who will manage membership of the three groups between them.
- National Probation Service and local Community Rehabilitation Company leaders

- Key local voluntary, community and faith sector partners
- Independent Scrutiny resourcing

In West Berkshire the Independent Scrutiny Group will also have attendance from the Lead Member for Children's Services, to provide political support and challenge.

West Berkshire, Reading and Wokingham Independent Scrutiny Groups will have slightly different memberships representing the needs and compositions of their local areas. Irrespective of slightly different membership arrangements, the role and function of the groups will be the same.

Based on the learning from the Serious Case Reviews conducted in Berkshire West, senior leaders think that there are themes we all need to look at across Berkshire West, they are:

- Domestic Abuse
- Children in Need
- Effectiveness of Early help
- Missing and exploited children and RHIs

In addition, the following themes have been highlighted as important for review, following local audit and analysis:

- Contextual safeguarding for universal settings, with a specific focus on schools
- Adolescents requiring safeguarding interventions, particularly those where contextual safeguarding risks have been identified
- Transition to adulthood, which we propose could be a joint area of thematic focus with the Safeguarding Adult Board (Berkshire West)
- Care Leavers support and impact on outcomes

Transitioning to the new arrangements

In order to bring long-serving Quality and Performance members with skill and experience in these roles and functions together with new additional Independent Scrutiny partners, a co-designed workshop will enable all members to reflect and share their system learning together. This workshop focuses on the following discussion items:

- What strategic role and function the Independent Scrutiny Groups will fulfil
- How the Independent Scrutiny function will be fulfilled
- Building a mature system – listening to the lived experience of our children and young people; reviewing what our frontline staff and volunteers say needs to change; analysing

data, auditing, learning and reflecting together with a focus on improving children's outcomes.
- Agreeing how we will we talk about difficult issues together
- Agreeing how we problem solve together
- Ensuring we consistently communicate what we learn to our wider workforce.
- Reviewing the impact of changes to practice – what difference have we made to children and young people?

Defining Independent Scrutiny

The role of independent scrutiny is to provide assurance in judging the effectiveness of multi-agency arrangements to safeguard and promote the welfare of all children in a local area, including arrangements to identify and review serious child safeguarding cases. This independent scrutiny is a local contributing component in a wider system which includes the independent inspectorates' single assessment of the individual safeguarding partners and the Joint Targeted Area Inspections.

The independent scrutiny function as set out in statutory guidance (Working Together 2018) will provide the critical challenge and appraisal of Berkshire West's multiagency safeguarding partnership arrangements in relation to children and young people.

The role of Independent Scrutiny is intended to:

- Provide independent assurance on the effectiveness of multi-agency arrangements to safeguard and protect children and young people, including the effectiveness of inter-agency co-operation to promote the welfare of children and young people.

- Provide an independent view on situations or circumstances where disagreement arises between the leaders responsible for protecting children and young people in the agencies involved in multi-agency arrangements.

- Support a culture of support and challenge, in which robust scrutiny is a minimum standard for all services.

- Create space and opportunity for reflection and learning from practice and encourage partners to respectfully hold each other to account, working together to find solutions to system challenges.

- Maintain focus on the impact of service arrangements on outcomes for children and young people and ensure that children/young people's voice and experience informs systems learning.

- Identify good practice to share and risks for partnership action/mitigation.

- Inform multi-agency audit processes and collate the findings and learning from the audits.

- Act as an independent review and challenge of the implementation of recommendations from audit or reviews, which includes monitoring and reporting on the impact of recommended changes on outcomes for children and young people.

- Through personal example, open commitment and clear action, ensure diversity is positively valued, resulting in equal access and treatment in employment, service delivery and communications.
- Encourage the development of innovation in the system to enable creativity to meet the needs of children and young people.

- Inform the Annual Report from Berkshire West Safeguarding partners.

Berkshire West Independent Scrutiny arrangements will be designed to fulfil a strategic and an operational function:

1) Strategic function

Berkshire West partners will enter into contractual arrangement with an individual with multi-agency senior leadership experience (strategic function). This function will focus on reviewing the sufficiency and effectiveness of partnership safeguarding arrangements, including their impact on outcomes for children and young people.

2) Operational function

Berkshire West partners will enter into contractual arrangement with an individual with external multi-agency scrutiny, audit and review experience (operational function). The scrutineer(s) will manage and oversee audits, thematic frontline staff and volunteer forums, participatory review of service effectiveness with children and young people (i.e. in reviews of thematic learning). This individual will fulfil a pivotal role in ensuring that the voice and experience of children and young people leads to meaningful change in service design and effectiveness.

Identification of risk and development areas arising from Independent Scrutiny, very much drives the work of the Berkshire West Safeguarding Children Partnership and Forum, it is essential that this is well understood by partners. In this context it is an expectation that Independent Scrutineer resource is represented directly in the Partnership and Forum meetings. It is an expectation of partners that emerging good practice and systems learning will be intentionally embedded by the system. In particular, that the learning informs practice and is followed through in evaluation, to understand impact on outcomes for children and young people.

Managing different professional perspectives

The Independent Scrutineer functions will have a particularly important role in navigating different professional perspectives on levels of need or risk, or different professional understanding about the sufficiency of the system. It is expected that the Berkshire West safeguarding system will seek to work as mature system leaders together, considering and

reviewing differences of opinion or experience respectfully, focussed on the needs and outcomes of local children and young people.

Nonetheless, partners recognise that in the context of pressures on safeguarding and protection services, and potential for leadership change, there may at times be a need for resolution of different professional perspectives. If the proposed routes to seek to understand and resolve professional differences are unsuccessful, then it is proposed that the statutory partner agencies have a final point of escalation to the Assistant Chief Constable Crime & Criminal Justice (Thames Valley Police), Chief Executives (Wokingham, West Berkshire and Reading Councils) and Chief Officer (Berkshire West CCG). These senior leaders will be asked to review the matter of dispute and reach a final agreement on how the situation will be managed, in line with the escalation process in the pan-Berkshire Child Protection Procedures.

Effective safeguarding self-assessment in Education

Berkshire West was a national pilot for reviewing how safeguarding arrangements in education could be maximised in the change to national arrangements.
To support this Education Safeguarding Groups have been established in the Reading and Wokingham areas, led by schools, mirroring a prior arrangement in the West Berkshire area which has been slightly expanded.

The common functions of these groups are to:

- Enable the views, experience and risk (as perceived by Headteachers) to inform the safeguarding leadership of the Berkshire West Safeguarding Arrangement (previously referred to as the LSCB) and vice versa.
- Identify risk and mitigation of issues relating to schools will be explicitly monitored by the group; this will include problem solving.
- Review national changes in guidance or regional/national partnership learning of relevance to schools' safeguarding.
- Supporting the design and overview of the annual event for schools to share local learning and good practice.
- Oversee the effectiveness of education safeguarding and protection arrangements for children and young people by developing and monitoring s175 related improvement.
- Ensure effective two-way communication with their existing sectors and forums.
- Contribution to training needs analysis and the effective sharing of resources where applicable

In addition, schools' engagement with and voice on Independent Scrutiny sub-groups that will provide crucial resource to fulfil the 'Independent Scrutiny' and quality assurance functions, is being strengthened.

Local Authority education leaders (with statutory accountability) have worked together with school leaders to consider how S175/S11 self-assessment processes can be adapted within this context. The view and experience of School Leaders in Wokingham, Reading and West Berkshire has directly shaped and informed this planning.

S175 self-assessment

1. ***NSPCC accessible tool*** - That S175 self-assessment is made as accessible as possible. The NSPCC tool already used in one locality area supports this and feedback from school leaders is that tool works well for schools: https://www.nspcc.org.uk/services-andresources/working-with-schools/esat/

2. ***Local learning*** - We recognise that this tool won't always reflect our local needs and risks or challenges, so where we need to; we propose that we add in a few additional questions that capture this learning. The Education Safeguarding Groups would oversee these questions.

3. ***A summary report*** – to analyse overall themes, trends, patterns and development areas will be prepared by the Local Authority (due to statutory accountability) and shared in draft with the Education Safeguarding Group and Quality & Performance.

4. ***Risk*** – if safeguarding risk is identified it is the Local Authorities responsibility to work alongside the school concerned to improve practice until concerns are resolved. The Safeguarding Partnership will have overall oversight of these arrangements.

5. ***Peer Review*** – Reading's schools have really benefitted from piloting a safeguarding Peer Review process where leaders from schools pair up and peer review an aspect of each other's safeguarding, to share learning and improve practice. We will replicate this model on a Berkshire West footprint. We think this would help share learning between locality areas and support specialist or alternative education providers. Peer Reviewers would be trained in a support/challenge approach to review.

6. ***Governors/Trustees*** – we recognise that Governors' understanding of how to analyse safeguarding practice in schools and provide internal support and challenge is variable. We think the Safeguarding Partners could assist, by training Berkshire West Governors in the skill of support/challenge questioning approach in their role, specifically applied to their statutory accountability for safeguarding.

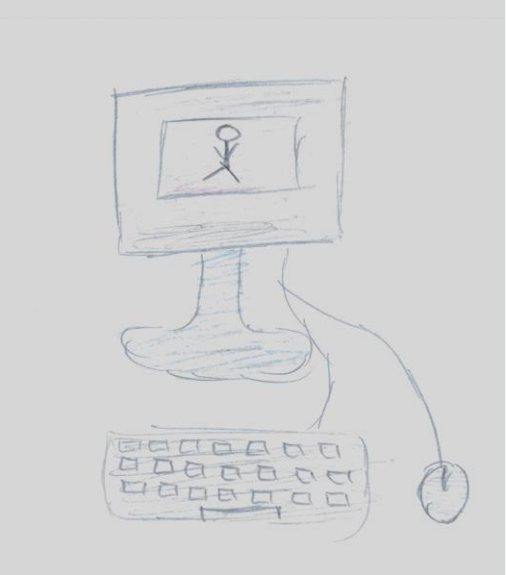
7. ***Early Years*** - In addition, we'll also work together to devise a parallel safeguarding self-assessment tool for early years providers, in partnership with Early Years leaders.

Overall, Berkshire West partners think this framework will give us a strong arrangement that will demonstrate to external partners, including Ofsted in school inspections, that safeguarding leadership, self-assessment and quality assurance is strong within our school leadership system. Externally, this is assured and supported by the wider Safeguarding Partnership.

This enables a 'golden thread' of safeguarding to be clearly evident from frontline practice in schools, through Local Authority governance, to the overarching Safeguarding Board arrangements.

The dialogue with our children, young people and families

Professional experience and insight is no substitute for seeking to understand the lived experience of local children and young people. Previous Berkshire West LSCB good practice clearly highlights that children and young people's contribution to audit and assurance arrangements has often challenged professional assumptions and led to changes to local arrangements, improving outcomes for children and young people.



Our approach will be to build upon existing good practice where children and young people have worked with local leaders in co-production roles, which includes building on Reading's recent Young Researcher's Aspiration Whitley programme and the investment in training of over 500 children and young people in restorative practices in Berkshire West, to provide a foundation for systematic co-production.

Berkshire West partners are ambitious and expect:

- Children and young people to be routinely involved in all independent scrutiny or quality assurance thematic reviews
- That the effectiveness of our safeguarding arrangements is most effectively undertaken by the views and experiences of children, young people and families
- That opportunities to invest in children and young people to review service effectiveness, co-design systems change and evaluate the impact of services for children and young people will be maximised
- Where changes to service design is identified, it is the expectation of Berkshire West partners that children and young people with experience of the needs that the service(s) respond to, are involved in service review, design or commissioning
- We will continue to ask our relevant agencies and other partners how they ensure they have captured the voices of children, young people and families in their work as well as identifying other innovative ways to gather this feedback through the partnership
- Where possible, we will involve families in learning reviews and safeguarding events.

We will utilise existing groups or forums where children and young people can have their say, share their views and experiences, challenge and support local decision makers and shape and influence strategic planning, commissioning and service provision at an individual, service and strategic level.

In time, Berkshire West intends to work towards sustainable and effective co-production, evaluation, scrutiny and challenge of the sufficiency of the safeguarding system. It is important that children and young people work with senior leaders to design what those arrangements look like and how they most effectively function.

Learning from challenging situations together

Safeguarding is not an exact science. It is essential that as system leaders we work together to review and learn from circumstances where multi-agency arrangements for safeguarding and protection have not met the standards that we expect or where something has gone wrong. Our approach to inter-agency learning is at heart one of mutual support and accountability, leaders need support to reflect safely together on what might have been managed differently. All Berkshire West partners are committed to seeking to develop a respectful dialogue that focuses on understanding the challenges and considering how we might work together to reduce the likelihood of these circumstances arising again. First and foremost, it focuses on the child and young person at the heart of the circumstance, recognising our shared responsibility.

These reviews provide opportunity for good practice to be shared, to inform our partnership understanding of what works well. Conversely, when things go wrong there needs to be a rigorous, objective analysis of what happened and why so that important lessons can be learnt, and services improved to reduce the risk of future harm to children). Independent Scrutiny has a role in these cases. Overall this will drive improvements to safeguard and promote the welfare of children.

Berkshire West Case Review group, chaired by the CCG Designated Nurse, leads this function for Berkshire West Safeguarding Partners. The function of this group is to oversee all open serious incident cases and their corresponding action plans, and consider examples of good practice. The learning from the group is shared with Berkshire West Safeguarding Leaders Forum, for review and comment, to disseminate learning points across the wider partnership and to support review and evaluation of the impact of systems change on outcomes for children. This learning and impact of systems change will be summarised in the annual report from Berkshire West Safeguarding partners.

Serious child safeguarding cases are those in which:

- abuse or neglect of a child is known or suspected and
- the child has died or been seriously injured

In partnership Berkshire West Case Review group will continue to:

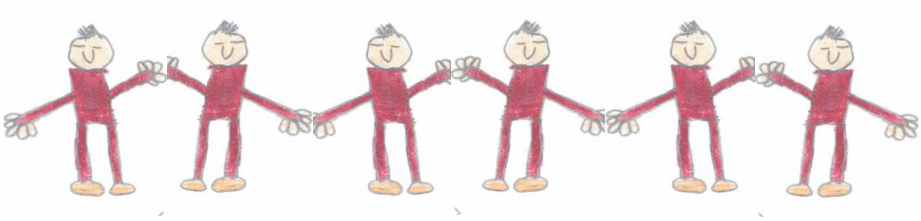
- identify serious child safeguarding cases which raise issues of importance and learning
- commission and oversee the review of those cases, where they consider it appropriate for a review to be undertaken

The Case Review Group will determine whether a case meets the criteria to be referred to the National Panel or an alternative form of case review such as a Multi-agency Learning

Review or a Single-agency Learning Review. The national Child Safeguarding Practice Review Panel must be notified within 5 working days of becoming aware of a serious incident.

Specialist input to learning reviews will be sought as required. Depending on the nature and complexity of the circumstances surrounding the review, Berkshire West expects reports to be completed and published as soon as possible and no later than six months from the date of the decision to initiate a review. Where other proceedings may have an impact on or delay publication, Berkshire West safeguarding partners will initiate dialogue with the Panel and the Secretary of State of the reasons for the delay or if there are any special considerations around publication.

Members of the group are actively encouraged to bring examples of good practice as another means of developing our understanding of what works well and to identify potential 'near misses' which can give the partnership advanced warning of required systems change.



Child Death Overview Panel (CDOP) arrangements

The pan-Berkshire Child Death Overview Panel (CDOP) serves Berkshire West, Bracknell Forest, Royal Borough of Windsor & Maidenhead and Slough. CDOP will sustain its existing model in these transition arrangements. CDOP is further developing its approach to be more holistic in discussion of the children and young people considered by CDOP, in response to local learning which has highlighted a propensity to focussing on medical analysis of the circumstances around the death of a child.

In particular the following changes will be made in Berkshire West:

a) Holding child death review meetings for all deaths, following closer working links with Paediatric mortality and morbidity meetings, tertiary centres and hospices (when a Berkshire West Child dies who is known to our services).
b) Transferring Rapid Response for Unexpected Child Death to Joint Agency Response (JAR).
c) Allocating a key worker to every bereaved family.

On a wider Berkshire footprint (including Bracknell Forest, Slough and Royal Borough of Windsor & Maidenhead) we are:

a) Ensuring our processes are consistent across the six localities and embedding our best practice learning as standard practice across the county.

b) Reviewing the options for linking more closely with neighbouring CDOPs would maximise the learning potential for the system. In particular, a provisional learning arrangement with Oxfordshire CDOP is being negotiated.

c) Launching eCDOP in January 2019 and ensuring full connectivity with the National Child Mortality Database (NCMD) from 1 April 2019.

d) Confirming the senior leadership quality assurance arrangements to promote a continual learning culture and review the effectiveness of the CDOP function.

e) Reviewing the model of joint home visits against the findings of Rapid Response audits of unexpected child deaths for 2017/18 and 2018/19.

f) Considering the new role of the Medical Examiner being introduced into all acute hospitals on 1st April 2019 in relation to child deaths.

g) Working with the Coroner to determine the additional criteria for referral of Berkshire child deaths to the Coroner's office.

Workforce development and training

Safeguarding Children Partnership arrangements are a rich source of learning. This learning need to be accessible and translated to frontline staff and volunteer's day-to-day practice. 'Working Together 2018' expects the CCG, Police and Local Authority) identify what learning opportunities are needed, and review the effectiveness of this provision.

Berkshire West safeguarding training is provided in different forms to respond to the learning needs of staff and volunteers at the following levels:

- Universal – Staff / volunteers who have occasional contact with children and young people
- Universal – Staff/volunteers who might get involved in safeguarding processes
- Targeted & Specialist – Staff where a substantial amount of time is spent working with vulnerable and at risk children young people
- Specialist – Senior leaders.

Continuous learning requires a shared collective understanding of new and emerging needs, trends and risks. Learning must be applicable to practice, wherever possible we will seek to de-mystify training and provide bite-sized learning inputs. The success of the Berkshire West forum model of inter-agency learning has proven particularly effective at engaging pharmacists, GPs, police officers and school staff; this will be maintained. We are committed to ensuring that the Berkshire West workforce receives updates on evidenced based practice about what works and utilising research.

Wherever possible, we will provide reflective learning spaces where frontline staff and volunteers can share their experience of working with children and families around particular issues or concerns; to learn together as a whole system. This contributes to our shared partnership commitment to improving outcomes for our children, young people and families.

In 19/20 the successful learning forums will continue to be expanded and further developed and to ensure learning is as accessible as possible, these will become more frequent. These forums embed the learning from Serious Case Reviews. We will also introduce learning days, which will be thematically focussed, which will enable attendees to attend for some or all of the programme, depending on their working arrangements. The first two themes for Forums are adolescent risk and developing professional practice. This will provide capacity for additional learning events in response to local learning in a timely way. In between Forum meetings there will be 'seven minute briefing' dissemination. These events will be accessible free of charge, due to the impact of funding restrictions in services limiting partner agency attendance at learning events.

The review of partner agencies learning and development programmes and impact on practice and outcomes for children will continue.

Funding arrangements

Statutory Partners have reached an agreement for funding to cover the transition year 2019/20. This agreement demonstrates the commitment form partners to continue to robustly support the new arrangements during the transition year.

Discussions on the funding moving forward into 2020/21 will begin in September 2019.

A Learning System

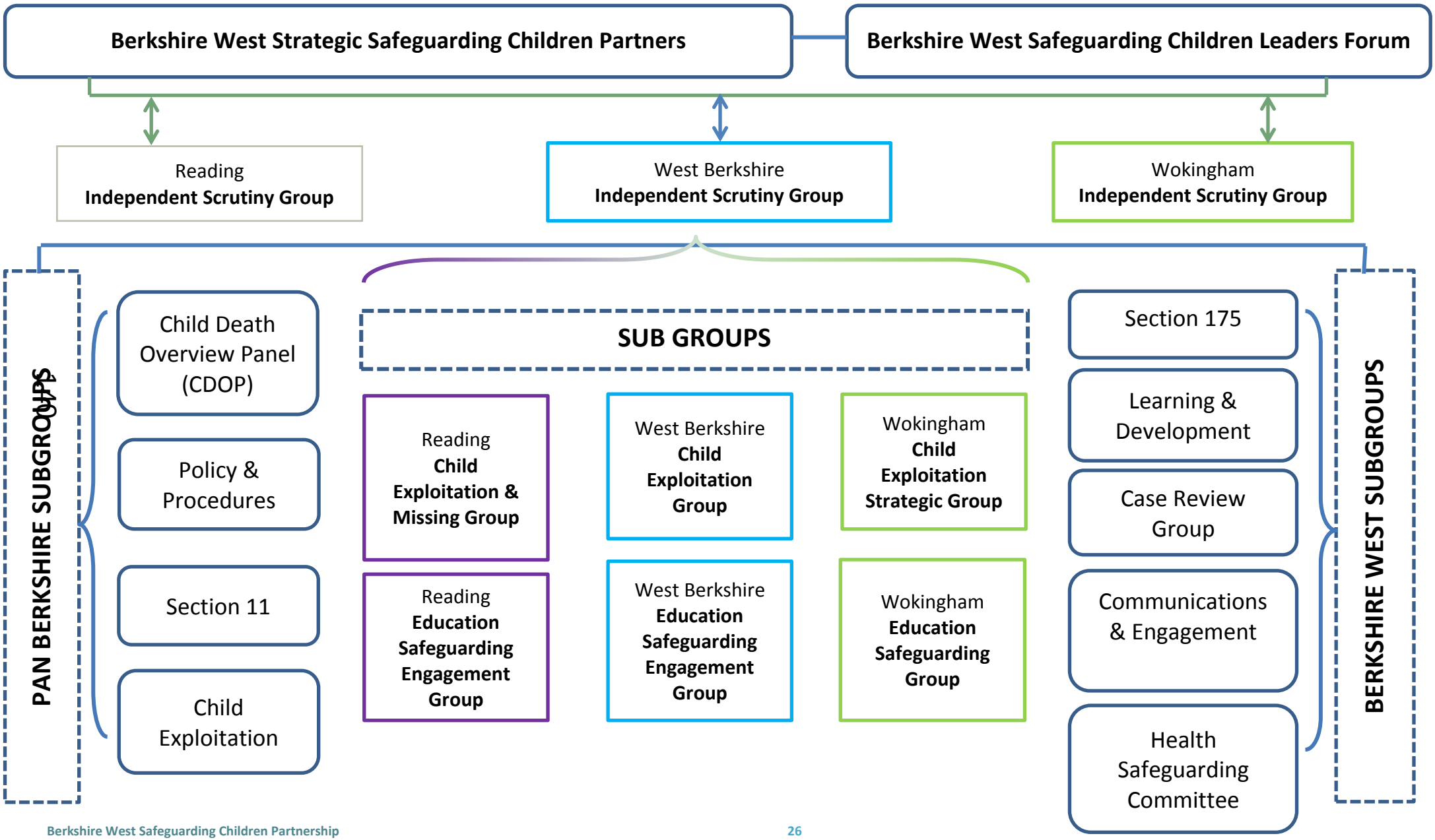
Berkshire West leaders are committed to working together to create an ongoing learning culture.

All leaders recognise that the first twelve months of the new Berkshire West Safeguarding Children arrangements will be a key period of learning, in which adaptation and responsiveness will be of crucial importance.

Systems leaders are committed to working together to continually improve the system in collaboration, with a focus on improving outcomes for local children and young people.

Berkshire West
Safeguarding
Children Partnership

APPENDIX 1: Berkshire West Multi-Agency Safeguarding Arrangement Structure



APPENDIX 2: Berkshire West Safeguarding Children Partners Governance

These arrangements will be subject to review via a range of governance structures across the partnership. This will be listed below, with the date approved.

Governance Body/Meeting	Date Reviewed

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Reading, Wokingham and West Berkshire are great places to grow up. There are loads of opportunities and most children and young people here are safe and happy, have fun and reach their goals in life.

But we all go through times when things are hard, and when that happens, getting the right help from the right people and at the right time, really matters.

There's a team of people working across the area, from the police, schools, health and council, whose job it is to safeguard and protect children and young people. They are based at centres in Reading, Wokingham and Newbury so have first hand knowledge of the areas you live in.

There have recently been some national changes to safeguarding and this is making us all think carefully about how we work together, looking at what works well and what needs re-thinking to work better.

What matters most is that all our children and young people are safe and protected, so your needs are at the very heart of everything we do. And the best way for us to know what you want is for us to talk to you and your friends, not just once in a while, but whenever you'd like.

We promise we'll listen and take your ideas and comments to our safeguarding meetings where we can share stuff and also learn from any mistakes we've made along the way.

And to keep a close eye on everything we do, we've asked a couple of outside experts to help us, because sometimes when we're so busy helping children every day it's not easy taking a step back to see things clearly.

They will have a fresh eye on everything and can also tell us about things working well in other areas that we might want to try out here.

If we do feel the need for improvements or we want to try new things, then we'll talk to you first to make sure you think they are practical and will make your lives better.

And once any changes happen, we'll keep a close eye on things over the course of six to 12 months, to make sure they have made a positive difference to your lives. If we don't think they've worked very well, and you agree, then we'll think again.

In the next year our plan is to train more than 500 children and young people so they can help us make improvements to services where we know we need to make things better - children's emotional health is a key one.

WHO WHAT WHY

We will listen with care to children and to each other.

helping children and their families to be productive, happy and stable.

working together for the good of all children - education, health, police, local authority, faith and community groups.

trained and fit for purpose.

working together to ensure no problem is kicked into the long grass.

local communities.

time and being timely matters.

Always remember it's about our voice and our experiences

Your actions matter because they affect our lives

helping to make change possible, manageable and sustainable.

working together to ensure that children are safe from harm, able to enjoy a healthy lifestyle, have the ability to enjoy and achieve.

high challenge high support.

better together.

spotting problems early - we'll use our combined skills to find solutions.

always listening.

always learning.

the child's voice informing and influencing.

getting it right - training, meetings - forums and peer reviews.

applying checks and balances to help us to be the best that we can be.

IT MATTERS BECAUSE WE MATTER

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Wokingham Integrated Partnership

Annual Planning Event – Themes from the Day

Overview of the Day

- Held on Thursday 4th April 2019
- 55 stakeholders invited, 36 attendees from across Wokingham and Berkshire West (CCG, WBC, GPs, BHFT, RBFT, Health watch, Involve, CMHT, Children's Services, TVP, Member, BW7, BW ICS, Optalis)

The Days Objectives

We are going to …

- Set the scene in Wokingham
- Become familiar with Wokingham's Population Health Management Intelligence
- Interpret the patient-level linked data and begin to understand the type of intervention it can challenge our system to take forward
- Identify our Key Priorities and Next Steps

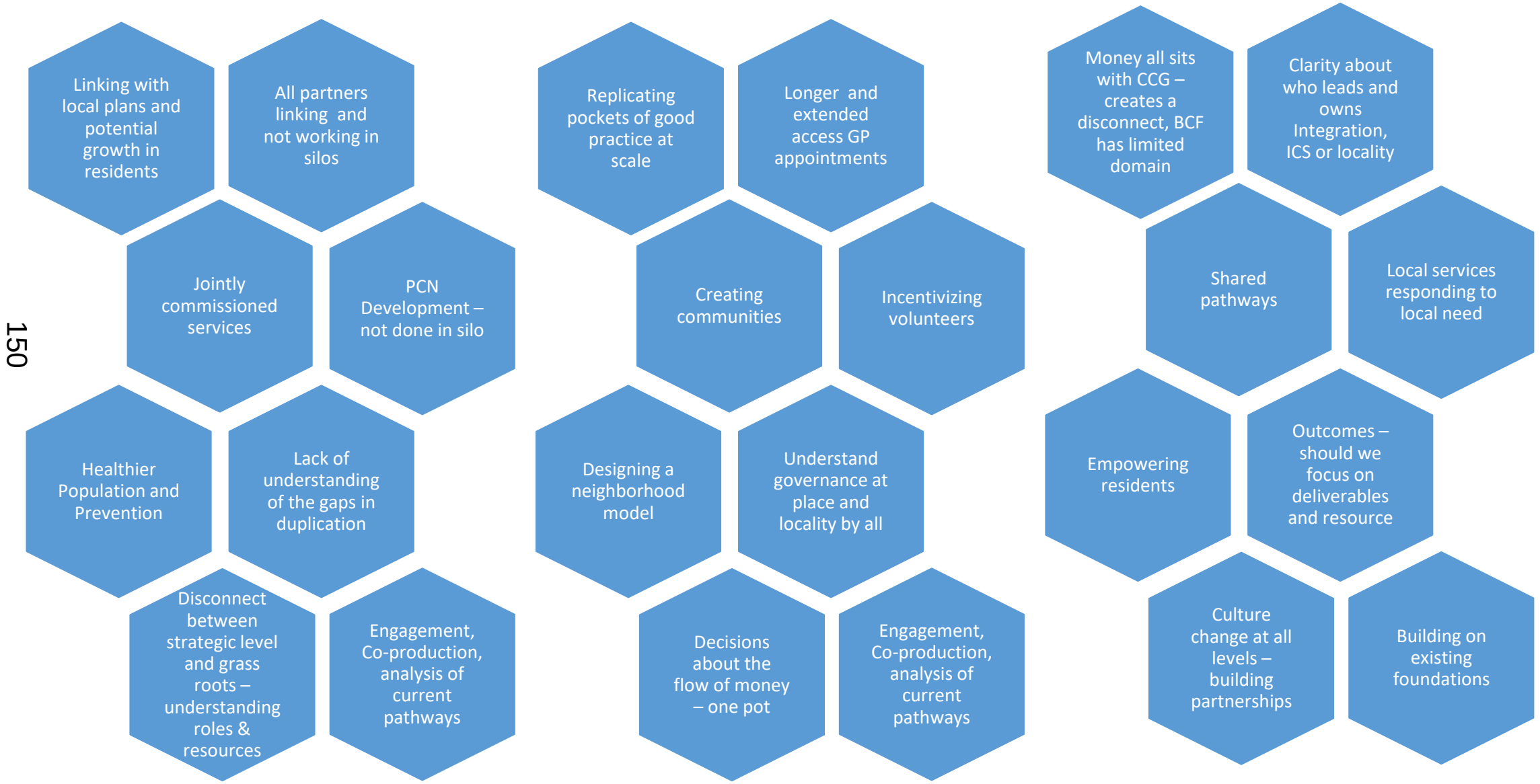
Our expected outcomes are …

- Gain insights about our users, our current position and local and national policy and strategy and how this will inform our priorities and next steps
- Gain insights from data to inform how we begin to define interventions for change in care delivery

Our expected outputs are …

Agree Wokingham's Key Priorities and Next Steps for 2019/20

Priorities Identified on the Day



Priorities by Quadruple Aim 1 – Partnerships

Locality - Wokingham

Linking with local plans and potential growth in residents

All partners linking and not working in silos

PCN Development – not done in silo

Culture change at all levels – building partnerships

Place – Berkshire West

Jointly commissioned services

Disconnect between strategic level and grass roots – understanding roles & resources

Understand governance at place and locality by all

Clarity about who leads and owns Integration, ICS or locality

Priorities by Quadruple Aim 2 – Better Care

Locality - Wokingham

Lack of understanding of the gaps in duplication

Engagement, Co-production, analysis of current pathways

Longer and extended access GP appointments

Shared pathways

Building on existing foundations

Place – Berkshire West

Replicating pockets of good practice at scale

Priorities by Quadruple Aim 3 – Better Health

Locality - Wokingham

Healthier Population and Prevention

Creating communities

Designing a neighbourhood model

Local services responding to local need

Empowering residents

Place – Berkshire West

Incentivizing volunteers

Empowering residents

Priorities by Quadruple Aim 4 – Better Value

Locality - Wokingham

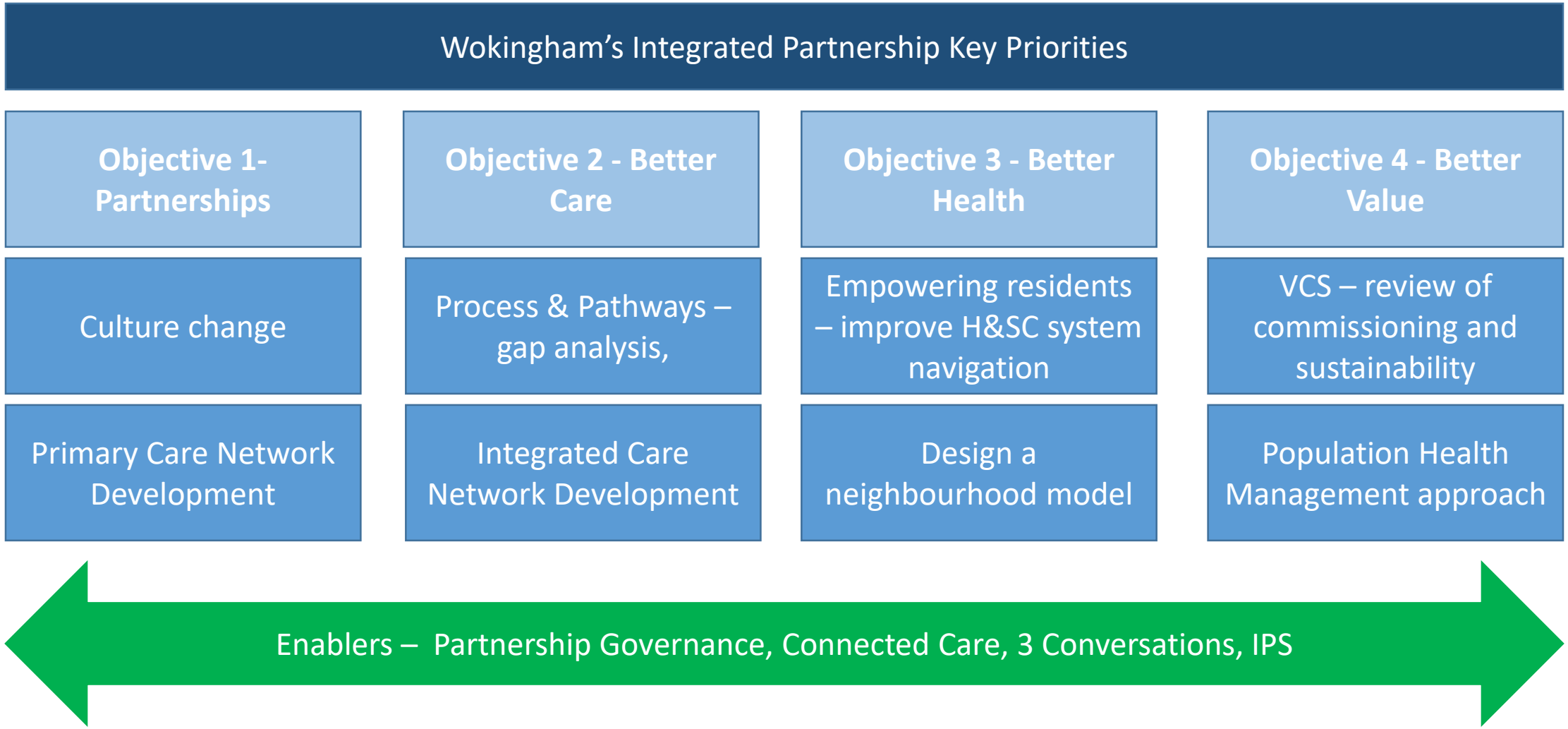
Outcomes – should we focus on deliverables and resource

Place – Berkshire West

Decisions about the flow of money – one pot

Money all sits with CCG – creates a disconnect, BCF has limited domain

Wokingham's Key Priorities for Integration for 2019/20



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WOKINGHAM BOROUGH WELLBEING BOARD

Forward Programme from June 2019

Please note that the forward programme is a 'live' document and subject to change at short notice.

The order in which items are listed at this stage may not reflect the order they subsequently appear on the agenda.

All Meetings start at 5pm in the Civic Offices, Shute End, Wokingham, unless otherwise stated.

WOKINGHAM BOROUGH WELLBEING BOARD FORWARD PROGRAMME 2019/20

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER	CATEGORY
8 August 2019	**Localities Plus**	Update	Update	Deputy Chief Executive	Performance
	Updates from Board members	To receive an update on the work of Board members	To update on the work of Board members	Wellbeing Board	Organisation and governance
	Strategy into Action	Update	Update	Wellbeing Board	Performance
	Forward Programme	Standing item.	Consider items for future consideration	Democratic Services	

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER	CATEGORY
10 October 2019	**Localities Plus**	Update	Update	Deputy Chief Executive	Performance
	Strategy into Action	Update	Update	Wellbeing Board	Performance
	Updates from Board members	To receive an update on the work of Board members	To update on the work of Board members	Wellbeing Board	Organisation and governance
	Forward Programme	Standing item.	Consider items for future consideration	Democratic Services	

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER	CATEGORY
12 December 2019	**Localities Plus**	Update	Update	Deputy Chief Executive	Performance
	Strategy into Action	Update	Update	Wellbeing Board	Performance
	Updates from Board members	To receive an update on the work of Board members	To update on the work of Board members	Wellbeing Board	Organisation and governance
	Forward Programme	Standing item.	Consider items for future consideration	Democratic Services	

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER	CATEGORY
13 February 2020	**Localities Plus**	Update	Update	Deputy Chief Executive	Performance
	Strategy into Action	Update	Update	Wellbeing Board	Performance
	Updates from Board members	To receive an update on the work of Board members	To update on the work of Board members	Wellbeing Board	Organisation and governance
	Forward Programme	Standing item.	Consider items for future consideration	Democratic Services	

DATE OF MEETING	ITEM	PURPOSE OF REPORT	REASON FOR CONSIDERATION	RESPONSIBLE OFFICER / CONTACT OFFICER	CATEGORY
9 April 2020	**Localities Plus**	Update	Update	Deputy Chief Executive	Performance
	Strategy into Action	Update	Update	Wellbeing Board	Performance
	Updates from Board members	To receive an update on the work of Board members	To update on the work of Board members	Health and Wellbeing Board	Organisation and governance
	Forward Programme	Standing item.	Consider items for future consideration	Democratic Services	