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To: All members of the Health & Wellbeing Board

(Agenda Sheet to all Councillors)

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5 December 2013

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NOTICE OF MEETING – HEALTH & WELLBEING BOARD – 13 DECEMBER 2013

A meeting of the Health & Wellbeing Board will be held on **Friday 13 December 2013 at 2.00pm in the Kennet Room, Civic Offices, Reading.** The Agenda for the meeting is set out below.

AGENDA

		PAGE NO
1.	**DECLARATIONS OF INTEREST**	-
2.	**MINUTES OF THE HEALTH & WELLBEING BOARD MEETING HELD ON 20 SEPTEMBER 2013**	1
3.	**QUESTIONS** Consideration of formally submitted questions from members of the public or Councillors under Standing Order 36.	-
4.	**READING HEALTH ECONOMY** Cathy Winfield, Chief Officer for Berkshire West CCGs, will give a presentation on the financial situation in the Reading health economy.	-

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5. ROYAL BERKSHIRE NHS FOUNDATION TRUST DRAFT INTEGRATED BUSINESS PLAN 2013-2018 13

A presentation by Ed Donald, Chief Executive, on the Royal Berkshire NHS Foundation Trust's draft Five Year Integrated Business Plan. Alistair Flowerdew, Medical Director, and Caroline Ainslie, Director of Nursing, Joint Director of Clinical Standards and Director of Patient and Public Affairs, will also attend.

6. BERKSHIRE WEST CCGS PLANNING PROCESS 27

A report setting out what is known about health economy planning processes for 2014-15 and beyond, describing the key roles envisaged for Health and Wellbeing Boards, setting out the scale of financial challenge facing the local health economy and seeking endorsement of the arrangements being put in place to develop a five year strategic plan across the Berkshire West health and social care economy.

7. INTEGRATION OF HEALTH & SOCIAL CARE – PIONEER BID RESULT to follow

A report setting out the outcome of the 'Berkshire 10' bid to become a pioneer on a health and social care integration programme.

8. CARE BILL 35

A report describing the main impact of the White Paper, Caring for Our Future, and the draft Care & Support Bill, both published in July 2012, and of the policy statement on Care and Support Funding Reform, presented to Parliament on 11 February 2013. The report sets out the implications for Reading based on empirical data and modelling where possible.

9. READING SAFEGUARDING CHILDREN BOARD - PRESENTATION OF ANNUAL REPORT 2012/13 48

A report presenting the Reading Safeguarding Children Board Annual Report 2012 – 2013.

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10. REVIEW OF CHILDREN'S PUBLIC HEALTH COMMISSIONING OPPORTUNITIES 94

A report on a practical programme that will allow the exploration of identified joint opportunities to support families across health and children's centres and also outlining the changes that will be occurring in children's commissioning for public health services, an approach to support this change and a bid to the small fund for health visitor transformation.

11. HEALTHY WEIGHT STRATEGY 100

A report on the outcomes from a Healthy Weight Workshop held on 24 September 2013, bringing together a range of attendees from the local authority, the NHS, private and voluntary sector, and on the proposed development of a Reading Healthy Weight Strategy.

12. SCREENING AND IMMUNISATION 108

A report giving an update and overview of the work undertaken and the progress made to implement the MMR catch up programme for 10-16 year olds in Reading, and setting out the rationale for the approach being taken. It also provides information on the wider screening and immunisation programme of work.

13. READING JOINT STRATEGIC NEEDS ASSESSMENT 115

A report giving an update on the progress made to date on the redesign process to deliver a web-based Reading Joint Strategic Needs Assessment (JSNA).

14. PHARMACEUTICAL NEEDS ASSESSMENT – SCOPING DOCUMENT 120

A report setting out the scope of the Pharmaceutical Needs Assessment (PNA), stating what will be included in the PNA, the methodology to be used and the timeline for delivery of the project.

15. AUTISM ASSESSMENT AND STRATEGY UPDATE 125

A report on the Autism Self Assessment return for 2013 and on the development of an Autism Strategy for Reading.

16. DATE OF NEXT MEETING – Friday 21 March 2014 at 2pm -

READING HEALTH & WELLBEING BOARD MINUTES – 20 SEPTEMBER 2013

Present:

Councillor Lovelock (Chair)	Leader of the Council, Reading Borough Council (RBC)
Councillor Gavin	Lead Councillor for Children's Services & Families, RBC
Councillor Hoskin	Lead Councillor for Health, RBC
Elizabeth Johnston	Chair, South Reading Clinical Commissioning Group (CCG)
Lise Llewellyn	Director of Public Health for Berkshire
David Shepherd	Board Member, Healthwatch Reading
Rod Smith	Chair, North & West Reading CCG
Ian Wardle	Managing Director, RBC
Avril Wilson	Director of Education, Social Services and Housing, RBC

Also in attendance:

Paul Batchelor	Consultant in Dental Public Health, Public Health England
Helen Clanchy	Director of Commissioning, Thames Valley Area Team, NHS England
Brigid Day	Head of Transformation, RBC
Sarah Gee	Head of Housing, Neighbourhoods & Commnity Services, RBC
Maureen McCartney	Operations Director, North & West Reading CCG
Janet Meek	Chief Finance Officer, Berkshire West CCG Federation
Eleanor Mitchell	Operations Director, South Reading CCG
Asmat Nisa	Consultant in Public Health, RBC
Rob Poole	Head of Finance & Resources, Housing & Community Care, RBC
Nicky Simpson	Committee Services, RBC
Councillor Stanford-Beale	RBC
Councillor Tickner	RBC
Councillor Williams	RBC
Cathy Winfield	Chief Officer, Berkshire West CCG Federation

Apologies:

Councillor Rye	RBC
Suzanne Westhead	Head of Adult Social Care, RBC

16. MINUTES

The Minutes of the meeting held on 21 June 2013 were confirmed as a correct record and signed by the Chair.

17. JOINT WORKING OPPORTUNITIES TO SUPPORT CHILDREN & FAMILIES ACROSS HEALTH AND CHILDREN'S CENTRES

Elizabeth Johnston, Rod Smith and Sarah Gee submitted a report on joint working opportunities to support children and families across health and children's centres.

The report explained that, at a Health & Wellbeing Strategy workshop on 12 April 2013, the potential for health and local authority partners to focus collaborative work around children and families had been identified as a key area which would support the implementation of key elements of the Health and Wellbeing Strategy. Following the workshop, visits to Reading's children's centres by representatives from both

Clinical Commissioning Groups and the Director of Public Health had been conducted by the Council, and the report gave details of key opportunities which had been identified for closer joint working between the Council's Children's Action Teams and health services, including GPs, Midwifery and Health Visitors, under the following themes:

1. Improved Awareness of Children's Services for GPs and Health Care Professionals
2. Education and Resources for Families
3. Opportunities for Awareness Raising and Making Contact with Families
4. Promotion of Immunisations
5. Future Opportunities

The report also explained that the Council was currently consulting on its first draft Early Help Strategy and that the actions set out in the report closely aligned with the actions identified in that strategy.

The report stated that it was planned to establish a joint working group with key stakeholders to develop a joint project plan for the strands of activity set out in the report and proposed that the working group report back on progress to the Health & Wellbeing Board on 21 March 2014.

Resolved -

(1) That the opportunities identified in the report be noted and the ongoing development of the work be supported;

(2) That a working group of the Health and Wellbeing Board be set up to develop a joint project plan, to include Councillor Gavin and appropriate officer representation;

(3) That an update report from the working group be presented to the Health & Wellbeing Board meeting on 21 March 2014.

18. NORTH & WEST READING CCG – UPDATE REPORT

Rod Smith submitted a report giving an update on the work being carried out by the North & West Reading CCG, covering the following areas:

- Urgent Care Programme Board and Winter Planning across the Health and Social Care System
- End of Life Care
- Update on Childhood Immunisation Coverage
- 'Beat the Street' in Caversham
- Integration Pioneer Bid

Cathy Winfield and Avril Wilson reported at the meeting that there had recently been pressure on urgent care due to bed closures in hospital wards and the lack of provision of good quality nursing home beds. The Urgent Care Programme Board had agreed on 19 September 2013 to carry out joint work in health and social care to develop a strategy for the procurement of provision of good quality beds, to increase capacity and prevent pressures in the winter months.

Resolved - That the report and position be noted.

19. SOUTH READING CCG – UPDATE REPORT

Elizabeth Johnston submitted a report giving an update on the work being carried out by the South Reading CCG, covering the following areas:

- Breastfeeding
- Launch of NHS 111
- Focus on Dementia and Elderly Care
- Health Hub Goes Live
- Clinical Concerns Email Service
- Long Term Conditions
- CCG Prospectus

Resolved - That the report be noted.

20. PROGRESS REPORT ON HEALTHWATCH

David Shepherd submitted a report which gave an update on the work of Healthwatch Reading. The report covered the following areas:

- Staff Team
- AGM
- Healthwatch Workplan 2013-14 – Update
- Healthwatch Voices Forum (David reported that the first meeting had been held on 17 July 2013, not 17 October 2013 as stated in the report)
- Healthwatch England

Resolved - That the report be noted.

21. FUNDING TRANSFER FROM NHS TO ADULT SOCIAL CARE 2013/14-2015/16

Rob Poole and Janet Meek submitted a joint report on the funding arrangements and amounts to be transferred from the NHS to local authorities for social care during 2013/14 to 2015/16 and seeking endorsement to the allocation of the Health Transfer Allocation between key service areas for 2013/14.

The report stated that the funding transfer to Reading was being coordinated by the Area Team of NHS England, and the Council had to agree the use with the Area Team and its two local Clinical Commissioning Groups (CCGs). The funding for 2013/14 was not a new grant and had been previously included in the Council's budget build for 2013/14, but a change in grant conditions required a retrospective spend approval. In 2013/14, the Council would receive a transfer of £2.038M, which had been included in the Council's "spending power" as estimated by DCLG; in 2014/15 this was expected to rise to £2.509M, based on information from the Department of Health. The report set out the conditions of the transfer in paragraph 4.3 and the key service areas identified for the allocation of the transfer allocation in paragraph 4.4.

The report detailed the implications of integrated funding for social care and health, explaining that the pooled Integration Transformation funding would formally sit with local authorities but would be subject to plans being agreed by local HWB Boards,

signed off by CCGs and the Council, and assurance at national level. It was envisaged that, as part of the wider 2014/15 planning round, plans would be developed jointly in the current year, signed-off and assured over the winter and implemented from 2014/15.

For the integration to work effectively, there was a need to agree a set of key objectives that all partners could work towards and to develop dedicated resources to work together to establish a delivery plan based on those objectives. The Council and health partners would be working together on this in the coming months and it was planned to bring a report to the next Board meeting setting out the principles and 'stretch' that partners were committed to, accepting that there would need to be radical change within the system to manage growth in demand and promote better patient/service user outcomes.

Janet Meek reported that clarification was being sought on whether the release of funds under a Section 256 Agreement between NHS England Thames Valley Area Team and Reading Borough Council would be dependent on prior sign-off by the Council's independent auditor.

Resolved -

(1) That the conditions for the use of the health transfer funding set out at para. 4.3 of the report be noted;

(2) That the use of the funding for 2013/14 be approved as set out in Table 1, para. 4.4 of the report and as follows:

	13/14 (£)	**NHS Analysis Area**
Funding Allocation	**2,038,343**	
The Willows - Intermediate Care Services	347,812	Bed-based intermediate care services
Christchurch Court Assessment Flat	7,000	Bed-based intermediate care services
Charles Clore Court Assessment Flat	24,000	Bed-based intermediate care services
Intermediate Care Team	264,375	Integrated crisis and rapid response services
Community Re-ablement Team	923,975	Re-ablement services
Specialist Nursing Placements	109,494	Early supported hospital discharge schemes
Mental Health Re-ablement Team	150,000	Mental health services
Long Term Conditions	176,687	Other preventative services
Community equipment and	35,000	Community equipment and

adaptations		adaptations
Total to support Whole systems Health Activity	2,038,343	

(3) That the implications for both the Council and the NHS of the funding transfer in 2014/15 and 2015/16 be noted;

(4) That the Director of Education, Social Services & Housing and the Head of Finance be authorised to agree the Health Transfer Allocation to Reading for 2013/14 (including if necessary agreeing minor variations to the table in (2) above) with the Area Team of NHS England and the local Clinical Commissioning Groups, and to enter into any necessary agreements in this respect.

22. HEALTH & SOCIAL CARE INTEGRATION – PIONEER BID

Further to Minute 8 of the last meeting, Avril Wilson submitted a report on the "Berkshire West 10" joint application which had been submitted with nine other local authority and health partners to become an integration pioneer under the Health & Social Care Integration agenda. A copy of the Pioneer Bid was appended to the report.

The bid had been developed following the demand and capacity modelling work which had been carried out in Spring 2013, and included a number of outline business cases on how to improve the local health and social care economy. Pioneer status would not bring any additional monies but would allow the local economy to access expert help and advice such as workforce development and financial modelling, which could help the integration agenda to move forward more quickly than otherwise.

There had been 111 bids at national level and it was reported at the meeting that the Berkshire West 10 bid was one of the 28 (not 18 as set out in the report) still being considered at national level. A decision on which ten of the bids would be supported was now expected in late October 2013.

Resolved -

(1) That the Pioneer Bid be noted;

(2) That a further report on the integration agenda be submitted to the Board in due course.

23. NHS "A CALL TO ACTION"

Cathy Winfield submitted a report on the NHS England's "A Call to Action" programme of engagement about the future of health and social care provision in England and the roles of CCGs and HWB Boards in the programme.

The report stated that, in July 2013, NHS England had published "A Call to Action", which set out the challenges facing the NHS, including more people living longer with more complex conditions, increasing costs whilst funding remained flat and rising expectations of the quality of care. The document said that the NHS had to change to meet these demands and make the most of new medicines and technology and that

it would not contemplate reducing or charging for core services. Copies of the "A Call to Action" document were circulated at the meeting.

Following the launch of the Call to Action document, CCGs were to hold a period of engagement in their local communities to enable them to have an open and honest conversation about the challenges ahead, to help them to develop five year strategies and two year commissioning plans, as part of the yearly NHS planning process which ran from the Autumn through to plans being signed off at the end of March 2014.

NHS England had produced a slide pack outlining the roles of different partners and the slides relating to the roles of CCGs and HWB Boards were attached at Appendix A to the report.

The suggested roles for HWB Boards were:

- Understanding the specific communities to engage
- Agreeing how integrated budgets would contribute towards strategic plans
- Ensuring community needs and requirements were covered in the plan development at a local health economy level
- Taking the opportunity to work in partnership with CCGs to be an integral part of the Call to Action and planning process.

Resolved - That the report be noted.

24. WINTERBOURNE VIEW STOCK TAKE AND BRIEFING

Brigid Day submitted a report on a stocktake of progress against key commitments related to the Department of Health report "Transforming Care; A National Response to Winterbourne View", published in December 2012, which addressed the failings which had led to abuse of people with learning disabilities in a hospital setting at Winterbourne View.

The report gave details of joint work which had been carried out across Berkshire to ensure that the Winterbourne View report recommendations had been actioned, gave details of the situations of the eight affected people in Reading (as well as a further eight with similar needs but living in residential care), and had attached a Local Government Association stocktake, which had been submitted on 5 July 2013 separately by each of the six Berkshire unitary authorities, together with a pan-Berkshire response, which had been incorporated into the Reading submission. It stated that locally all the actions required had been delivered, and gave details of planned future work, including a Berkshire-wide commissioning initiative for provision for people with challenging behaviour, intended to develop better procurement of this specialist area.

Resolved -

(1) That the report and the attached LGA/NHS stocktake document and Reading's actions to date be noted;

(2) That a further update report on progress be submitted to the 21 March 2014 meeting.

25. DELIVERY OF DENTAL PUBLIC HEALTH FUNCTION IN THAMES VALLEY FROM 1 APRIL 2013

Paul Batchelor gave a presentation on the delivery of the Dental Public Health function in the Thames Valley, which had transferred on 1 April 2013 from the Primary Care Trusts (PCTs) to Public Health England (PHE). Copies of the presentation slides were included in the agenda.

The dental public health functions included:

- Public Health
    - health needs assessment: JSNA, epidemiology
    - advice on oral health promotion
- Health Promotion
    - safety of dental patients
    - assurance processes support for specific incidents
- Health Improvement
    - oral health improvement strategy
- Healthcare Services
    - clinical governance and professional standards

Paul explained that, while the PCTs had previously been responsible for managing dental public health services locally, the contracts were now held by PHE as a central function, with more standardised operating procedures. The PCTs had also been responsible for general health functions, and so this had allowed integrated functions to be undertaken. Since 1 April 2013, the NHS England Area Team, Local Authorities, the CCGs and PHE had been working with a shadow dental Local Professional Network, to see how best to work together on dental health issues to avoid fragmentation. The Chair of the Network was due to be appointed on 15 October 2013.

The determinants of disease or health were based on factors such as where people lived, their socio-economic circumstances etc, which were outside health services, so PHE had adopted a common risk approach, focusing on health promotion activity. There were many factors which affected health and were interconnected, for example diet could have an effect on obesity, cancers, heart disease and dental caries. Other partners had a role to play in service interventions with patients, looking at where uptake was occurring and promoting health issues to patients, but there were challenges working across different sectors and encouraging people to make the right choices which affected their health, including dental health. For example, as dental health services had a cost, some patients were seeking advice from primary care for oral problems inappropriately, or perhaps delaying getting needed new dentures because of their cost.

Paul referred to the Tooth Bus project, which worked within communities in Reading to increase access to NHS dentistry, but noted that this was a 'one-off hit'-type project, and they were keen for patients to build relationships with dental practices and have continuity of care. The Brushing for Life children's dental health initiative in Reading had been encouraging healthy dental habits in children, and Asmat Nisa reported that the Public Health team had been providing Brushing for Life packs for Children's Centres.

The meeting noted that there were links between deprivation and health, including dental health, and that, as the Council was currently considering its Anti-Poverty

Strategy and would be holding an event on 19 November 2013 on Tackling Poverty, it would be important for health needs to be considered in the planning of the event.

Resolved -

(1) That the position be noted and Paul Batchelor be thanked for his presentation;

(2) That Lise Llewellyn and Asmat Nisa work with the Lead Councillor for Health and appropriate officers on what involvement there should be from members of the Health & Wellbeing Board in the Tackling Poverty event on 19 November 2013.

26. SCREENING AND IMMUNISATION PROGRAMME UPDATE

Lise Llewellyn submitted a report by the Screening and Immunisation Manager (Thames Valley), NHS England, giving an update on the targets and performance of the following programmes in Reading:

- Childhood immunisation in the under 5s
- Cervical cancer screening (women aged 25 to 64)
- Breast cancer screening (women aged 50 to 70)
- Bowel cancer screening (individuals aged 60 to 74)
- Abdominal Aortic Aneurysm (AAA) screening (men in the year of their 65th birthday)

It also summarised some of the initiatives under way to improve uptake of screening and immunisation.

The report concluded that, whilst not yet achieving its 95% target, immunisation coverage in children under 5 years old had continued to improve, and the AAA screening programme which had started in 2013 had had a slow start in Reading, but the provider had given assurance that all eligible men would be offered screening by March 2014.

With regard to cancer screening, the report stated that there were challenges with meeting coverage targets in parts of Reading, and bowel cancer screening had been identified as a priority for action as uptake was particularly low. Practice-based initiatives were in place, but opportunities to work with council colleagues to increase knowledge and awareness of cancer screening in the community would be welcomed.

The meeting discussed the report and the points made included:

- The initial step of uptake in bowel cancer screening was difficult to persuade people to take. Letters from individual GPs could have more influence than generic NHS letters, but there was a tendency towards diffidence and letters could be made more persuasive.

- It would be useful to look at the different profiles of cancer for targeting purposes. For example, whilst the incidence of some cancers could be linked to deprivation, the incidence of bowel cancer was more likely to be related to age and consumption of red meat.

- There was a need to target particular groups, for example there could be low uptake in certain areas due to patients being in difficult-to-reach ethnic communities, or due to high turnover of patients.

- The data related to registered patients, and the majority of the population was registered, but there was information available on where there were higher proportions of unregistered patients, and this could include travellers, homeless people and itinerant groups.

- There was a need to think imaginatively about how to improve and maintain uptake of immunisation and screening. Suggestions for possible creative ways to do this included:

    - Working with the Alliance for Cohesion and Racial Equality to come up with ways of targeting ethnic communities.

    - Making more use of the Children's Centres. For example, a speech therapist attended "Two Year Old Birthday Party" events to screen the children for speech problems, and a similar approach could be used for health screening at appropriate ages.

    - A model had been used for benefit take-up campaigns to target hard-to-reach groups, using "Beer, Hair and Prayer" - targeting people through pubs, hair salons and faith networks, and this model could be shared.

    - Sharing information across organisations about potential events which could be used for targeting.

- It was suggested that a joint Task & Finish Group should be set up to look at possible opportunities to improve uptake of screening and immunisation.

Resolved -

(1) That the report be noted;

(2) That Lise Llewellyn and Asmat Nisa liaise with appropriate people to set up a Task & Finish Group to look at ways to improve uptake of screening and immunisation, including Measles, Mumps and Rubella (MMR) (see Minute 27 below);

(3) That an update report from the Task & Finish Group be presented to the next Health & Wellbeing Board meeting.

27. MEASLES, MUMPS AND RUBELLA (MMR) IMMUNISATION UPDATE FOR BERKSHIRE

Lise Llewellyn submitted a report on the Measles, Mumps and Rubella (MMR) vaccination catch up programme and the progress that the NHS England Thames Valley Area Team was making in delivering the national target. The report had appended a report from the Area Team describing a range of national initiatives being undertaken to increase the uptake of the MMR vaccine to 95%.

The report explained that a national campaign to increase MMR uptake had been launched in response to a recent increase in the number of measles cases in England, particularly focused at the 10 to 16 year old age group, who had been most affected by adverse publicity about MMR between 1998 and 2003, resulting in fewer being fully immunised. There was a national target to immunise 95% of children with one dose of vaccine by two years and two doses by five years, and Phase 1 of the catch up campaign had a target of 95% of young people aged 10 to 16 years having received at least one dose of MMR by September 2013.

The report gave details of Phase 1 actions and outcomes in Berkshire and stated that data collected in July 2013 had indicated that the 95% coverage was unlikely to be met by September 2013 and so Phase 2 plans were being developed nationally. The report gave details of the likely elements of the Phase 2 plans.

The report stated that immunisations were commissioned by the NHS England Area Team from a range of providers, with a focus on General Practice. Public Health had been meeting with the Area Team to support the local delivery of the national work. As the impact of the catch up programmes had been limited, both nationally and locally, the second set of actions was now being planned. However, Lise stated that at this time she could not assure the Board that the national 95% MMR target for 10-16 year olds would be delivered.

The meeting discussed the report and the points made included:

- A multi-level approach was needed to improve uptake and data was needed at the appropriate level in order to be able to plan appropriate actions.

- It was proposed that the Screening & Immunisation Task & Finish Group, agreed earlier in the meeting, should also look at MMR immunisation.

- Suggestions for possible ways to improve MMR uptake included:

    - Working through as many routes as possible, including schools and higher education establishments. Some establishments required students to be up to date with their immunisations at enrolment and provided facilities for catch up. It was noted that the Council could not require schools to do anything, but could influence and persuade.

    - Using organisations which went into schools to promote health issues, such as Healthwatch and the Get Juicy organisation.

    - Talking to the Reading Youth Cabinet to come up with further ideas.

Resolved -

(1) That the report be noted;

(2) That the Task & Finish Group looking at ways to improve uptake of screening and immunisation (see Minute 26 above), also look at MMR immunisation;

(3) That Avril Wilson identify a resource to look at how to tackle the MMR uptake issue by working with schools, higher education establishments etc.

28. COMMUNITY PHARMACY HEALTH PROMOTION CAMPAIGNS

Lise Llewellyn submitted a report on Public Health work with community pharmacy to undertake health promotion work.

The report explained that community pharmacies were easily accessible and provided a convenient and less formal environment for those who could not or did not wish to visit other kinds of health services. Community pharmacy was commissioned under a national contract by NHS England and part of the contract required each pharmacy to undertake health promotion work in defined areas.

The report stated that four key areas had been identified for Berkshire, informed by the Joint Strategic Needs Assessments, the Health & Wellbeing Strategies and evidence from pharmacists, and had been agreed in negotiation with the Local Pharmaceutical Committee (LPC) and the Public Health team.

The four key areas, further details of which were set out in Appendix 1 to the report, were:

- Cancer screening - with a focus on bowel cancer screening
- Flu vaccination - with a focus on high risk groups
- Alcohol - working with Drink Aware
- Healthy Hearts – with a focus on NHS health checks

Each area had a lead Consultant who would work across Berkshire and be the main contact to support the LPC in each campaign. The campaigns would have defined objectives and outcomes that could be used to evaluate the approach and shape future work.

It was noted at the meeting that, in the current economic climate, some companies were encouraging their staff to come to work even when unwell, which could encourage the spread of illnesses such as colds and flu and potentially result in more people being off sick. It was suggested that companies could be encouraged to give their staff flu vaccinations, as this could make economic sense as well as preventing illness.

Resolved -

(1) That the report be noted;

(2) That Lise Llewellyn talk to the Local Enterprise Partnership about the possibility of encouraging companies to provide flu vaccinations for their staff.

29. SPECIAL EDUCATIONAL NEEDS (SEN) STRATEGY CONSULTATION

Further to Minute 4 of the last meeting, Avril Wilson reported that consultation with parents on the development of the new Special Educational Needs (SEN) Strategy had

just started, and that the draft Strategy would be circulated to members of the Board for comments. The findings of the consultation could also be circulated.

Resolved -

That Avril Wilson circulate the draft SEN Strategy to members of the Board for comments, and then the findings of the consultation.

30. HIGH ENERGY DRINKS

Asmat Nisa submitted a report on the outcome of exploratory work in relation to the sale of high energy drinks to children, as a result of a question and motion to Council.

A question had been asked at the Council meeting on 24 January 2012 about promoting the responsible sale of high energy drinks to children and a related motion had been passed at the Council meeting on 23 October 2012 calling for a report on what additional measures could be taken on this issue to be presented to the Health & Wellbeing Board (Minute 37 refers). A verbal report had been submitted to the Board on 25 January 2013 (Minute 12 refers).

The report gave an update on the situation in relation to high energy drinks, covering the following areas:

- Limited powers and control
- Wider health impacts
- Obesity
- Diabetes

The report set out how the Public Health team would take this area of work forward in line with the agreed priorities of the Reading Health & Wellbeing Strategy.

Resolved - That the report be noted.

31. WORLD MENTAL HEALTH DAY – 10 OCTOBER 2013

It was reported that the World Mental Health Day in 2013 would be on 10 October 2013, on the theme of "Mental Health and Older Adults". In Suzanne Westhead's unexpected absence due to unforeseen circumstances, the further planned verbal update was not available.

Resolved -

That information on the World Mental Health Day 2013 be circulated to members of the Board by email.

32. DATE AND TIME OF NEXT MEETING

Resolved -

That it be noted that the next meeting of the Health & Wellbeing Board would be held at 2.00pm on Friday 13 December 2013.

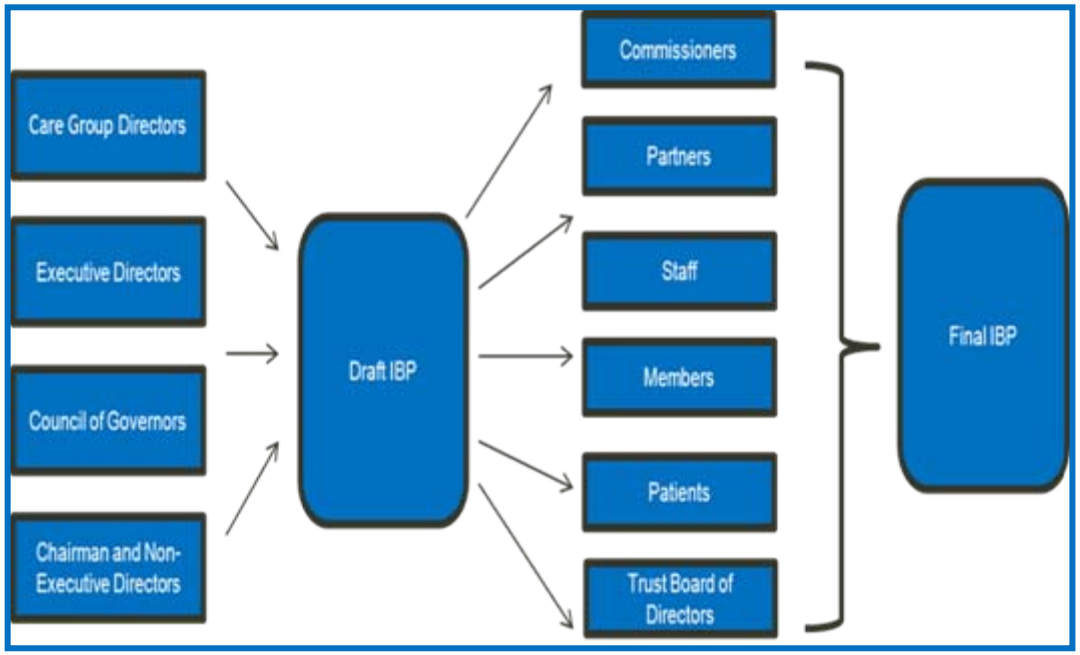
(The meeting started at 2.00pm and closed at 4.12pm)

Royal Berkshire NHS
NHS Foundation Trust

Draft Integrated Business Plan 2013 - 2018

Stakeholder engagement

Process and timeline

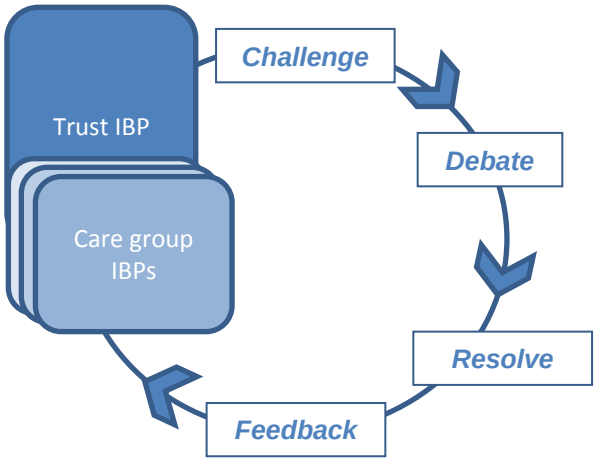


Objective

- Sets vision and direction.
- Aligns strategies with clinical services.
- Supporting strategies: workforce, finance, estates etc.
- Understand the healthcare needs of the population and plan towards meeting emerging needs.
- Predict the demand for our services and the capacity to deliver.
- Match supply and demand.
- Help us manage our resources efficiently.

Action	Date
Draft IBP (2013/14 -2017/18)	August 2013
Stakeholder engagement	August - October 2013
Development of enabling strategies	August – October 2013
IBP presented to Board	November 2013

How will we use this feedback?



Please send your feedback and views to john.taylor@royalberkshire.nhs.uk or matthew.chobbah@royalberkshire.nhs.uk.

Our distinctive features and proposition

Royal Berkshire Hospital

Emergency department
Critical care
Heart attack centre
Stroke centre
Cancer centre
Trauma unit
Bariatric Centre
Maternity
Extensive range of medical and surgical specialities
Endoscopy
Diagnostics
Berkshire-wide specialist renal dialysis & ophthalmology services

Community sites

West Berkshire Community Hospital

Outpatients, Day surgery, Endoscopy, Diagnostics (excl. MRI/CT)

Royal Berkshire Bracknell Clinic

Outpatients, Diagnostics, Cancer services, Renal dialysis

King Edward VII, Windsor

Ophthalmology service – including eye casualty and day surgery

Renal dialysis services at separate site

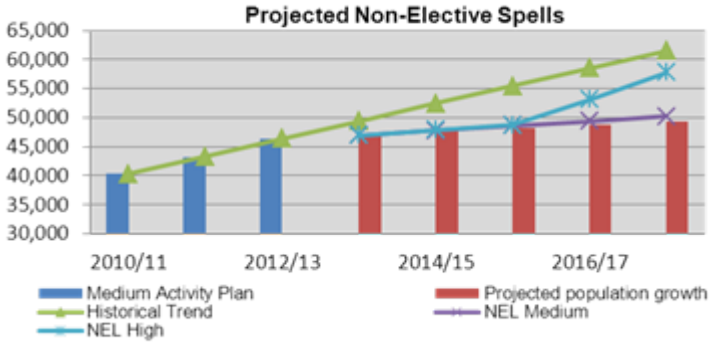
Townlands Community Hospital

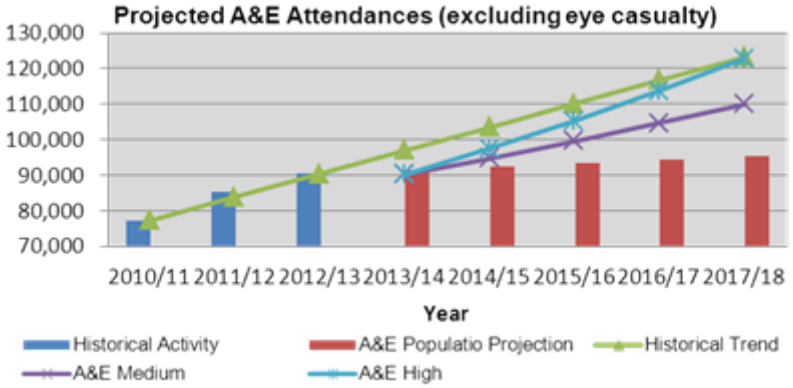
Outpatients

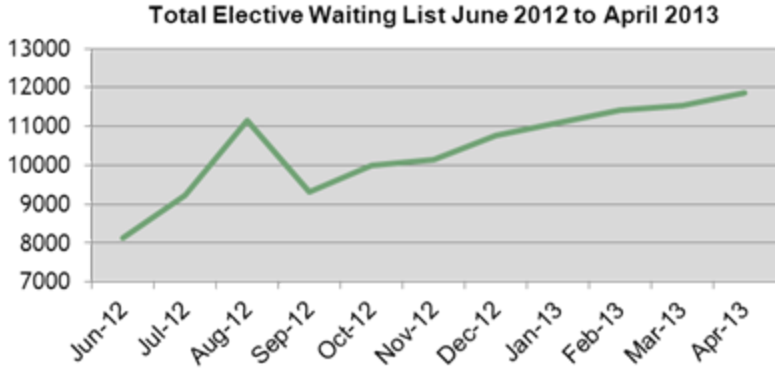
RBFT: Key facts (Financial Year 2012/13)
• £333m turnover
• 4500 WTE staff
• 10 locations of care (5 main sites)
• 704 inpatient beds
• 166 day beds
• 21 operating theatres
• 163,000 new outpatient appointments
• 101,000 A&E attendances
• 46,000 emergency admissions
• 8,150 elective admissions
• 32,350 day cases.

Quality care
• SHMI and HSMR “as expected”
• In-house survey patient recommendation rate - 96% • 4.5 star rating on NHS Choices website
• Staff survey – in top 20%
• CQC – no formal actions (9 visits in last 2 years)
• Achieved +95% VTE risk assessments
• Pressures ulcers reducing
• Reducing rescheduled appointments
• Elderly Care wards more ‘dementia-friendly’ and 1000 staff already trained in dementia awareness

Keeping people well and out of hospital







	Medium growth over 5 years	High growth over 5 years
A&E	20%	33%
Outpatients	11%	17%
Day cases	26%	28%
Non Elective	10%	26%
Elective	5%	8%
Direct Access	4%	4%

Impact of mid-case forecast activity on capacity

- Trust already delivering circa £18m savings to CCGs through admissions prevention services and further £5m benefit in 2013/14
- 125 additional beds needed across healthcare economy, based on medium growth and 87% occupancy.
- 12% growth in outpatient slots
- Innovative approaches needed to manage demand

Demand management initiatives in place and delivering savings	Benefit
Frail elderly admission avoidance 240 – 360 p.c.m. (per annum savings over 18 mths)	£7.7-11.6m
Excess bed days (per annum savings over last 2 years)	£1.1m
New to follow up ratio (reduction in 0.79 FU over 3 years – average)	c.£6m

Strategic investments

RBBC (Bracknell)

- Royal Berkshire Bracknell Health space: real ‘choice’ for patients and GPs.
- £28m state-of-the-art renal and cancer clinics.
- Urgent Care Centre and development of ‘one stop’ OP clinics.
- Providing specialist care closer to home.
- Secure long-term future

EPR

- Assurance of data integrity and patient safety.
- Costs 1% of income (industry standard 4%).
- IM & T strategy: digital records and digital ways of working

Estates

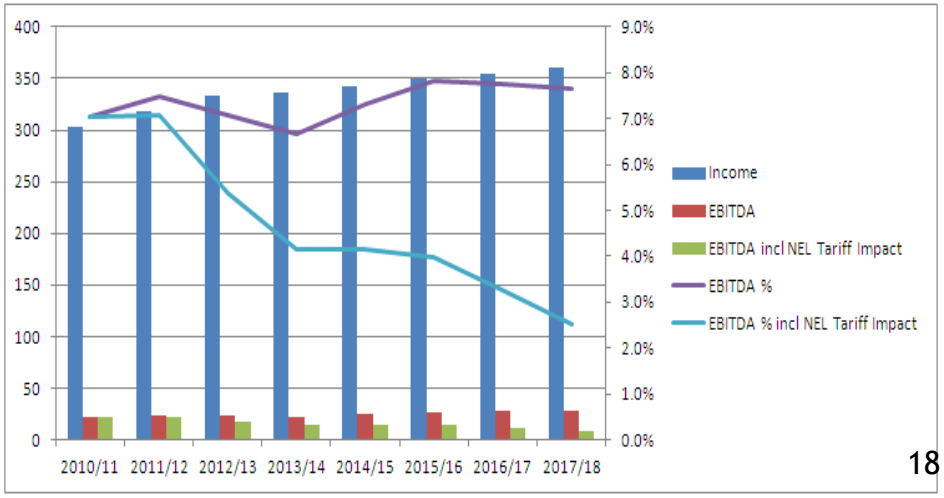
- Challenge of ageing estates and backlog maintenance costs
- Strategic development options.
- “Make best use” strategy.
- Support clinical strategy.
- £100m over 10 years.

Financial Projections

Activity-based financial model – top down

£m	2013/14 (Budget)	2017/18 (Medium growth scenario)	2017/18 (High growth scenario)	2017/18 (Limited growth scenario)
Income	336.4	**359.8**	380.9	331.4
EBITDA	22.4	**27.5**	29.2	20.8
EBITDA Margin %	6.7%	**7.6%**	7.7%	6.3%
Surplus	0.5	**4.8**	6.5	(1.9)
Surplus Margin %	0.1%	**1.3%**	1.7%	-0.6%
Closing Cash	20.1	**22.5**	27.0	8.8

Income and EBITDA Trends (including Emergency Readmission and NEL Tariff Impact)



Impact of medium growth scenario over 5 years:

- £23.4m income growth which includes NEL and readmissions investment.
- Cost savings of £47m.
- 1.3% surplus margin or £4.8m.
- Funds c. £14m capital programme per annum.
- Further cost savings versus safe care.
- CCG ability to fund and alternatives.

QIPP

- Driven by Quality of Care
- £49m over the past 3 years.
- Achieve top decile efficiency.
- Top 7QIPP schemes :

1. Pathology service.
2. Length of stay.
3. Review of outpatients, theatres and endoscopy.
4. Procurement.
5. Pharmacy and drug spend.
6. Shared services.
7. Integration.

Clinical Care Groups: our operating model is clinically led and puts the patient at the centre of everything we do

Networked Care

Includes a wide range of clinical specialities connected by the core patient group – those with long term conditions (LTCs) and the frail elderly.

Specialties	Key priorities
Dermatology; Diabetes and Endocrinology; Haematology; Renal; Audiology; Sexual Health Elderly Care; Neurology; Neurorehabilitation; Pain Management; Therapies; Rheumatology; Palliative Care; Pathology; Pharmacy; Orthotics	• Further development of integrated services • Care closer to home • Integrated frail elderly care • Pathology services

Planned Care

Planned Care is the core elective part of the Trust's business. The care group provides high quality seamless care for patients which can be planned in advance

Specialties	Key priorities
Anaesthetics; ENT; Gastroenterology; General surgery; Gynaecology; Oncology; Ophthalmology; Oral surgery; Orthopaedics; Plastic surgery Radiotherapy; Urology	• Surgical High Dependency Unit • Centre of excellence • Dedicated elective orthopaedic centre • Dedicated beds: estates 'zoning' strategy • One-stop outpatient appointments with short waiting times • Integrated eye service

Urgent Care

To provide urgent care that is of high quality, safe, reliable and productive with excellent health outcomes delivered together with our local partners

Specialties	Key priorities
Maternity; Neonatology; Paediatrics; Community Paediatrics; Emergency Department (ED); Intensive Care; Radiology Clinical Decisions Unit; Respiratory Medicine; Cardiology; Stroke; Trauma; Emergency Surgery	• Development of urgent care floor • 24/7 specialist services • Maternity HDU • Admission avoidance • Equipment renewal • Hyperacute centre for cardiology and stroke

Workforce

Promoting safety & quality

RBFT Benchmarked Per Capita Resource Allocation Indicators

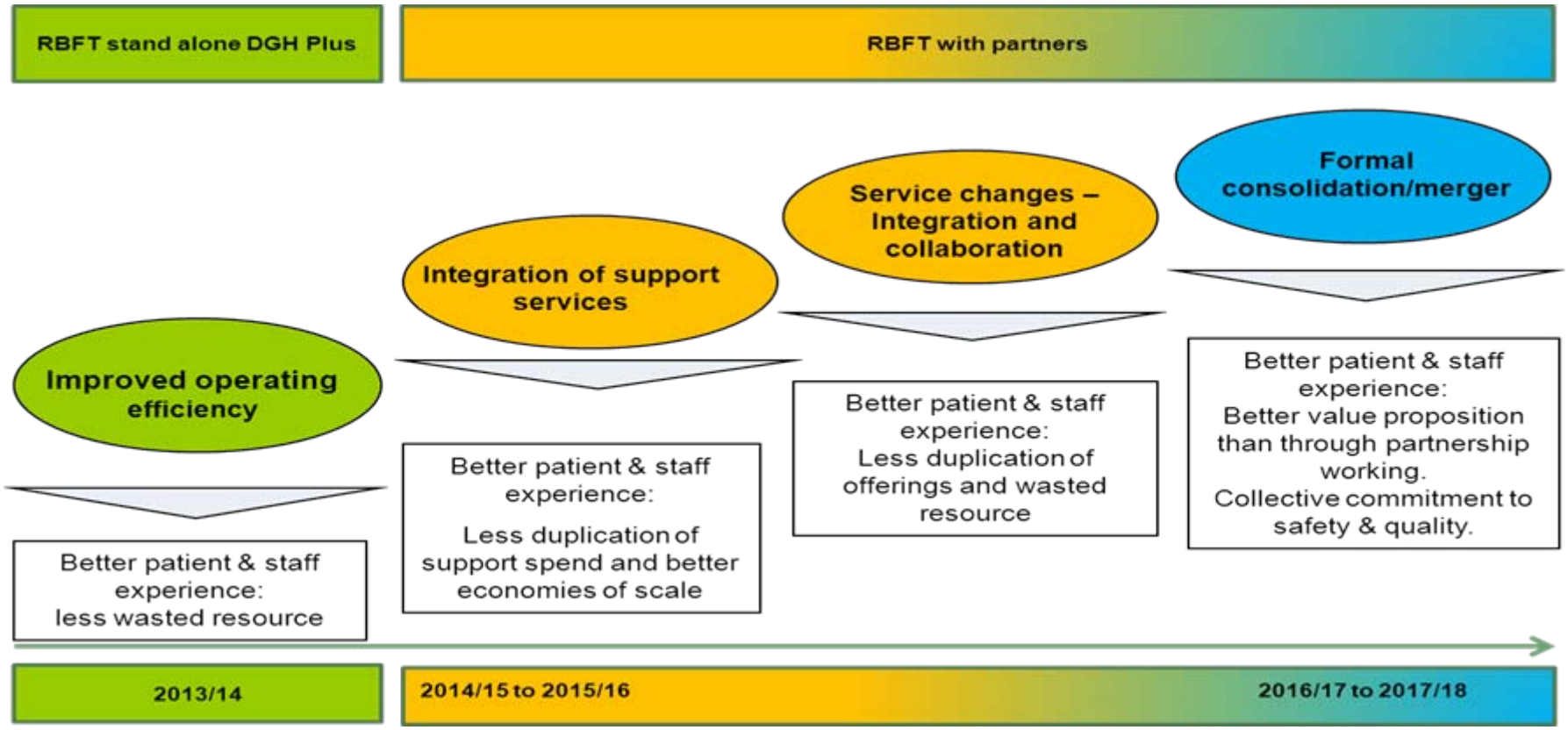
Resources	Highest per capita resource from HSJ1	Lowest per capita resource from HSJ1	RBFT
SHMI	95.3	101.8	105.00[2]
HSMR	93.3	100.1	99.67[2]
Cleaning staff	25.5	21.3	21.53[3]
Doctors (All grades)	78.4	64.4	66.11[3]
Consultants	26.1	23.5	26.65[3]
Nurses	160.4	136.8	168.00
Per capita allocation	£1,600	£1,213	£999[4]
Percentage of population aged 65 plus	14.0%	16.6%	13%[5]

1 HSJ Dr Foster Intelligence, Inside Your Hospital: Dr Foster Good Hospital Guide 2010-2011; Eastern Region Public Health Observatory, Acute hospital catchment populations 2009; DH 2007-08 PCT recurrent revenue allocations exposition book; Information Centre for Health and Social Care Information, Monthly NHS Hospital and Community Health Service (HCHS) Workforce Statistics in England - Quarterly supplemental information, October 2010; and the NHS Staff Survey 2010, Detailed Spreadsheets.
2. Dr Foster's HSMR Intelligence Reports
3 RBFT 2012/13 Electronic Staff Records
4 DH 2007-08 PCT recurrent revenue allocations exposition book
5 Office of National Statistics 2011 Mid Year estimates

Increased activity will be delivered through service redesign, job planning and skill mix reviews

- Staff matched to demand profiles.
- 7 day working.
- Highly experienced workforce.
- Recruit staff who are committed to delivering high quality patient care and patient safety: recruit for 'attitude': train for 'skills'.
- The Trust is committed to Equality and Diversity in our service provision.
- Improve our top quartile staff feedback rates.
- Build upon our 'Care Group' approach.

Strategic options



The Trust has reviewed its options for the future as a viable and sustainable service provider. The following alternatives were considered in the context of the general economic environment and the Trust's financial challenges:

- DGH plus
- DGH plus and integrate with community health and social care services
- DGH plus and working in partnership with other providers through clinical networks
- Stand alone (as a DGH plus) and providing integrated services with partners across the wider acute and primary care community
- Full merger

Summary of our strategic challenges & options

Where we are:

The Royal Berkshire NHS FT
- large DGH Plus.
- serves Berkshire and S.E. Oxfordshire.
- impact of emergency pressures.

Care group service model
- patient-centred clinical operating model
- organised around patient needs: Networked; Urgent; and Planned.

Our infrastructure
- ageing infrastructure.
- high maintenance costs
- good quality community facilities

Financial position
- gap between activity and funding
- high costs of historic investments.
- savings of £49m in last three years.

The key challenges ahead:

Safe, high quality care for all

Managing forecast demand increases together

Safe and modern infrastructure to meet demand

Financial stability

Our strategic options:

By 2017/18
- integrated and networked DGH Plus
- top decile performer for quality

Activity and capacity plan
- capacity to match growth
- additional 125 beds needed in healthcare economy

Infrastructure
- range of options considered
- best use of community facilities

Our financial plan
- based on medium case scenario.
- low growth scenario will lead to deficits
- funding must match activity

Key Questions

- What are the key challenges that you believe we face?
- What range of clinical services do you imagine the RBFT providing; who to; and where?
- What are your views about the levels of demand that we have modelled?
- Can we work better together to deliver high quality acute care that is affordable?
- What are your early thoughts on the potential strategic options that we have outlined?
- How can we work better together to address the challenges faced by local NHS partners?

Please send your feedback and views to john.taylor@royalberkshire.nhs.uk or matthew.chobbah@royalberkshire.nhs.uk.

Engagement: key feedback messages

- Consensus on need for integrated approach to demand management
- Need for social marketing and patient education to encourage lifestyle changes, self managed care and appropriate access to acute care services
- RBFT needs to take leadership role in influencing integrated approach to demand management
- IT infrastructure and networks require improvement to facilitate effective clinical information sharing /bringing care closer to the homes of patients and the integration agenda.
- Need for investment in medical equipment and hand held IT systems for frontline care
- Develop approaches to improve staff retention
- Shift the focus from achieving “savings” to “waste reduction and quality improvement”. The use of the words “savings” and “ cuts” undermine staff morale
- Quality of care (particularly the patient experience) and support services, such as portering and catering need to be more clearly articulated in IBP.
- Car parking difficulties and longer waiting lists are major issues that affect patient’s choice of RBH and these need to be resolved
- Patient needs do not often fit neatly into the care group model therefore the Care Groups need to work together to in the planning and delivery of care
- Care group model appears to reinforce silo working
- Patients frequently receive appointment letters too close to the date or late
- The North Block has iconic status and represents the history of RBH. It should be retained, refurbished for other uses such as , intermediate care, step down care facility, offices, staff accommodation, conference centre or hotel

Engagement: key feedback messages

- Use RBBC for private healthcare to increase revenue.
- RBBC needs an occupational health service and a low risk birthing unit could be established there
- Patients should be made to understand that they can complain about services and will not suffer any retribution
- The Trust should get GP practices to “enthusiastically support frail older people” so that they can continue to live at home independently and in good health
- Members support the option of the Trust staying as a stand alone organisation but integrating services with other providers. “An outright merger of two or more organisations does not do any good”
- Staff could do something “exciting and innovative” to raise funds to refurbish the North Block. The Trust should seek the views of the public on the future of the North Block
- We have a significant population who are not registered with any GP and who just turn up at the A&E
- Some people attend A&E just for the simple reason that they know they will be seen, investigated and treated within 4 hours
- We need 24 hour services of Therapist (Physios and OTs) to help reduce pressure on A&E.
- Rename A&E “Emergency Department
- There are other actions that could be taken to reduce maternity activity:
  a. Development of maternity HDU
  b. Push the development of home births
  c. Review of assessments and labour
  d. Bringing down elective caesarean births that have not clinical need

Engagement: key feedback messages

- Need to have recognition of the level of predicted growth and its affordability
- RBFT needs to collaborate more with the CCG to ensure that the IBP is aligned with CCG commissioning intentions
- More work needs to be done on the QIPP.
- It might be beneficial to introduce "waste champions" like there are dignity or infection control champions. They could have meetings with others and filter down ideas to save money. Maybe introducing a reward system for departments coming up with ideas.
- Need to improve the information that we give patients on discharge. Discharge information needs to explain what patients should expect and when and where they need to seek help.
- There needs to be appropriate and sensible collocation of facilities and services to enhance patient flow
- Some services from the Cancer Centre should be transferred to RBBC. The Chemotherapy Suite in RBBC is not fully utilised and could accommodate additional activity transferred from RBH.
- There is the need for a team to be established to undertake “whole systems thinking” in order to identify and remove the barriers to seamless, integrated whole systems delivery
- Care of the elderly must be one of our major services for the future and the community sites would be most crucial in their effective delivery because the service will be mostly community based
- RBFT should use its expertise to train staff in the community in order to enhance their competence and ultimately improve the quality of care that patients receive in the community
- The increasing acuity / complexity of illness of patients that are attending the hospital should also be considered together with the increase in number of attendance when we assess the demand for our services.
- Use Craven Road to provide step down care or Nursing Homes. Could be used as facilities for providing private healthcare

BERKSHIRE WEST CCGs' STRATEGIC PLANNING PROCESS

1. Introduction

1.1 This paper sets out what is known about health economy planning processes for 2014-15 and beyond. It describes the key roles envisaged for Health and Wellbeing Boards, both in assuring that CCG Commissioning Plans align with the health and Well Being Strategy, and in determining the use of the Integration Transformation Fund, a pooled budget to be established between health and social care. It sets out the scale of financial challenge facing the local health economy and seeks endorsement of the arrangements being put in place to develop a five year strategic plan across the Berkshire West health and social care economy.

2. Planning guidance

2.1 Full CCG planning guidance will be issued by the Department of Health in December along with funding allocations for the next two years. In the meantime an NHS England letter to commissioners issued on 10th October 2013 set out ten key points for CCGs to consider in their planning processes. This was followed on 17th October 2013 by a letter about the Integration Transformation Fund (ITF). A further letter followed on 4th November 2013 giving more detail on planning mechanisms, timescales and expected outpu

2.2 Based on the above documents, the following outputs are expected:

- CCG strategic plans for the next five years, developed through a dialogue with local government partners and providers, that demonstrate alignment across the health and social care economy.
- A two year detailed CCG operating plan for 2014/5 and 2015/16
- A jointly developed plan for the use of the ITF using a national template. In practice this will also form a key element of both the two and five year plans.

2.3 Exact timescales are to be confirmed but it is likely that CCGs will be required to submit draft plans to the Local Area Team by the end of January 2014. ITF plans are due to be finalised by 14th February 2014 and CCG commissioning plans by the end of March 2014. Each plan will need to be reviewed by the relevant Health and Wellbeing Board(s) prior to submission.

2.4 Two and five years plans are to be developed in collaboration with the public as part of the Call to Action programme and will focus on the following:

- Improving outcomes across seven key areas (reducing mortality from treatable conditions, improving quality of life for people with long-term conditions, reducing avoidable admissions, increasing the proportion of older people living independently following

discharge from hospital, reducing the proportion of people reporting very poor care in hospital and primary care and making progress towards eliminating avoidable deaths in hospital).

- Delivery of other priorities expected to be specified in the revised NHS Mandate including reducing premature deaths, going fully digital and implementing the recommendations of the Mid-Staffordshire and Winterbourne View reports and the Berwick review of patient safety. Continued delivery of NHS Constitution pledges.

2.5 The ITF is intended to be a key enabler to delivering large scale change at pace. The ITF is not new funding and over half of the pooled budget will be created from within CCG allocations. Whilst some existing expenditure may be deemed an appropriate use of the ITF, in order to fully establish the pooled budget and use it to drive integration the CCGs will need to deliver further savings from elsewhere in the system. The current planning assumption is that only 20% of existing commitments will be funded by the ITF.

2.6 Final guidance on the ITF will be issued in November. At this stage it is expected that for 2014/15 the existing funding transfer from health to social care will be increased from £900m to £1.1bn. Transfers will be made under the same conditions as in 2013/14. For 2015/16 a total fund of £3.8bn will be created. It is anticipated that this will be administered as a pooled budget under Section 75 of the NHS Act (2006). The ITF sets a minimum value for this budget and it is expected that some economies will choose to pool further resources. To stagger the increase in ITF funding between the two years, CCGs may also now be required to establish a transitional budget in 2014/15 representing 1% of their allocations.

2.7 At least 50% of the ITF is expected to be released incrementally based on performance. Agreement of an ITF plan which meets a number of national conditions around joint planning, 7-day provision, data sharing and shared care planning with a defined accountable professional is likely to be an early performance indicator. The guidance also emphasises the need to liaise with providers from the outset to quantify the impact of the plan on the acute sector and to manage the transition to new service models.

3. The role of Health and Wellbeing Boards

3.1 Statutory responsibilities to consider the degree of alignment between CCGs' commissioning plans and the local Joint Health and Wellbeing Strategy remain unchanged.

3.2 The intention is however that Health and Wellbeing Boards should play a much more fundamental and proactive role in the joint development of consistent plans by each of the local statutory organisations, working to ensure that these are aligned and reflect a shared vision of the direction of travel for the local health and social care economy. As such, Health and Wellbeing Boards will be responsible for signing off the ITF plan, assuring themselves that the national conditions have been met and there is a shared understanding across the health and social care economy of the ambitions for the fund, performance goals and payment mechanisms. Boards will need to ensure that governance arrangements allow for

decisions made about the fund to be transparent and evidence-based and that risks are identified and addressed.

4. The local picture

4.1 Annex 1 models the financial forecast across the four CCGs in Berkshire West over the next 5 years. To remain in balance, CCGs will need to make a total of £56m of recurrent savings over this period, a much higher rate of saving than has been required in recent years. These figures include provision for the ITF which will amount to £13.7m across Berkshire West in 2015/16.

4.2 The national emphasis on integration is reflected in the Berkshire West CCGs' current strategic thinking which focuses on joining up different types of health and social care services to provide more co-ordinated care, taking a more proactive and preventative approach to keep patients at home wherever possible and improve health outcomes. Part of this strategy will be the development of primary care to improve access and provide more robust proactive management of older people. Patients will be supported to become more involved in their care and reliance on the acute sector will be reduced. The CCGs are already working to deliver this vision with the other local statutory organisations as part of the 'Berkshire West 10'. Alongside pathway redesign, new contracting and pricing approaches are being explored with a view to better incentivising efficient provision and influencing the provider market to respond to the very different service models that are emerging.

4.3 The four CCGs are currently working together and with partners through the Care Programme Boards to develop the detailed operational plans for the next two years. Each CCG will produce its own plan setting out how it will utilise its financial allocation to improve health outcomes and deliver financially sustainable services.

4.4 The CCGs ran three public Call To Action events in Newbury, Reading and Wokingham during November to which Health and Well Being Boards were invited. The feedback is being collated but there was strong support for care closer to home, the integration of health and social care services and more emphasis on the prevention of ill health. This new model of working will contribute to financially sustainable services in health and social care.

4.5 A system-wide workshop on the ITF has been arranged for 6th December 2013. This will consider principles around the use of the ITF and arrangements for implementation.

4.6 As previously stated, national guidance suggests that five year strategic plans should be produced on a larger scale to reflect patient flows and provider configuration and to support the delivery of whole system transformation. The Berkshire West Partnership Board discussed this issue on 17th October 2013 and recommended that the appropriate unit for strategic planning should be Berkshire West. This reflects the fact that much of our planning is done by the four CCGs working together in Programme Boards with the three unitary authorities, we have common patient flows to largely the same providers, the Berkshire West geography provides the right scale for significant change in the way services are delivered and our integration programme is already operating at Berkshire West level, with

the four CCGs and three local authorities committed to working together as health and social care commissioners.

5. Recommendations

5.1 The Board is asked to note the planning requirements outlined, the timescales and the progress made to date.

5.2 Members' attention is also drawn to the role of Health and Wellbeing Boards in agreeing a plan for the use of the ITF. This plan should encapsulate a shared vision for health and care services which should also be articulated in each organisation's own plans, including the two and five year plans CCG plans which will be brought to subsequent Health and Wellbeing Board meetings for review.

5.3 The Board is asked to endorse the Berkshire West Partnership Board's recommendation that the planning unit for CCGs' five year strategic plans should be Berkshire West.

CW 18.11.13

NHS
Newbury and District
Clinical Commissioning Group

NHS
North and West Reading
Clinical Commissioning Group

5 Year Financial Model 2014/15-18/19

NHS
South Reading
Clinical Commissioning Group

NHS
Wokingham
Clinical Commissioning Group

Current Plan - Allocations

£'000	2014/15'	2015/16'	2016/17'	2017/18'	2018/19'
Recurrent base	-486,414	-495,010	-499,998	-504,998	-510,048
Recurrent growth	-7,296	-6,188	-5,000	-5,050	-5,100
Recurrent change	-1,300	1,200	0	0	0
Non Recurrent	-11,013	-7,437	-5,012	-5,050	-5,100
Total Allocation	**-506,023**	**-507,435**	**-510,010**	**-515,098**	**-520,249**

Current Plan Costs

£'000	2014/15'	2015/16'	2016/17'	2017/18'	2018/19'
Baseline	496,921	501,085	502,423	504,961	509,998
PbR deflator	-6,245	-5,726	-5,125	-4,946	-4,800
Prescribing inflation	2,365	2,460	2,558	2,661	2,767
CHC inflation	438	447	456	465	474
Other inflation	76	103	405	412	419
Investments	7,200	8,000	11,500	11,500	11,500
ITF	1,300	15,036	0	0	0
ITF - offset	0	-3,007	0	0	0
Growth in demand	6,381	6,199	4,791	4,579	4,413
Total (pre – reserves and QIPP)	**508,437**	**524,596**	**517,008**	**519,632**	**524,772**
Reserve changes					
2% Non recurrent	-2,364	-2,334	50	50	51
Call to action	4,817	-4,817	0	0	0
Total reserve change	**2,453**	**-7,151**	**50**	**50**	**51**
QIPP	**-9,804**	**-15,022**	**-12,098**	**-9,685**	**-9,725**
Total Costs	**501,085**	**502,423**	**504,960**	**509,997**	**515,098**
Surplus	-4,938	-5,012	-5,049	-5,100	-5,151

Current Plan QIPP gap by CCG

£'000	2014/15'	2015/16'	2016/17'	2017/18'	2018/19'	Total
Newbury	-2,059	-3,461	-2,787	-2,231	-2,241	-12,779
N &W Reading	-2,276	-3,365	-2,710	-2,169	-2,178	-12,699
S Reading	-1,781	-3,862	-3,110	-2,490	-2,500	-13,743
Wokingham	-3,688	-4,334	-3,490	-2,794	-2,806	-17,112
	-9,804	**-15,022**	**-12,098**	**-9,685**	**-9,725**	**-56,334**

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF EDUCATION, ADULT & CHILDREN'S SERVICES

TO:	**ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE/HEALTH & WELLBEING BOARD**		
DATE:	**7 NOVEMBER/13 DECEBMER 2013**	**AGENDA ITEM:**	**8**
TITLE:	**CARE BILL**		
LEAD COUNCILLOR:	**COUNCILLOR EDEN COUNCILLOR GAVIN COUNCILLOR HOSKIN**	**PORTFOLIO:**	**ADULT SOCIAL CARE**
SERVICE:	**ADULT CARE**	**WARDS:**	**BOROUGH WIDE**
LEAD OFFICER:	**AVRIL WILSON**	**TEL:**	**0118 937 2094 (EXT 72094)**
JOB TITLE:	**DIRECTOR**	**E-MAIL:**	**Avril.wilson@reading.gov.uk**

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This report describes the main impact of the White Paper, Caring for our Future, and the draft Care & Support Bill, both published in July 2012; and of the policy statement on Care and Support Funding Reform, presented to Parliament on 11 February 2013. The Bill is now entering its final parliamentary stages. The report sets out the implications for Reading based on empirical data and modelling where possible.

2. RECOMMENDED ACTION

2.1 Committee notes the implications of the Bill.

2.2 Committee agrees to the establishment of a senior officer Board, reporting to both ACE and the Health and Wellbeing Board (the terms of reference being appended at A).

2.3 Committee notes the financial risks to the Council and requests that these are modelled as soon as possible.

2.4 Committee endorses the principle of closer integrated working with health partners based on a vision of person centred care and support delivered at neighbourhood level, and utilising the skills and capacity within local communities.

2.5 Committee endorses the new duties placed on local Councils in respect of carers.

2.6 Committee notes the need to refresh the communications strategy to enable residents to understand what is on offer at local level.

3. POLICY CONTEXT

3.1 The current law governing Adult Social Care has evolved over a long period. This has led to a large number of separate statutes, regulations and guidance. Since the National Assistance Act, 1948 which is still the basis of Adult Social Care legislation, society and the way that Adult Social Care supports people has changed.

3.2 In 2011 important recommendations were made for the reform of Adult Social Care from the Law Commission and the Commission on the Funding of Care and Support, chaired by Andrew Dilnot. The Bill draws on these recommendations and sets out how the Government intends to reform Adult Social Care by:

- creating a consistent and streamlined legal framework that is clear and easy to navigate;
- bringing the law up to date to reflect a focus on the outcomes that people want rather than their disabilities, and put the individual in control of their life; and
- addressing areas of unfairness.

3.3. The majority of the changes are set to take place in April 2015, with the reform of funding to take effect from April 2016. The main areas of change within the Bill are set out below with an indication of how this will impact in Reading.

One Statute

A significant change is that the Bill is designed to be the one underpinning piece of legislation in relation to Adult Social Care, rather than the approximate previous 30 Acts.

General Responsibilities

The first part of the Bill is dedicated to the general responsibilities that local authorities have towards all of their residents.

Promoting individual wellbeing – The Bill creates a new statutory principle that aims to make wellbeing the driving force behind care and support. Wellbeing is described in terms of the most important outcomes for people who use care and support and support for carers. It intends to establish what the Law Commission called 'a single unifying purpose around which adult social care is organised'. Despite being defined within the Bill this is likely to be an area open to interpretation.

In Reading - This is entirely consistent with the ethos of the Adult Social Care Directorate and the direction of the council, and we will be well placed to fulfil this duty. The early work of the Health and Wellbeing Board as well as the maturing partnerships, particularly between Adult Social Care, Children's Social Care and Health provide a firm platform for this.

Prevention - This requires local authorities to take action to prevent, reduce or delay the need for care and support. This applies to the whole local population and carers, as well as people who use services. It is not just about what the local authority does itself but also how it works with other organisations and helps people to use the resources and skills that they already have. There is likely to be further regulations to define this requirement and potentially allow for charging for these services.

In Reading - we are a long way to meeting this requirement already and have made good progress in promoting access to and funding preventative services. One implication of the new wellbeing duty may be a greater focus on prevention when considering grants made to voluntary organisations. Much of the work has involved partnerships and improving information access. Examples include:

- promoting Telecare
- work of the Reablement Team
- support for carers
- clustering social care support around GP surgeries

Promoting Integration – The Bill places a duty on local authorities to carry out their functions in a way that is 'integrated' with NHS and other health-related services. Integration means working together to improve services for people across organisations, not necessarily organisations joining together structurally and the way in which this may happen is not prescribed.

In Reading - We are working closely with our partners to generate better outcomes. Examples include:

- working with the acute trusts to improve discharge rates
- joint commissioning of mental health services (with Clinical Commissioning Group partners)
- plans to develop a virtual ward (enabling care and support to be delivered in an individual's home)

Providing Information and Advice – The provision of good quality information and advice is a key plank of the reforms and will contribute to their success. People need to know how to access support across their community and across organisations, in order to be able to maximise their independence and reduce the need for more intensive services. This is even more important in light of the new funding regime that will bring in far more self-funders to the system than previously. An additional requirement to provide information on how to access independent financial advice is included in the Bill.

In Reading – We currently have a substantial variety of information and advice on offer to people. We have published a range of leaflets providing information on how to access and pay for services, and a dedicated Resource Directory. Our information Strategy will be refreshed to include the requirements of the Bill and will be linked to the development of a Self Funder Strategy which is scheduled to be debated by ACE in March 2014. Signposting to enable access to independent financial advice will need to be further developed.

Promoting the quality and diversity of local services – Local authorities will have a duty to ensure that there is a range of high quality providers in all areas that can meet the needs of residents and allow them choice.

In Reading – Our commissioning function takes a lead strategic role in managing the market, working closely with providers across public, private and voluntary sectors. The work is based on evidence of current and future need compared with current provision. Involving people who use services in the commissioning process is fundamental and allows us to ensure quality and choice in the services in the area. This also supports the Council's corporate strategy of 'Lets Talk'. Examples of this include the work undertaken by HealthWatch on the quality of home care services.

A new quality assurance framework is being developed across both Children's and Adults Services (arising out of the recent and positive OFSTED inspection. This will support a drive to improve the quality of services available locally.

Assessment and Eligibility, Meeting Needs and Support Planning

The Bill describes a single duty to assess people who may need services. For the first time this duty is expanded to carers and this provision has been widely supported by carers groups, welcoming the assessment of carers needs being put on the same legal standing as that of people who use services. Eligibility criteria will be set nationally for the first time, at a level equivalent to the current 'Substantial' level. The detail of the criteria will be in regulations currently which are being developed.

In Reading - eligibility criteria are already set at 'substantial' and it is unlikely that the Council will need to consult on any further changes although this is subject to the detail of the regulations. Workforce training and awareness will need to be developed.

The clauses of the Bill relating to meeting needs and support planning in large part pulls together existing responsibilities and clarifies who is entitled to have their care and support needs met, and how they should be met. Key areas in 'meeting need' include the right to support for carers, as well as people who have eligible needs and fund their own care, to request local authority support.

Care and support planning describes an individual's right to a support plan, Personal Budget and Direct Payment. A new duty is created to review Independent Personal Budgets for self funders. There are further new duties to provide information and advice to people not eligible for support. This aims to help people meet any needs they may have as well as providing preventative advice.

This section of the Bill also supports funding reform by requiring Independent Personal Budgets for people who wish to arrange their own care, and 'Care Accounts' for all people with eligible needs so that the care costs that they incur can be used to calculate when they meet the cap.

Funding Reform

The funding of care is currently one of the most misunderstood areas in Adult Social Care. Individuals are asked to consider and make decisions on complex issues at a time when they may be in crisis following illness, accident or loss of a loved one. Many people believe that care is free to access in much the same way as health services, and

have not planned for what can be very high care costs over their lifetime. The way that contributions to the costs of care are calculated is also widely considered to be unfair, penalising people of moderate wealth. This is why the Government accepted the majority of the Dilnot Commission's recommendations and these are reflected in the Care Bill.

The Government is currently developing regulations on the implementation of the funding reforms. The main elements of the reforms are highlighted below:

Cap on care costs - From April 2016 there will be a cap on the maximum amount that that people have to contribute to the cost of their care over their lifetime. This will initially be set at £72,000 for older people aged 65 and over. To count towards this maximum amount people will have to meet the eligibility criteria. In addition, the maximum figure will be calculated based on what the Council would usually expect to pay for care that meets that persons needs. People might choose more expensive care than the Council would expect to pay. In that case only the 'usual amount' will count toward the care cap, and not the full amount that they are paying.

People living in residential care will need to contribute to their 'hotel' costs – general living costs that are included in the overall cost of residential care. In April 2016 these will be approximately £12,000 per year and will not count towards the cap on care costs. People under 65 who develop care needs will have a lower cap on care costs.

People who have care needs before the age of 18 will be entitled to have all of their care funded by the local authority without the need for financial assessment.

In Reading – Compared to neighbouring councils, Reading is believed to have a lower number of self funders. However, this is an area of demographic demand that needs to be thoroughly modelled and does carry financial risk to the Council. Our early assessments of what impact this will have in Reading suggests that few people will reach the cap (based on the average time spent in residential care and the impact of the average cost of care on an individual's assets). However, we expect that a large number of people not previously in contact with Adult Social Care will approach the Council for an assessment, in order to start the calculation of their care costs towards the cap. This will enable us to give early information, advice and sign-posting helping people to make informed choices and plan for their future. It will also mean a significant rise in the number of assessments undertaken and a consequent risk to already stretched budgets.

Rise in the means test capital threshold for people in residential care – Currently people with more than £23,250 in savings or capital do not qualify for financial help with their eligible care costs. From April 2016 this threshold will rise to £118,000 for people whose capital/savings includes property and £27,000 for people whose capital/savings do not. The lower threshold of £27,000 reflects that the value of a person's home is not being considered as part of their assets.

In Reading – The rise in the capital threshold will have an impact. As well as 'new people' who may receive funding there will be some loss of income from people who currently contribute to their care costs, but will pay less under the new threshold level. Assessing the full impact of this change is complex and longer term will need to take into account the level of people's personal wealth across the Borough. The potential costs of the proposals will need to be modelled taking into account estimated

numbers of self-funders, extrapolating our knowledge of typical lengths of time in care and making assumptions about the pattern of wealth distribution among self-funders. We are liaising regionally and nationally to ensure that estimates of costs are as consistent and reliable as possible across all authorities. Nonetheless, uncertainties are likely to remain, even when all the regulations are known.

The Government states that additional costs will be fully funded but some risk remains as that depends on:

- whether the national total is correct
- whether the distribution of the national total is appropriate (Reading's costs may be above average)
- what effects there might be on the local social care market

Universal Deferred Payments Scheme – A deferred payment means that somebody can 'defer' their payment of residential care charges until after their death. This typically results in a charge being put on their property and care costs are paid to the local authority from their estate. The ability to offer deferred payments is currently a 'power' rather than a duty. The Bill would make it a requirement to offer a deferred payment option to people with particular needs and circumstances. Local authorities will also be able to charge interest and administration charges on deferred payments**.**

In Reading - we already operate a deferred payment scheme. We will need to consider the details of the new duty, including the proposed requirement to charge interest and how the Council might seek to recover ancillary costs such as Land Registry fees and legal costs.

Moving between areas

There will be a new duty to ensure continuity of care when people move between areas. This includes sharing support plans, sharing relevant information and ensuring that the person's needs are met on day one of moving to their new area. The duty is not to provide exactly the same support that a person received in their previous area, but it is to meet that person's assessed needs.

In Reading – We currently endeavour to work closely with other local authorities when we are aware that somebody with care needs is moving into the area. This new duty will help with information sharing. We will need to ensure that the appropriate procedures and processes are in place.

Safeguarding

All areas will be required to establish a Safeguarding Adults Board (SAB – members to include the local authority, NHS and Police). The Boards are required to carry out safeguarding adults reviews where somebody experiencing abuse or neglect dies or there are concerns about how the local authority acted. Boards may also require information sharing from other partners. Boards are also required to have a work plan and publish an annual report. There is a new duty to carry out enquiries (or ask others to do so) where it is suspected an adult is at risk of abuse or neglect.

In Reading – We have a Safeguarding Adults Board in place and there is good multi-agency representation. The Board produces an annual report and has a strategic work

plan. In relation to enquiries we ask that the most relevant partner organisation conducts an investigation and the Board undertakes assessment work to support the investigation. The Board already commissions Serious Case Reviews and has a Serious Case Review process. As a matter of good practice the Council also offers level1 safeguarding training to all Councillors.

Market Failure and Oversight

There is a duty placed on the local authority to ensure that the market responds in ways that are suitable to people's needs. In particular; it places a wider responsibility on the local authority to respond to provider failures – temporarily meeting people's needs if the provider supporting them has a business failure. Local authorities are already responsible for ensuring continuity of care for people whose needs they are required to meet. The Bill extends this responsibility to include people whose needs they are not already required to meet – self funders receiving home based care for example.

In Reading – We will need to develop a protocol with local providers and will have a draft market position statement for member consideration in December. This is a new duty placed on the Council and carries significant risk as we currently contract with local, regional and national providers. There will be national oversight of large providers' financial resilience, requiring them to report to the Care Quality Commission who will alert the local authority if there is a risk of failure. However, if a significant provider were to fail this would cause major issues and could only be dealt with at sub-regional or regional level. Contingency planning at the point at which it was thought that Southern Cross would collapse indicates that this will be a difficult issue for the Council to manage.

Transition from Childhood

The Bill introduces a duty to ensure continuity of care around 'transition' and provides the power for local authorities to assess young people and young carers before they are 18, to ensure that their care needs continue to be met when they become adults. This is also extended to young people not receiving Children's Services but who may need services as adults. In addition there is a duty to assess the adult carers of disabled children.

In Reading – transition planning already occurs from about the age of 14 in order to make contact with the family as a whole and work towards a smooth transition at 18 years old. One of the benefits of a joint Directorate is to make this planning a more seamless operation. Adult Social Care is also supporting Children's Services in their development of the Self Directed Support process for children with disabilities. This supports the transition to adult services and goes beyond the requirements of the Bill.

Conclusions

The Bill represents opportunities for significant improvement and change in Adult Social Care. The new legal rights accorded to carers and the streamlining of the legislation is particularly welcome. In Reading we are well placed to respond to the Bill, not least in respect of our developing partnership with health. The greatest challenge will be associated with the implementation of the new funding reforms which will bring in large numbers of 'new' people to the social care system. It should be

noted that the reforms will require significant investment of officer time during a period of organisational 'reshape'.

Although the changes will provide considerable benefits, they do not provide a solution to underlying increasing demand driven by an ageing population and the continued requirement for financial savings.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The response to the Care Bill will significantly contribute to the Council meeting its strategic aims in respect of *'promote equality, social inclusion and a safe and healthy environment for all'.*

6. COMMUNITY ENGAGEMENT AND INFORMATION

6.1 Community engagement and a clear communications strategy will be critical to the success of the implementation.

7. EQUALITY IMPACT ASSESSMENT

7.1 An equality impact assessment will be developed in respect of different work strands associated with the reform programme. At the time of writing it is anticipated that people with protected characteristics will benefit from the reforms.

8. LEGAL IMPLICATIONS

8.1 There are no specific legal implications arising in this report. Legal advice will be sought during the implementation phase of the programme.

9. FINANCIAL IMPLICATIONS

9.1 There will be significant financial implications on the local authority arising from these changes. Areas to be considered regarding additional cost/resource will include:

- Implementation costs - System (I.T.), process, training,information
- Additional assessment cost – time, staff, training
- Cost of funding the care cost cap
- Cost of funding the increase in the capital threshold

9.2 The Government has stated that local authorities will be fully funded for the changes; however, details of this are awaited. The June 2013 Spending Review it was announced that £335 million would be made available in 2015/16 for local authorities to prepare for implementation. The amount that each local authority will be allocated from this pot is awaited. An initial estimate suggests that Reading would receive about £1.3m. There is no contingency in the Medium Term Financial Plan to cover any additional costs.

9.3 The potential additional financial pressure on the authority as a result of these changes to social care are significant. Any shortfall in national funding would require the authority to re-prioritise resources from other areas, earmark additional business rate or Council Tax income or identify other measures to balance the budget.

Risks

9.4 Whilst the overall direction set out in the White Paper is positive for users and carers, with an emphasis on choice, control, prevention and planning ahead, this report identifies some potential risks for the Council in implementing its requirements. These include the resource and financial implications of providing enhanced services to carers; also to people who fund their own care; the potential start up costs associated with the deferred payments scheme; and the demand implications of social care funding changes both in terms of direct care costs and social care staffing and infrastructure costs.

9.5 A number of new statutory requirements and duties are set out in the new policy and legislative framework and there would be risk for the Council in failing to meet these new statutory requirements. These changes need to be considered in the context of key financial and demand risk factors already known concerning social care. These are demographic growth, particularly among older people and younger adults with complex disabilities; and increasing complexity of need among Adult Social Care service users. Additional new risks include the new duties to provide services to carers and to people who fund their own care.

9.6 The Council is already addressing identified risk demand factors though the development of strategies, some of which are likely to be statutory responsibilities in the future. These include close working with public health to deliver a strong focus on prevention and early intervention, such as improved information and advice, increased use of Telecare and enablement; consideration of a wider range of housing options being available through the development of Extra Care Housing which supports independent living; and the development of integrated services between the NHS and Social Care.

9.7 However, even with an increased focus on demand management, the combined impact of demographic change and the new policy and statutory requirements present a significant challenge that will require a sustained and robust Council wide response with continued engagement with key partners. This will need to involve developing suitable accommodation that ensures people remain independent; supporting carers to continue caring; encouraging people to plan in advance for their care needs; and promoting well-being and independence and community inclusion. Only such a strategic approach can mitigate the demand and financial pressures that will continue to be faced by Adult Social Care.

9.8 The significant risk to the Council will be resource led, including the opportunity costs of successful implementation. Excellent programme management and engagement with Health partners will also help to mitigate these risks.

10. BACKGROUND PAPERS

10.1 The Care Bill

HEALTH & SOCIAL CARE BOARD

Health and Social Care Board

The Programme Board is an officer and partner body set up by Reading Borough Council and is accountable to the:

- Executive Boards of the Provider Trusts
- Corporate Management Team of Reading Borough Council
- Health and Wellbeing Board
- Adults, Children's and Education Committee
- North-West and South CCGs

The Programme Board will be responsible for overseeing and monitoring a corporate and cross-agency programme to:

- promote the integration of health and social care in Reading
- deliver the reforms flowing from the Care Bill
- manage the work of the Health and Wellbeing Board,

The programme will be commissioned by the above agencies

The Programme Board will report to the above agencies on the operation and delivery of the programme, and may report to other public forums as required, including responsible Committees of the Council.

The Programme Board will take collective responsibility for decisions made relating to the strategic programme(s) for which it is responsible and accountable. Every member of the Programme Board will be directly accountable for delivery of the actions within their individual area of responsibility.

Purpose

The purpose of the Programme Board is to:

- Oversee the delivery of an integrated health and social care system within Reading
- Manage the system changes required under the Care Bill 2013/14
- Organise and support the work of the Health and Wellbeing Board

Role

The role of the Programme Board is to provide programme direction and take decisions across all of the agencies listed above, including approval of projects, products, budgets and plans within the overall Programme as agreed by those agencies to which it is accountable, and within the existing officer delegations relevant to each partner agency.

The Programme Board is a strategic planning group and is responsible for:

- optimising the opportunities of an integrated health and social care system for the citizens of Reading
- realising cashable savings through the delivery of this system
- ensuring the health and social care system responds to the challenges of the Care Bill 2013/14
- planning the work of the Health and Wellbeing Board so as to maximise its effectiveness.

Responsibilities

1. Support the bodies to which it is accountable by the successful and timely delivery of all the projects within the programme, within approved budgets.

2. Set the strategic direction and priorities for the programme across partner agencies.

3. Establish and monitor the portfolio of projects within the programme including:
   - Developing, reviewing and monitoring the programme plan
   - Receiving highlight and exception reports from each of the projects
   - Ensuring risk is managed effectively by each project and collectively, with all programme risks being reviewed and recorded on appropriate risk registers, mitigation plans put in place and arrangements made for the escalation of risks to follow relevant agency policies
   - Ensuring projects stay within the agreed programme and project brief, including - but not limited to - changes to scope, plan, benefits and budget; and reporting any major over-or under-spends to the appropriate agency
   - Reviewing end-of-stage and project closedown reports
   - Ensuring the post-evaluations of impact on activity, workforce and KPIs, including lessons learnt within projects, are disseminated across the programme

4. Identify and monitor performance measures for the health and social care system and develop whole system approaches to achieving standards.

5. Inform health and social care commissioners & providers of the strategy and priorities in the programme.

6. Engage with external organisations whose services contribute to the effective delivery of health and social care.

Membership

Managing Director Reading Borough Council (Chair)
Chief Officer (Berkshire West CCGs)
Commissioning lead (CCGS)
HoS Commissioning and Procurement RBC
Public Health Consultant RBC
Director for Reading Locality (Berkshire Healthcare Foundation Trust)
DASS & DCS RBC
HoS Adult Social Care RBC
Hos Children's Social Care
Programme managers (RBC)
Patient/service user voice - tbc
Others may be called to provide further information on specific deliverables.

The Programme Board will be supported by the Programme Managers
Deputies are permissible under these Terms of Reference and should be fully briefed to participate in discussion and delegated authority to act on behalf of their organisation.
The Programme Board will meet every 6 weeks with additional meetings as required at the discretion of the Chair.
All agenda items to be submitted to the Programme Managers in accordance with the agenda management timetable. Agenda and papers will be circulated electronically five working days before the meeting.
Minutes and actions will be circulated within five working days of the meeting.

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF EDUCATION, ADULT & CHILDREN'S SERVICES

TO:	**HEALTH & WELLBEING BOARD**		
DATE:	**13 December 2013**	**AGENDA ITEM:**	**9**
TITLE:	**Reading Safeguarding Children Board; Presentation of Annual Report**		
LEAD COUNCILLOR:	**CLLR JAN GAVIN**	**PORTFOLIO:**	**CHILDREN'S SERVICES**
SERVICE:	**CHILDREN'S SERVICES**	**WARDS:**	**All**
LEAD OFFICER:	**AVRIL WILSON**	**TEL:**	
JOB TITLE:	**DIRECTOR OF EDUCATION, ADULT & CHILDREN'S SERVICES**	**E-MAIL:**	**avril.wilson@reading.gov.uk**

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. The Reading Local Safeguarding Children Board is the key statutory mechanism for coordinating how all the relevant organisations co-operate to safeguard and promote the welfare of children in Reading and for ensuring the effectiveness of what they do (Working Together To Safeguard Children 2013).

1.2. This Annual Report is being presented to Board to ensure members are fully informed about safeguarding children issues. The Annual Report has a wide distribution; it is sent to key stakeholders and partners so that they can be informed about the work and use the information for planning within their own organisations to keep children and young people safe.

1.3. Partnership working is a vital ingredient for an effective LSCB and this report contains information on some of the activities and achievements which have taken place that provide evidence of how this is achieved. Board members both champion and lead the safeguarding agenda within their agency and bring to the LSCB issues regarding safeguarding that relate primarily to their own agency, but which have implications for the co-operation between agencies and the scrutiny and monitoring role of the Board.

1.4. Appendices: Reading Safeguarding Children Board Annual Report 2012 - 2013

2. RECOMMENDED ACTION

2.1 To receive the report

2. POLICY CONTEXT

2.1. The Reading Local Safeguarding Children Board (LSCB) is the key statutory mechanism for coordinating how the relevant organisations will co-operate to safeguard and promote the welfare of children in Reading and for ensuring the effectiveness of what they do as outlined in statutory guidance Working Together To Safeguard Children 2013. This guidance presents a framework for children protection work with a renewed emphasis on the role of the LSCB in scrutinising and challenging local practice.

2.2. The annual report presents a mixed picture as all public sector agencies are facing reduced funding and many are implementing new structures with a loss of key posts and experienced post holders. New commissioning arrangements are in place in many service areas and the Board is aware that any period of major organisational change presents additional risks – there is however, a commitment among all agencies to prioritise safeguarding and to ensure the LSCB is an effective body.

2.3. There were five main key themes identified and agreed for 2012 – 2013; these were Child Sexual Exploitation, Vulnerable Children, Effective Early Help, Turn Around Families project and Welfare Changes.

2.4. Children's Services and to a lesser extent the Board, was subject to an Ofsted Inspection in early 2012 which highlighted the need for work on improving the health of looked after children. This issue has been prioritised and the latest assessment is that services have improved.

2.5. Reading's LSCB has continued to meet regularly over the past year and its key achievements in 2012-2013 are:

- A successful conference in 2012 focussing on neglect and it's effects on children and adults
- Multi-agency audits completed with action plans and reports being produced as a result
- Prioritisation of work on domestic violence, early intervention and ensuring robust and effective board functioning
- Introducing a more robust Quality Assurance framework which ensures monitoring reports are presented regularly on key issues
- The Board received a presentation on how drugs and alcohol services work to ensure that children of parents who misuse substances are safeguarded
- Review of work on bullying with an audit designed by a secondary school pupils
- The board received regular reports from agencies, as outlined below.

2.6. The Board maintained oversight of a range of safeguarding issues through regular updates and the presentation of detailed reports. These included

- Child Sexual Exploitation
- IRO reports about children in care
- Health of children looked after
- LADO up-dates
- Child Protection Conferences
- Prisoners and their families
- Missing Children
- Private Fostering
- Family Nurse Partnership
- Domestic Abuse
- Turn Around Families
- Peri-natal Mental Health Service
- E-safety

2.7. The Board has identified a number of challenges for 2013 / 14:

- Preparing for a potential Ofsted Review of the LSCB
- Reviewing the application of threshold criteria in practice
- Establishing effective arrangements to enable children and young people to participate in meaningful ways to the protection planning processes
- Monitoring of inappropriate referrals to Children's Services
- Scrutinising the provision of health services to children looked after who are in placements outside of the borough
- Identifying and monitoring agency rapid responses following the death of a child
- Developing the Designated Doctor service
- Agreeing a protocol with local Sexual Abuse Referral Centres and commissioners
- Monitoring police attendance at Child Protection Conferences
- Scrutinising improvements to services for children with disabilities
- Monitoring service development and delivery of Early Help
- Monitoring how Royal Berkshire Hospital Foundation Trust implements the new national standards on emergency paediatric care

2.8. The work of the LSCB in promoting the wellbeing of children and young people contributes to safer communities and improved health; it contributes to the council strategy to promote equality, social inclusion and a safe and healthy environment for all.

3. LEGAL IMPLICATIONS

3.1. As noted above the Reading LSCB is the key statutory mechanism for establishing how the relevant organisations will co-operate to safeguard and promote the welfare of children in Reading and for ensuring the effectiveness of what they do (Working Together To Safeguard Children 2013.)

3.2. It is the responsibility of Reading Borough Council to establish an LSCB, to ensure its functioning and to provide an annual report

4. FINANCIAL IMPLICATIONS

4.1. The Annual Report appended outlines the budget for the Board and how this is allocated.

5. BACKGROUND PAPERS

5.1. None.

Reading
Safeguarding Children Board

Annual Report
2012- 2013

Reading LSCB
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Berkshire RG1 7AE

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Date published: October 2013

Summary of Contents

Appendices

Reading Safeguarding Children Board
Annual Report 2012 -2013

Introduction by Chair

This year has seen the publication of government guidance on safeguarding within Working Together 2013. This retains an emphasis on safeguarding being everyone's responsibility and the essential requirement for agencies providing services to both children and adults to work together to safeguard children and promote their welfare. The guidance re- affirms the role of LSCB's in ensuring all agencies work effectively together to safeguard children. It requires the LSCB to publish an annual report on the effectiveness of safeguarding arrangements and setting out how well agencies promote the welfare of children in the local area. The report attempts to provide a rigorous and transparent assessment of the performance and effectiveness of local services. It identifies areas of weakness, the causes of weaknesses and the action being taken to address them as well as other proposals for action.
It is intended for a wide readership including the professional workforce and local communities

It is presented to the Managing Director of Reading Borough Council, the Lead Member, the Chair of the Health and Well-Being Board and the Police and Crime Commissioner. It is also formally reported to the Boards of the local Health Trusts.

The board was subject to an ofsted inspection early in 2012, this highlighted the need for work on improving the health of looked after children, work began immediately and the latest assessment is that services are now of a high standard but with some work to go on ensuring information systems facilitate communication between health and social care. A repeat audit is planned for reporting in September 2013

The report has contributions from each LSCB agency and from the sub groups who undertake a significant amount of the work of the board; each agency has been asked to provide its own assessment of its performance.
The report presents a mixed picture, all public sector agencies are facing reduced funding and many are implementing new structures with a loss of key posts and experienced post holders. New commissioning arrangements are in place in many service areas and the Board is aware that any period of major organisational change presents additional risks. There is however a commitment among all agencies to prioritise safeguarding and to ensure the LSCB is an effective body.

2. Executive Summary and Key Messages

Context

The Children Act 2004 requires every Local Authority area to have a Local Safeguarding Children Board (LSCB). Its role is:
(a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
(b) to ensure the effectiveness of what is done by each such person or body for those purposes [1].
An LSCB is a strategic planning and co-coordinating committee. It is not responsible for providing direct operational services. Safeguarding services to children and families are provided by local agencies under the guidance and scrutiny of the LSCB.
For the period which this annual report covers the roles and duties of LSCBs were set out in the statutory guidance *Working Together to Safeguard Children, 2010.* This *was* updated in March 2013[2], as a result of the Munro Review[3].

Reading LSCB has been operating within a challenging context over the last year, as the public sector and NHS have undergone significant changes due to shifts in political expectations and funding. This has impacted on many services including those delivered by the voluntary sector. A new Health and Wellbeing board has been set up for the Reading area and two new clinical commissioning groups have been created to replace the primary care trust within the NHS. A new Police and Crime Commissioner, Anthony Stansfield was elected in May 2013.

The new Working Together Guidance has presented a framework for child protection work with a renewed emphasis on the role of the LSCB in scrutinising and challenging local practice. There is a renewed focus on ensuring that children and families receive help early before a crisis occurs and the LSCB must as a minimum;

- Assess the effectiveness of the help being provided to children and families including early help
- Assess whether LSCB partners are fulfilling their statutory obligations set out in chapter 2 of working together:
- Quality assure practice , including through joint audits of case files involving practitioners and identifying lessons to be learned: and
- Monitor and evaluate the effectiveness of training, including multi- agency training, to safeguard and promote the welfare of children

The LSCB has seen evidence of a great deal of good practice in safeguarding across all agencies in Reading. Examples include a range of parenting courses, work to embed the signs of safety approach into child protection work, a specialist paediatric accident and emergency service that meets the College Of Paediatricians highest standards, work to address domestic violence issues and robust Mappa (multi- agency public protection agency) processes that safeguard children. The board saw evidence of innovative practice in multi-agency work with prisoners and their families in the local prison and noted the

[1] Section 14 Children Act 2004
[2] Working Together to Safeguard Children 2013
[3] **The Munro Review of Child Protection:** Final Report A child-centred system DfE, May 2011

new peri-natal mental health service developed by the Berkshire Healthcare Foundation Trust. The service currently gets 30 or so referrals about peri-natal mental health each month and is now able to offer a specialist response from a named professional who can offer guidance and advice to referrers and can also help prioritise and manage risk in this area. The Trust has a multi-professional steering group for this work.

LSCB Audits undertaken during the year gave the board a broad understanding of safeguarding practice relating to children who have parents with mental health issues, the core group for child protection planning, responses to the health needs of looked after children, cases where domestic abuse is present and self harming in young people. All audits produced action plans for improvement.

Last year we asked the Royal Berkshire Hospital Foundation Trust to Introduce a system of performance management which will allow figures to be produced by area of origin of presentation of children to A+E and we can report that this is now successfully in place.

We also asked Berkshire Healthcare Foundation Trust to ensure that case details of children given forensic sexual examinations at the Sexual Assault Referral Centre (SARC) are passed to relevant local authorities and we also report that this is now happening satisfactorily.

Further work is needed to raise standards across all agencies for people experiencing domestic violence. Training records need to be maintained more robustly in all agencies in order for them to demonstrate compliance with minimum standards for safeguarding training and all agencies need to commit resources to support staff to attend multi agency training on safeguarding, recognising the benefits to improved practice when staff train together.

Work began on reducing referrals into children social care, so that a greater percentage meets the threshold for statutory intervention. Children need to receive help earlier so that the need for child protection plans is reduced and the need for children to be looked after is reduced as families are able to care for their own children themselves. There has been a focus on child sexual exploitation this past year and this work continues with a need for all agencies to improve their practice in this area. Children and young people need better systems to protect them from sexual exploitation and a workforce much more willing to listen to their concerns and take action. This work has three major strands; prevention, protection and successful prosecution; the LSCB is promoting training in this area and is closely monitoring those charged with taking work forward to ensure that real progress is made.

Messages for Local Politicians

- Local politicians face difficult choices balancing budgets and reducing the workforce accordingly. They must ensure that reductions in staffing don't jeopardise the allocation of effective resources to safeguarding and promoting children's welfare.
- They must continue to promote inter agency working particularly through the Health and Wellbeing Board.
- Through their links with local communities they must ensure community concerns about safeguarding and children's welfare are brought to the attention of all those with duties to respond.

Messages for Chief Executives and Directors

- Senior officers must ensure that their workforce is able to participate in LSCB safeguarding training, to attend training courses and learning events.
- Every agency's contribution to the work of the LSCB must be categorised as the highest priority in the allocation of time and resources.
- The LSCB needs to understand the impact of any organisational restructures on the capacity to safeguard children and young people in Reading.
- There is a need to improve co- ordination of services as early help is not yet consistent and can be confusing
- Performance information needs to be produced and contextualized to demonstrate the effectiveness of safeguarding within services.
- Ethnicity and disability information needs to be used in a strategic context to commission relevant services.

Messages for the community

- Members of the public are in the best place to look out for children and young people and to raise the alarm if something is going wrong for them.
- We all share responsibility for protecting children. If anyone is worried about a child, they should do something - contact the Local Authority Access & Assessment (A&A) Team.
- Children and young people – your voices are the most important of all.

Messages for the local media

- Communicating the message that safeguarding is everyone's responsibility is crucial to the LSCB work and the local press and media are ideally positioned to help do this.
- The contribution of the local media to safeguarding children and young people in Reading through campaigns to raise public awareness is potentially very significant.

Messages for the children's workforce

- All members of the children's workforce, from all agencies and the voluntary sector, should access safeguarding courses and learning events to keep them in touch with lessons learnt from research and best practice
- All members of the children's workforce, both paid and voluntary, should familiarise themselves with the role of the LSCB and Berkshire child protection procedures.

Messages for Thames Valley Police

- Ensure adequate attendance at initial Child Protection Case Conferences.
- Ensure that referrals into children social care take account of the thresholds for statutory intervention in particular in relation to domestic abuse
- Continue to improve identification of risk in domestic abuse cases.
- Ensure that police officers receive safeguarding training appropriate to their level and evidence this.
- Ensure police officers are able to participate in multi agency training events.
- Continue to improve responses to child sexual exploitation and the identification of risk when children and young people are reported missing.

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Messages for Thames Valley Probation

- Find ways of demonstrating that the Mappa process and the Marac processes protect children from harm and promote children's wellbeing.
- Continue to support the work with children of prisoners.

Messages for Royal Berkshire Hospital

- Ensure that all referrals into children's social care are of a high quality
- Ensure that high volumes within children's accident and emergency services do not impact negatively on safeguarding matters
- Prioritise training in safeguarding for all staff in contact with children and young people.
- Ensure midwifery services are offering advice and assistance to women at risk of domestic abuse.
- Ensure there are good links and information sharing between midwives and health visitors.

Messages for Berkshire Healthcare Foundation Trust

- To continue the work to ensure looked after children receive the best health services
- To implement the family nurse partnership service for teenage mothers and demonstrate its effectiveness
- To promote the think family approach within adult mental health services.
- To ensure staff in CAMHs service are compliant with supervision policy standards in relation to safeguarding
- To participate in developing early help services, ensuring health visitors and school nurses understand thresholds for statutory intervention and where to get help for families whose needs don't merit a statutory intervention.

Messages to Clinical Commissioning Groups

- To participate in the ongoing development of multi agency partnership working to safeguard children
- To complete Section 11 self audits.
- To ensure all commissioned services are monitored to ensure they meet safeguarding standards

3. **Introduction** –

Safeguarding children is everyone's responsibility and the LSCB has a statutory duty to co-ordinate how agencies work together to safeguard and promote the well-being of children and young people in Reading and to ensure the effectiveness of local safeguarding arrangements. The key building blocks of good Safeguarding include robust policies and procedures which all agencies' workers understand and use in their daily activities. It includes good quality training for all staff and quality assurance systems that audit and scrutinize the lived experience of children and families who need help. The Board meets four times a year and carries out its work through a series of sub groups implementing work plans agreed and monitored regularly by the board.

Local Context

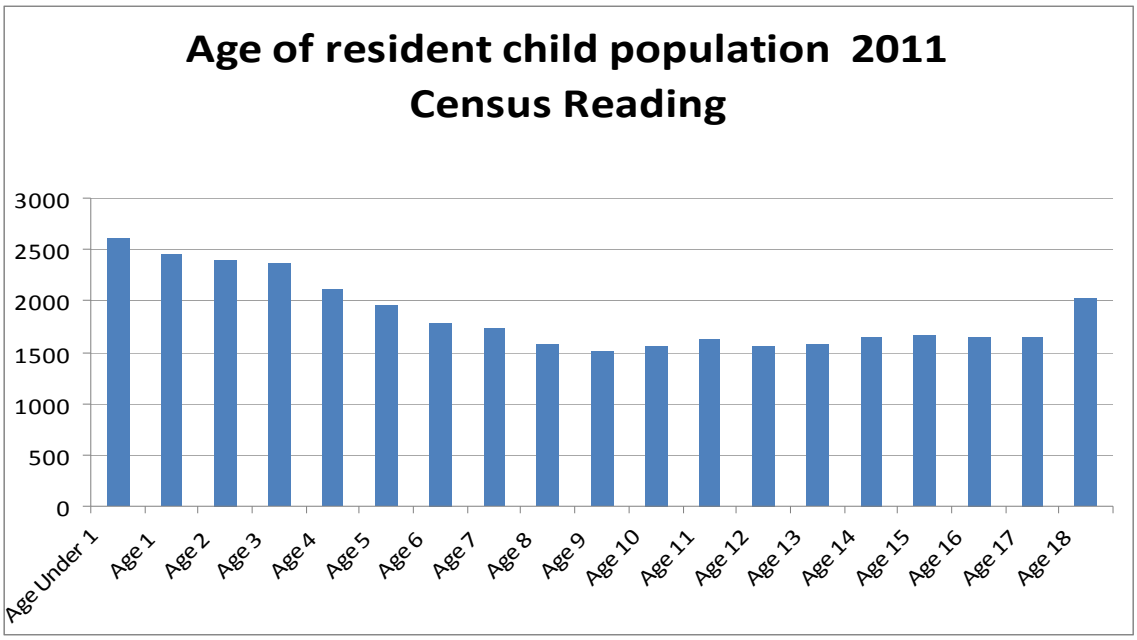
Census data

One in four people living in Reading today was born abroad, according to figures published in the 2011 census The 24.7 per cent figure is much higher than the national average where in England and Wales 13 per cent of the population was born in another country.

And 15.7 per cent of the 155,700 population of Reading – just over one in six – was born abroad and came here in the last 10 years.

Of those, the region of birth was 83.5 per cent from Europe, 9.7 per cent from the Middle East and Asia, 4.3 per cent from Africa, two per cent from the Americas and Caribbean and 0.4 per cent from Antarctica and Oceania.

Reading has a rising child population presenting major challenges for school places and additional resources for all universal health and education services.



The latest census information also details how Reading's child population is now more ethnically diverse with 48% of all births in the borough to mothers born outside the United Kingdom.

Funding and resources

All public sector organisations face continuing demands to reduce expenditure and ensure efficiency, this has entailed several staff re-organisations in key agencies and has entailed the loss of some key staff. The local acute hospital the RBFT has seen major increases in attendances and admissions.

NHS Changes

The last year has produced major changes in health services commissioning arrangements. These include the creation of NHS England regional commissioning teams and the establishment of Clinical Commissioning Groups. Reading is covered by two Clinical Commissioning Groups North and West Reading CCG and South Reading CCG. New relationships are being formed with local GPs and there is an NHS Accountability and Assurance Framework 2013 that sets out safeguarding children requirements for the new structure.

Reading Health and Wellbeing Board

The draft HWB board was established in 2012. It undertook a wide consultation process to identify priorities. The following goal is most relevant to children's safeguarding.

Goal Two: Increase the focus on early years and the whole family to help reduce health inequalities

Achieving life-long good health and wellbeing begins before birth, followed by factors after birth such as breastfeeding, immunisations, emotional support and good parenting skills. We know that intervening later in life can be less effective without good early foundations, which is why we are very keen to ensure we increase our focus on the early years. Promoting good health in the early years also needs to involve the whole family. Parents who can draw on wider family or community support are empowered to meet their children's needs more effectively.

Objectives to help reduce health **inequalities include**

1. Ensure high quality maternity services, parenting programmes, childcare and early years education is accessible to all
2. Reduce inequalities in early development of physical and emotional health, as well as language and social skills
3. Reduce the prevalence and social and health impact of obesity in children

The LSCB will work closely with the HWWB and a protocol is being drafted to clarify the relationship between the two bodies.

Children's Trust

Reading continues to operate with a children's trust following the changes in legislation which no longer made it a statutory requirement. There are significant cross-overs of personnel between the LSCB and the Trust board and LSCB members attended several workshops organised by the trust, these included ones run by the youth cabinet where young people identified their priority concerns as mental health and career advice. The LSCB refers key issues to the children's trust at its regular board meetings. These have included the need for a designated doctor for child protection within health services, and work on safeguarding where services are commissioned at arms length from statutory agencies.

Reading Youth Cabinet

The youth cabinet has chosen the following campaigns for 2013;

- **Mental Health;** The Mental Health campaign's main aim is to inform Young People on Mental Health and to standardize the education given on Mental Health.
- **Your Future, Your Way;** The aim of Your Future, Your Way is to improve the careers guidance for young people in schools and colleges, and the communication between young people and those who can help

The LSCB's Achievements and Challenges

Achievements

- A successful conference was held in September 2012 combining both adult and childrens' services professional staff and focusing on neglect and its' effects on both children and long term on adults.
- Multi agency audits have been undertaken, action plans produced and reports on a range of key issues are presented for board scrutiny.
- The Board has prioritised work in domestic abuse, early intervention and ensuring robust and effective board functioning.
- The Quality assurance framework ensures monitoring reports are presented regularly on key issues and the work of specific agencies. These include annual reports on
    - missing children,
    - elective home education,
    - private fostering,
    - Mappa (multi agency public protection agency) process
    - Marac system of multi agency reviews of victim of domestic violence aimed at reducing the risk of re- victimisation.
- In January 2013 the board received a presentation on how drugs and alcohol services work to ensure the children of substance misusers are safeguarded. There was much to commend within local practice.
- The board received an annual report on the LADO system and on the independent reviewing officer service which chairs child protection case conferences and LAC reviews. The board also reviewed work on bullying with an audit designed by secondary school pupils. Agency reports included the court service, Cafcass.

Challenges

- The Board has prioritised work during the past year to assist all agencies to reduce the number of inappropriate referrals into children' social care. Action plans were presented to the board in January 2013 and monitoring continues during the year ahead.
- The Board continues to scrutinise the provision of health services to children looked after following criticism from inspectors and is able to demonstrate improvements in the service The focus now is to ensure that children placed outside the area receive the same high standard of health provision
- It has continued to press for a designated doctor service and improvements to agency rapid responses following the death of a child. This work continues
- Thames Valley LSCBs are working with our local SARC Sexual Abuse Referral Centre and commissioners to agree a protocol to promote better communication and have clear arrangements for information sharing.
- There remains a continuing challenge for Thames Valley Police in finding resources to attend initial and review child

protection conferences. This issue is regularly monitored by the board.

Achievements

- The board reviewed local joint work supporting the children of prisoners and was able to commend this innovative service. It also raised concerns about the lack of systems nationally for identifying where a child may have a parent in prison
- The school nursing service has been undergoing significant change with a renewed government focus on its ability to deliver universal health advice to children and young people. This service also makes a key contribution to child protection conferences and tensions have been noted by the board in managing these competing demands. This service is now managed within the local authority and remains under review by the board.
- A LSCB safer recruitment working group was established to ensure satisfactory implementation of the Protection of Freedoms Act 2012 with its many major changes to the disclosure and barring service, across all childrens services.
- A multi- agency audit took place examining joint work between childrens social care and adult mental health services where a parent is experiencing poor mental health. It noted some good joint working practice. This is an area the board will continue to scrutinise as national research indicates higher levels of risk to children.
- The Berkshire Health Foundation Trust presented information on improvements to peri- natal mental health services following identification of need in this area.

Challenges

- The board initiated work to improve services to children with disabilities which will report back later in 2013.
- Royal Berkshire Hospital Foundation Trust produced a report on the new national standards on emergency paediatric care and how they were being implemented within the hospital. The hospital reported on the high levels of attendance at emergency paediatric services many of which are better dealt with at primary health care services. The hospital is currently trying to address this problem.

Ofsted Inspection March 2013

An ofsted inspection took place in March 2013 which commented on the work of the LSCB as follows

"The RSCB meets the minimum requirements of Working Together to Safeguard Children 2010 and the Local Safeguarding Board Regulations. The RSCB has an effective independent Chair and a representative and steadily improving membership. The range of contributions to the work of the subgroups is good and subgroups have delivered useful work. A full Section 11 audit as part of a pan-Berkshire LSCB partnership has been completed and will be reported on shortly. Overall, the safeguarding partnership is effective; however some partners are not fully committed. For example

although health engagement has improved there has been a significant delay in the appointment of the dedicated doctor post, which has been vacant for two and a half years. A doctor has now been identified by the PCT who can undertake this role with support from other doctors but this is yet to be formally confirmed with a firm start date. Similarly the failure of the police to improve the quality and screening of domestic abuse reports has increased greatly the pressure on the front line of children's social care and additional service cost. This concern has prompted continuing representation to the police by the RSCB and the council without meaningful response or action. Police representation at child protection conferences is inconsistent and the RSCB has needed to prompt improvement during the past year"

Within the Ofsted Report the following recommendations were made specific to Reading LSCB:

Within three months:

- Reading Safeguarding Children Board (RSCB) in conjunction with Thames Valley Police to improve the current police arrangements for screening and assuring the quality of all domestic abuse referrals to children's social care
- RSCB to review the application of the threshold criteria in practice within agencies to ensure agreed levels are understood and being consistently applied
- The council and RSCB to establish effective arrangements to enable children and young people to participate in meaningful ways in protection planning processes

Partner Agencies Safeguarding Assessments

Reading Borough Council

RBC has responsibility for a range of statutory duties relating to the safeguarding and protection of children and young people living in Reading.
The key activity in 2012-13 revolved around continuing the improvement journey in safeguarding children at tiers 2, 3 & 4 of need. We saw continual and proactive development of services in the Children's Action teams, Children's Centres, Early Years and Children's Social Care & Youth Offending. RBC continues to get disproportionate numbers of referrals from partner agencies and activity has focused on reducing this where possible.

We saw the implementation of the MASH (multi-agency safeguarding hub) in August, albeit without the involvement of Police as a critical partner The outcomes for the MASH are as yet untested. Information sharing has provided better responses to children and families but we have yet to see any reduction in the overall numbers of referrals made to RBC by partners.

Services worked on improving access i.e. the MASH, Triage for CATS, access to CC's. Developing evidenced based interventions i.e. MST, Treatment Fostering, Triple P parenting programmes, Signs of Safety as examples.

A number of other initiatives were developed through the year, for example the Future Families (repeat removals of babies at or soon after birth) project, the Community Parents project, troubled families –known as Turnaround families.
An Edge of Care Service was developed (adapted from the prior FIP) towards the end of the year specifically aimed at supporting those children at the top end of the interventions thresholds at risk of becoming looked after
There is evidence of positive outcomes in a number of areas, the rate of children becoming looked after showed a distinct (but small) reduction towards the end of the year and the age profile of children needing intervention dropped- indicating we are intervening earlier.
Qualitative feedback from services users and professionals about services such as the YOS, MST & Triple P, and CC's are all very positive.
This in the context of having to address considerable budget pressures which have been successfully managed by the Council whilst containing the pressure or reductions to front line services.
CSC in particular has been protected from significant budget savings and safeguarding has been prioritised by RBC. Indeed areas have been supported with some invest to save work including the need for increased spend on fostering and adoption.
In March 2013 Ofsted inspected the services provided for the protection of children in Reading. They found services to be adequate overall and in particular noted that:

> *"Since the last inspection of safeguarding and services for looked after children in February 2012 progress has been made in strengthening the arrangements for identifying children and young people at risk of significant harm and responding to their needs. In the course of this inspection no children or young people have been identified where it is judged that they are at risk of significant harm or where they are not being adequately protected. Progress is being made in a number of key areas, such as securing a more stable workforce and developing early help services"*

The report noted that there were some key elements of practice, strategy and process that needed to be further improved to secure a consistent level of response. They noted that the services were very self aware and did not highlight any areas that came as a surprise. This in the context of the bar for inspection having been 'toughened up' again.

Ofsted noted that there has been a concerted drive to secure a wide range of local services to support children and their families to reduce the escalation of difficulties. The provision of CATs, use of CAFs and other key services are having a positive impact on the ways children and families are supported. They noted we need to focus on making further improvements in the coordination of services and help is not yet consistent and in some instances is confusing to children and parents. They also said that appropriate attention is being paid to the needs of children and families from minority ethnic groups or where disability is a feature in individual cases but that the information is not being used in a strategic context to commission relevant services.

All of these areas are or were already the subject of development plans and will be the driver for changes and developments in 2013/14.
Challenges which remain

Key areas of future activity have been outlined in an Ofsted action plan that has been shared with the LSCB and relevant teams and service plans are in place.

The core challenges that remain are:

- Increasing partner use of CAFs and reducing the over referral to CSC
- Police engagement in the MASH & reducing DV notifications
- Improving the consistency of the responses from CSC on every case to be good or outstanding
- Managing the increasingly difficult budget situation
- Ensuring that services are provided through consistent routes that parents understand

Plans for 2013/2014

- Development of an effective early help strategy
- Implementation of our development plans- including addressing the recommendations of Ofsted
- Reducing the over referral to children's social care
- Improving the response/engagement from Police on children's matters
- Maintaining positive partnerships across the agencies
- Reducing numbers of children subject to child protection plans and looked after through a range of interventions

Thames Valley Police

2012 saw the creation of the role of Police and Crime Commissioner. The priorities for the service include safeguarding of vulnerable people. The past year has seen an overall reduction in crime generally. Reading Local Police Area has faced a number of challenges over the past 12 months as it has sought to improve performance in a number of areas of criminal investigations.
The majority of this has been around improving community safety as a whole by reducing burglaries, robberies and violence
The police have worked extensively over the past year to create improved responses to child sexual exploitation. Ongoing work is taking place to improve responses to domestic violence particularly relevant to childrens social care who need good quality risk assessments from the police for them to plan appropriate responses.
Reading Police have participated in adopting the new improved DASH processes and Operation Safeguard a response to Child Sexual Exploitation (CSE).

- Introduction of CSE Team and a dedicated Detective Inspector within the Child Abuse Investigation Unit.
- Improvements in identification of risk to missing children and the establishment of a lower threshold to record children as High Risk.
- Introduction of 'Single Incident Review' (SIRs) to improve risk assessments on Domestic Abuse Investigation Unit notifications to Children's Social Care.
- Quality control of SIRs (audit report is being requested)
- Completion of Section 11 Audit.
- MARAC audit by CAADA and central TVP action plan for strategic improvements.

- Local compliance with TVP Op Safeguard to increase safety of young people and improve police officers ability to recognise and manage risk to young people.
- Operational activity to target CSE offenders.
- Co-operation and partnership working at an operational level within a Senior Management Group overseeing a CSE investigation.
- Improvements in management of children in custody following audit by the Protecting Vulnerable People Strategy Unit of custody units used by Reading Officers.
- All Local DIs, Force DIs and DCIs are receiving nationally accredited training in the management of child death investigations and ensuing partnership activities. Reading's DI and DCI are participating in this training.
- Completion of Section 11 Audit.
- MARAC audit by CAADA and central TVP action plan for strategic improvements.

Challenges which remain

- To improve reductions in domestic violence
- To manage increased volume of investigations and risk associated with CSE.
- Introduction of improvements in management of missing children, particularly the 'return to home' interviews.

Plans for 2013/2014

Introduction of new technology to improve management of missing children integrated with other police systems.
Greater integration of CSE team into day to day Local Police Area activity

Royal Berkshire Foundation Trust Hospital

RBFT is a large organisation providing acute and specialist healthcare services It is one of the largest employers in Berkshire
The RBFT has demonstrated successful partnerships working through compliance with the Care Quality Commission Regulation 11, Outcome 7 'Safeguarding service users from abuse', improved Ofsted ratings in Safeguarding and Looked After Children inspections, positive feedback from unannounced Ofsted and CQC inspections of children's services and that the Trust's CQC Quality Risk Profile (QRP) continues to improve.
In September 2012 a Lead Nurse for Children and Young People was appointed in the RBFT.

- The hospital is facing capacity issues with high numbers of children presenting at accident and emergency and high numbers of children admitted to paediatric wards. A recent review against new national standards for paediatric care provided evidence that standards were met.
- There has been a significant increase in the number of children and young people (CYP) referred from the ED department for child protection concerns
- An increase in the number of CYP with tier 3.5 and 4 mental health needs attending ED and remaining within the paediatric wards after they no longer have acute health needs.

- There has been a significant rise in the number of young people under 18 years being admitted to adult wards in the last year.
- Training in Safeguarding; Maintaining the contracted level of at least 85% of staff being up to date with child and adult safeguarding training has been challenging in the last year. At the end of May the Electronic Staff Record report showed that 60% of staff were up to date with child protection training. Progress towards the target is monitored monthly by the Executive at performance meetings.

Berkshire Health Care Foundation Trust (BHFT)

Berkshire Healthcare Foundation Trust is the main community provider of health services for children and young people in Berkshire. Throughout 2012/13 BHFT continued to focus on ensuring i that the services provided meet its statutory responsibilities in relation to safeguarding children. Key achievements in 2012/13 include:

- The revision and Implementation of a Trust wide Child Protection Supervision Policy, which standardized and increased the provision of child protection supervision to all staff. Those in receipt of specialist supervision include: health visitors, school nurses, community children's nurses, CAMHS teams, the Family Nurse Partnership team, and the Looked After Childrens health team.
- The improved management of Police Domestic Incidents Reports. The Trust has developed guidance for BHFT staff who receive domestic abuse incident reports. A Domestic abuse strategy has also been developed.
- The completion of the Section 11 Audit which was reported as being considered as 'thorough and robust'. This is monitored internally on quarterly basis.
- An audit of the quality of case reports undertaken by Trust professionals. Whilst the standard of reports was found to be generally high and child focused, a new template has now been implemented to ensure consistency across the Trust.
- An audit of Child Protection Supervision Compliance for Health Visiting, School Nursing and CAMHS clinicians. 76% of HVs/SNs were fully compliant with the policy, however for CAMHS this was found to be lower and therefore an action plan is in place to achieve a target of 85%.
- Processes are now in place across the Trust to ensure learning from Serious Case Reviews/Incidents etc is disseminated and practice changed where required across the Trust.
- Training Compliance against the Trust target of 85% for single agency training for all staff groups was achieved – single agency 90%, and multi-agency uptake has improved significantly since March 2012 and is now at 79%.
- The Trust has established a safeguarding on call urgent advice line for all BHFT staff.
- Improved internal communications on safeguarding including a revised intranet section, the production of newsletters etc.
- The commencement of a Trust wide Safeguarding and LAC Group, providing internal assurance to the Trust on performance across a full range of safeguarding issues, and the monitoring of internal performance.

Plans within BHFT for 2013/14

- The Trust will continue to focus on raising awareness of domestic abuse as a health and safeguarding issue across the Trust.
- Aim to increase of multi-agency safeguarding training to 85%.
- Promote standardisation of assessment processes, and the quality of referrals into CSC within CAMHS
- Work with colleagues in the unitary authorities to develop effective input from health staff into MASH/Probation Proposed Business Processes. Increase compliance with child protection supervision standards to achieve 85%.
- Complete an audit on the impact of Safeguarding Training – planned December 2013.
- Complete an audit on the Quality of Referrals to Social Care – December 2013.
- Increase HV staffing numbers in line with the national programme to offer higher levels of the core health contacts to the local population and greater accessibility to support the early intervention and prevention.
- Improving the LAC service to achieve the National Guidance for children in Care.

Thames Valley Probation

This Report provides a summary of Thames Valley delivery of offender management services in relation to its statutory obligation to safeguarding children.

1) **Policy review:** In April 2012, the Thames Probation Safeguarding Children policy and procedure was reviewed, and from that review, a Thames Valley Policy statement was produced.
2) **Competent and confident staff:** We have ensured that everyone working with families or on behalf of children and/or adults are appropriately trained and safe to do so. This includes working with offenders who perpetrate harm to others. We now have 'in house' provisions for the delivery of safeguarding children level 1 and 2 training (throughout the year) to all practice staff in Thames Valley Probation. So far, over 98% of practice staff have either received or already scheduled to attend scheduled safeguarding children level 1 or 2 training.
3) **Probation representation:** All Safeguarding Boards have Probation representatior and attendance and contributions have been sustained throughout the year. We have complied with Board audits, e.g. the S11 Safeguarding Children Audit.
4) **Safer recruitment policy and practices:** We have ensured that Disclosure and Barring Checks are completed on all practice staff. HR arrangements and systems now in place to ensure that these checks are automatically carried out at regula intervals on all practice staff.
5) **Offender Management practice:** TVP maintains an offender risk register that is refreshed every month and disseminated to all managers across Thames Valley; thi register includes cases flagged for safeguarding children concerns; this provides Directors with the details of cases in which there is a named child who is part of a child protection/conference action plan. Local practice staff's attendance at CP conferences have been steadily improving with our aim to achieve 100% attendanc We have recently updated and now rolling out Advanced Risk of Serious Harm training to all practitioners and managers.

   We have this year produced a comprehensive 1:1 Healthy Relationship Specified Activity and training has been offered to practitioners to enable them to deliver this programme to offenders with history of domestic abuse. The complexity of domestic abuse/violence perpetrators was considered in the design of this intervention.

   Thames Valley Probation provided full funding for Alana House – Women's Community Project in Reading which creates a women only space to access various services from one place – targeted at women offenders and women at risk of offending, who also often have children and partners sometimes in prison.

Challenges which remain

1) The Government's Rehabilitation Programme - reforms to the structure of probation services and the delivery of community sentences (widening the extent of competition and range of providers) – outsourcing of 70% of probation work (medium and low risk cases) while at the same time restructuring the remainder of the service into a high risk offender management unit.

2) Sustaining the funding for Alana House Women Community Project beyond 13/14.
3) Developing a Family Approach Programme to link families of those imprisoned to appropriate Children Action Team.
4) The need to continually improve home visits as routine part of offender management supervision on relevant cases on our caseload.

Reading Children's & Voluntary Youth Services (RCVYS)

2012/13 has continued to be a busy year for RCVYS with regards to safeguarding. These are very difficult times; the pressure on service delivery has not gone away because of reducing budgets. Austerity measures have put an additional burden on the voluntary and community sector, and there remains an expectation that service providers should be aspiring to provide high quality provision with less money. This is continuing to be a very live and real topic for voluntary and community sector groups as they seek to find the right balance through their service delivery and planning for the future. The level of uncertainty over the future has continued to increase the demand on RCVYS, to advocate and present a balanced account of what the voluntary sector can, and indeed cannot achieve. Over more than a decade, RCVYS has continued to reach and support many groups who would otherwise not be available to the residents of Reading.

Summary of activities and achievements over the past year.

- RCVYS has continued to campaign for appropriate access to quality Universal Safeguarding Children Training for VCF sector groups. With the option to attend face to face training now being even more limited than before, this presents an even greater challenge for some VCF sector groups to provide the appropriate level of safeguarding training they need.

  Reading Early Years Providers' Forum have been particularly active in highlighting the importance of appropriate and accessible training to the Early Years Workforce.

  Both these pieces of work underline the fact that not all VCF sector groups have the necessary skills and experience to be able to deliver the appropriate level of training in-house.

- As a result, RCVYS has continued to work with the RBC Workforce Development Team to offer a further Universal Safeguarding Children Train the Trainer course. Through the two courses run so far, 31 people have been trained to deliver the Berkshire West half-day Universal Safeguarding Children Training. We have been able to count 52 courses having been delivered already.

- RCVYS has continued to respond to demand from the local VCF sector, and delivered 2 Designated Persons Safeguarding Training courses. These have always been updated to include the latest information. This year, 15 people from 10 different organisations completed the training, providing them with the skills and knowledge to handle any child protection disclosures or allegations, and the current social care thresholds. This helps VCF sector groups to effectively work in partnership with statutory services to help to keep children and young people safe.

- RCVYS has worked hard to ensure that the changes brought in through the new DBS process is understood and communicated to the VCF sector as a whole. When the full information is released, RCVYS will be working with RVA to deliver a series of workshops to the VCF sector here in Reading. RCVYS has also been involved in the West of Berkshire LSCBs Safer Recruitment Task Group to ensure that the particular needs of the VCF sector are reflected within the updated procedures.

Plans for 2013-2014

For 2013/14, RCVYS will

- Continue to work to ensure that quality Universal Safeguarding Children training is accessible to as many VCF sector groups as possible.

- Deliver further Universal Safeguarding Children Train the Trainer courses to meet the local demand, and build the capacity of the local VCF sector to support itself.

- Deliver further Designated Persons Safeguarding Training courses to meet the local demand.

- Work with RVA to deliver a series of DBS Workshops, helping VCF sector groups with everything they need to know, and everything they need to do to comply with the new regulations. These workshops will have a particular focus on helping groups to see the importance of DBS checks in the context of the wider safeguarding agenda.

Challenges which remain

- Ensuring that VCF sector groups can access quality and appropriate Universal Safeguarding Children Training.

- Ensuring that VCF sector groups can understand and use the social care thresholds to ensure that their concerns for children and families are taken seriously, and are addressed in the appropriate places.

Cafcass

The Cafcass service is regulated through the **Criminal Justice and Court Services Act 2000. Section 12.1 defines CAFCASS functions as:**

1) safeguard and promote the welfare of the children.
2) give advice to any court about any application made to it in such proceedings.
3) make provision for the children to be represented in such proceedings.
4) provide information, advice and other support for the children and their families.

The Service is experiencing an increasing workload. Within public law applications there has been a further 30% increase in 2012-13 to date (Feb 13) compared to 8.3% increase nationally with Berkshire showing a 6.2% increase. There has been significant improvement in the allocation of work in the past year. The service has also focused on safeguarding work within the private law function highlighting messages from research about safeguarding children from domestic violence and includes the learning from individual management reviews within Cafcass.

Schools

Schools in Reading are inspected by Ofsted, as of March 2013 80% of local schools are rated good or outstanding. Those schools deemed inadequate each have an action plan aimed at bringing about immediate improvements. All action plans include safeguarding as a priority Action plans are monitored regularly.
Recent changes in the way schools work with local authorities and the establishment of autonomous academy schools has affected the ability of the LSCB to scrutinise safeguarding within the schools environment during the past year, a plan is in place to address this in the year ahead. Head teachers and senior staff are required to undertake specific training related to Safeguarding children and young people within multi-agency working. Each school has to identify a Designated Teacher (which is usually the head teacher) to ensure effective co-ordination of Child Protection and Safeguarding within their school and communication with external agencies. All staff are required to undertake Universal Safeguarding training – the head teacher is responsible for ensuring this happens every 3 years.

Childminders
Reading currently has 167 childminders.

Training up to date	No longer minding but registration still open	Recently registered	Retiring at the end of Aug	Total
148	13	5	1	167

In Reading, childminders are registered before completing the full 3 hours Universal Safeguarding training (some safeguarding information is given during the preparation course which is delivered by New Directions).On completion of registration the childminder will be emailed/sent a welcome letter/pack informing them of a date of an initial visit with the EYFS team. The letter also informs them that they have to book onto a face to face safeguarding course. This again will be discussed on the home visit from the EYFS team. Regular emails are sent out to any childminders whose training is due to expire within the next few months. The EYFS team tutors 3 x 3 hour free universal safeguarding courses a year. The EYFS team deliver 3 x 2 hour free briefing sessions a year for all prospective childminders wishing to register.
Childminders who fail to confirm their completion of universal safeguarding training will be notified to Family Information Service rather than Ofsted. This is so Family Information Service can record it and directly inform any parent who asks for details on a particular childminder.

Inspecting Early Years and Childcare Provision
The LSCB relies on the Ofsted process for ensuring early years provision and child care provision is meeting safeguarding standards
Ofsted inspects early years providers to judge the quality and standards of the care, learning and development of children – these standards are in **the Statutory Framework for the Early Years Foundation Stage**. Inspectors give providers one of four grades:

- outstanding

- good
- satisfactory
- inadequate

To reach an overall judgement, inspectors will ask themselves 'what difference is this provider making to the learning, development and progress of children in their care?

Childcare

Ofsted inspects childcare providers to check that they comply with all the requirements of registration, but do not make any judgements about the quality of their setting. The inspection result will be measured in one of three ways, indicating how well the provider is meeting the requirements of registration. They are:

- met
- not met – and notice to improve
- not met – and enforcement measures taken

Each early years and childcare provider must ensure that they have a designated professional who takes responsibility for safeguarding. This person must have undertaken relevant training and oversees the provision of training within their own service. Reading Borough Council maintains a record of the designated safeguarding leads and ensures their training is current.

Political Accountability

Councillor John Ennis was lead member for childrens services with Reading Borough council during the year and attended the LSCB in this capacity. The LSCB scrutinised the annual Corporate Parenting Report and the LSCB independent chair attended the Corporate Parenting Panel.

Key Themes for 2012-13

Child Sexual Exploitation

2012-13 saw major criminal trials nationally relating to incidents of child sexual exploitation with a heightened public awareness of this crime. The Savile enquiry also raised issues of how sexual abuse allegation are managed Research indicates a significant under reporting of childhood sexual abuse. All agencies need to improve performance in this area and the lscb has worked hard locally to establish systems and services that drive the CSE agenda forward on the key fronts of prevention, protection and prosecution. Joint work has taken place to address the issue of children who go missing, further work is planned with proposed changes to police definitions to ensure a focus on the most vulnerable.

Vulnerable Children

- There are 25% of the child population in Reading defined as living in poverty. Many of these children are in single parent households and their poverty is linked to low wages and under employment within part time jobs.
- Reading has a high number of children subject to child protection plans. The annual statistics indicate that following the peak of 205 children being subject to Child Protection Plans in August 2012, the numbers dropped significantly with the end of year figure being 157, an overall percentage drop of 23% from the highest number to the final end of year figure.

- Reading also has a higher than expected number of children being looked after by the local authority.
- There are improvements in reducing the number of young people entering the criminal justice system
- There are reductions in teenage parenthood rates but the number of conceptions to teenagers remains too high.

Effective Early Help

Working Together 2013 requires LSCBs to monitor the provision of early help to children and young people. There are a range of services available locally but pathways into services are not always clear and a strategic overview is necessary to identify gaps and to ensure that services are confident in facing reduced funding into the future. A joint early help strategy is planned for 2013-14 and the LSCB is currently identifying how to scrutinise this work to ensure it meets its objectives and delivers real improvements to children's lives.

The **Turn Around Families Project** is a new project part funded by central government focused on families with a range of problems experienced over some time and aims to ensure all agencies work more closely together. The board will continue to monitor the success of this work

Welfare Changes

Reductions in income for people in receipt of working age welfare benefits are likely to increase stress on already vulnerable families. The board reviewed an impact assessment at its meeting in April 2013 and is committed to monitoring vulnerable families affected by welfare changes in the year ahead.

LSCB Sub Groups

In addition to Board meetings the work of the board is carried out through a structure of sub groups. A monthly Executive meeting is held and the following sub groups took place regularly in the year to March 2013

- Berkshire Child Death Overview Panel
- Berkshire Child Protection Policy & Procedures Sub-Group
- Berkshire West Training Sub-Group
- Reading & West Berkshire Performance Monitoring Group
- Reading Quality Assurance Sub-Group
- Reading Serious Case Review Overview Group

Task Groups

- Child Sexual Exploitation Task Group (this is no longer an LSCB sub group as it is now led by childrens social care)
- E-safety task group (re-established June 2012)
- Safer recruitment task group (re- established September 2012 task completed September 2013)
- Disability task group- (February 2013)

Child Death Overview Panel

The panel meets bi monthly to review child deaths in the Berkshire area and advises the LSCB of any trends or patterns. A regular newsletter is sent to all LSCBs to raise awareness of issues; spotlights have been on safer sleeping for babies. This past year has seen a reduction in Perinatal/neonatal mortality with 55% reduction in actual numbers of deaths, from 75 in 2011/12 to 34 in 2012/13across Berkshire. This exceptional reduction was most likely due to the April 2012 change in status of our local district general hospitals to Local Neonatal Units (LNUs), resulting in the transfer of high-risk neonates to a specialist centre (typically the John Radcliffe Hospital, Oxford), Feedback from Oxford has suggested that this has not led to a corresponding rise in neonatal deaths there, suggesting that this protocol has a genuinely positive impact in reducing mortality

Rapid Response audit – key messages: Audit of the 2012/13 Rapid Response cases in Berkshire determined that the response of frontline and Emergency Department staff was generally good, with close multi-agency team working. Specific learning points/next steps highlighted included:

- Communicating with out-of-area hospitals and multi-agency teams remains an ongoing systemic issue that needs to be addressed
- Need to re-emphasise 'Back to Sleep' and parental smoking avoidance advice – particularly among parents from BME (Black and Minority Ethnic) backgrounds, as these are the population groups that often hardest to reach with health promotion advice
- While face-to-face meetings and multi-agency discussions were held in all Rapid Response cases, with social care assessments undertaken when appropriate (i.e. death of a child in need), site visits were not always undertaken. Consideration to more site visits should be given as these can provide professionals with vital 'at-the-scene' information about a death
- There is a need to remember to communicate with non-resident parents following a child death (as this group may be inadvertently excluded from the process). Teams should consider whether it may be appropriate to share the minutes of the Rapid Response process with parents in certain cases, in order to demonstrate transparency and to ensure parents are kept fully involved – particularly in complex cases

Remembering the focus of the Rapid Response process is vital: it serves as an invaluable toolkit for seeking information, identifying serious issues that need to be investigated and addressed, and in providing support to both healthcare professionals and families. Healthcare professionals should be reminded that Rapid Responses are not only applicable to unexpected deaths, but are also relevant in cases where the child is critically unwell and not expected to survive – regardless of the ultimate outcome – as the process can be helpful in identifying how support can best be provided to both families and involved professionals.

Child Sexual Exploitation sub- group

A lot of work has been undertaken on this subject, Reading has been able to use information and lessons learnt from our neighbours Oxfordshire to help inform our work. A strategy and a work plan have been agreed, Plans are underway to raise awareness through schools with performances of Chelsea's Choice in the autumn. This is a structured drama production aimed at raising awareness among young people of the key issues. The LSCB receives regular reports from the operational Cse group led by childrens social care. The strategy is attached as an appendix

Policies and Procedures Sub group
All policies and procedures are online and are maintained by a specialist contractor Tri-x, they are regularly updated with changes clearly marked during a consultation period, there are too many to list here but include guidance relating to forced marriages, management of concealed pregnancy, with new links inserted to guidance maintained elsewhere such as 'Protecting Children and Young People – the Responsibilities of all Doctors' (GMC 2012)
Changes also included improvements to hospital discharge arrangements.

Safer Recruitment Task and Finish Group
This task and finish group was set up in November with representatives from HR staff in LSCB partner agencies. Its purpose was to ensure the new arrangement set out in the Protection of Freedoms Act 2012 were understood and reflected in safer recruitment practice in partner agencies. In February we held two events to raise awareness of the changes to the Disclosure and Barring service, both events were well attended with over 100 people from all sectors at each event. Additional ongoing work is being done with the voluntary sector. New guidance has been drafted for all organisations for inclusion within the Berkshire child protection online policies and procedures. This will be updated as new guidance is rolled out by the DBS service.

Serious Case Reviews Sub Group
There have been no SCRs in Reading since 2010, however the SCR overview group meets regularly to look at regional and national cases to discuss learning points. it responds to serious incidents locally making the decision as to whether a serious case review is necessary or suggesting alternative review processes as appropriate. A Partnership review was commissioned in January 2013 which will report during August 2013. The review used a model called the appreciative enquiry model and the final report will comment on the process as well as the lessons learned within the case management. The group have also been looking into alternative type of models to carry out reviews. A seminar took place on Root Cause Analysis led by experts from the Royal Berkshire Hospital who use this method for serious incidents and the group have been working with the Safeguarding Adult Partnership Board to get their views on a recent case where they used the SCIE model.
The group called in management reports on several cases to identify whether they met the criteria for a serious case review or whether there was a need to address practice issues. Changes in practice following from these reviews include clarifying that young people remain subject to safeguarding duties set out in legislation up to 18 years of age. Both health and police services have different policies relating to young people who are 16 years old for health services and 17 years old for police. Discharge from hospital for young people, people who self harm was also reviewed to ensure a more robust assessment and information sharing before discharge.

Quality Assurance Sub Group
This group agrees the scope and the process for the multi- agency audit programme, for the regular monitoring reports to the board and quality assures reports presented for the LSCB attention**.** Work this year included completed audits on;

- Joint work when children have a parent with mental health issues
- The health of looked after children

- Responses to parents who misuse substances,
- Children's experience of bullying
- The rapid response service.
- Core groups at child protection conferences.

Each audit produces an action plan to improve services .Work was completed to define the scopes of audits on domestic abuse, pre birth assessments, neglect and private fostering. These audits will complete during 2013 and work has also taken place to identify how best to audit supervision arrangements in each agency.

Performance sub group

This group is jointly undertaken with West Berkshire Council and examines performance management information using an agreed data set to enable comparisons across Berkshire and nationally**.** It uses a peer review approach to develop learning across agencies and identifies problem areas for the Executive's attention. The group has worked to improve the management narrative explaining performance so that an appropriate challenge can be made when necessary.

Section 11 sub group

All organisations who provide services to Children and Families are responsible for ensuring they fulfil standards as set out in Section 11 of the 2004 Children Act, in relation to Safeguarding and Child Protection. These organisations have a statutory responsibility to monitor their own compliance against these standards and are asked to submit a Section 11 self-assessment to their LSCB.

A pan Berkshire group was established during 2012 to review these submissions. The majority of statutory partner organisations captured evidence which illustrated that they met and exceeded the minimum standards for safeguarding children.

Training sub group

Achievements;

- Training needs analysis was completed and reported to all boards.
- A training pathway was developed and disseminated to improve understanding of training offered and required by each staff group within the strategy.
- A detailed programme of courses was published and the content was quality assured by the training officers and sub group members. Quality assurance included reference to the content ensuring it was child focused Staff confidence following attendance on LSCB programmed courses demonstrated an improvement in their confidence evidence by the evaluation forms.
- The training officers commissioned courses specific to local need and provided over 24 multi-agency courses including, neglect domestic abuse, safer care for children of parents with mental health issues , e safety and child development within the 2012-2013 period. Over 320 attendees across partner agencies.
- The commissioning of the courses including reviews of providers and seeking assurance form providers that serious case review lessons were addressed in training and that the training enabled a practical skill requirement from scenario or group work activities.

- The sub group supported partner agencies with advice and promoted informal and formal training events between agencies. Health opened courses for other partner agencies in accordance with price water house cooper recommendations.
- A joint LSCB safeguarding children and adults conference day was provided for all partner agencies

Challenges

Monitoring the quality of single agency training and what to include in this training will remain a challenge to LSCB boards to monitor and scrutinise effectively particularly in light of working together 2013 and early help. More emphasis may be required on self-reporting or audits on quality of training may be required which may impact on resources.

- Multi agency training compliance in Berkshire West indicated 389 staff needing to access training for 2012-2013.

6. Participation

The LSCB has acknowledged that more work is needed to ensure that children and young people and their families are able to influence the work of the lscb. There are plans in place to ensure a more robust participation strategy is developed in the year ahead as part of its Quality Assurance Framework The LSCB has reviewed partner agencies participation strategies, sharing good practice and encouraging further work,

7 Overview of Data on Safeguarding

Child Protection Issues

The Board gets regular reports on child protection services.

The annual statistics indicate that following the peak of 205 children being subject to Child Protection Plans in August 2012, the numbers dropped significantly with the end of year figure being 157, an overall percentage drop of 23% from the highest number to the final end of year figure. Interestingly, the mean figure for the two years is nearly the same at 178 and 179.

Despite the significant decrease in the end of year figure, RBC Child Protection rates per 10,000 population is still much higher than either the statistical neighbours and the England figures; 47 compared with 35.4 and 37.8 respectively.

The annual figure for children's views being included in the Social Worker's reports is only evident in 41% for ICPC's. The figure for Review Conferences is 43% of reports have not included the children's views. These figures are concerning as it is essential that children's views are clearly described in the reports however, there was a significant improvement in March. The Board commented on the need to ensure that all partner agencies' reports to child protection conferences be checked to make sure the views of the child are recorded in the Report

The total number of Child Protection Conferences for the year 01/04/2012 – 31/03/2013 was 369.

A key achievement for the year was the implementation of the Signs of Safety approach. The statistics demonstrate that there is a significant reduction in the number of Initial Child Protection Conferences being held; the year end totals provides

evidence that there has been a 24% reduction in the number of ICPC's undertaken and a correlated 29% reduction in the number of children considered. This positive trend appears to be the result of a decrease in the number of S47's converting to ICPC; in 3rd previous quarter there were 19 ICPC's (16% conversion rate) and in the 4th quarter there were 13 ICPC's (9% conversion rate).

There is still an issue about the number of children considered at ICPC being made subject to Child Protection Plans inasmuch that all children considered are made subject to a Child Protection Plan, for example in the last quarter only 1 child out of 36 children considered was not made subject to a Child Protection Plan.
The number of children subject to Child Protection Plans for more than two years, 21, is too high as is the number of children who are subject to Child Protection Plans for a second or subsequent time which by the end of year was 40.

Participation of parents at Initial Child Protection Conferences 2012 –2013

ICPC's	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	TOTAL 2012 -2013
Parents Attended	2	13	8	22	24	17	7	17	25	11	17	8	**171**
Parents did not Attend	2	0	0	0	0	4	0	4	0	0	0	0	**10**

The statistics provide evidence that large percentages of parents do attend the ICPC's – this is a positive achievement and indicates that, at least at the first conference, parents seem to be willing to engage in the Child Protection Conference process.
There is a significant difference at the Child Protection Review Conference. Out of a total of 194 parents invited to conferences in the year, there was attendance by only 54% with 46% not attending.

Children Looked After By Reading Borough Council

The total number of children Looked After at the 31/03/13 was 226, 5 of whom were UASC. This is a reduction of 4.5% and is a 67.7% rate per 10,000 population. This continues to be a higher rate that the statistical neighbours at 59.7% and the England rate of 59 (March 2012 figures). More boys are looked after than girls, and children under the age of 3 years and those over the age of 12 years are most likely to be Looked After. More children now get their situation reviewed on time than previously and more children attend their reviews. Less than half of parents attend these review meetings and we want this to increase.
100% of school age Looked after children have a Personal Education Plan and 80% have had their statutory medical. An increasing number of children and young people are chairing their own Review Meetings.
In terms of legal status, 44% of children are subject to Care Orders, 19% to Interim Care Orders and the others, 37%, are accommodated under Section 20.

There are currently 65 children whose Care Plan is Adoption with 14% of the Looked After population being subject to a Placement Order. There have been some significant delays in family finding and in applying for the Adoption Order once placed. These two factors are impacting on there being a high number of children being Looked After.

Young People and Crime

Ministry of Justice statistics demonstrate that the number of **under-18s entering the criminal justice system** fell nationally from 37,787 in 2011 to 28,711 in 2012, a decrease of 24%. Experts say the drop is due to the abolition of police targets for crime 'detections' in 2008. This has enabled police to exercise greater discretion when deciding whether or not to criminalise children and young people for minor offences

- First Time Entrants to the Criminal Justice system are significantly reduced
- Re-offending rates show no particular pattern, but are consistent with the national picture
- Low use of custody, on both remand and sentence

Priorities for the future

- Continued focus on the three National Indicators (above)
- Continue to embed a whole family approach to planning and intervention
- Embedding Signs of Safety into co-production in planning

Reading has reduced the number of First Time Entrants by 69% from 241 in 2008/9 to 75 in 2012-13. Although previous reductions follow local trends, the further reduction in 2012-13 is unique to Reading and is not reflected nationally. The YOS reported 11 FTE for the first reporting quarter of 2013 and continues do well where the cumulative figure up to Aug 13 is 18 FTE.

9. Future plans for the next business year

The business plan for 2013-15 is currently being redrafted and will be available December 2013

This report will be submitted for comment and scrutiny to the Reading Borough Council Managing Director, the Reading ACE Committee; the Reading Health and Well Being Board; and the Police and Crime Commissioner for their review and comment.

Comments will be considered by the RSCB Executive to inform future business planning by the RSCB.

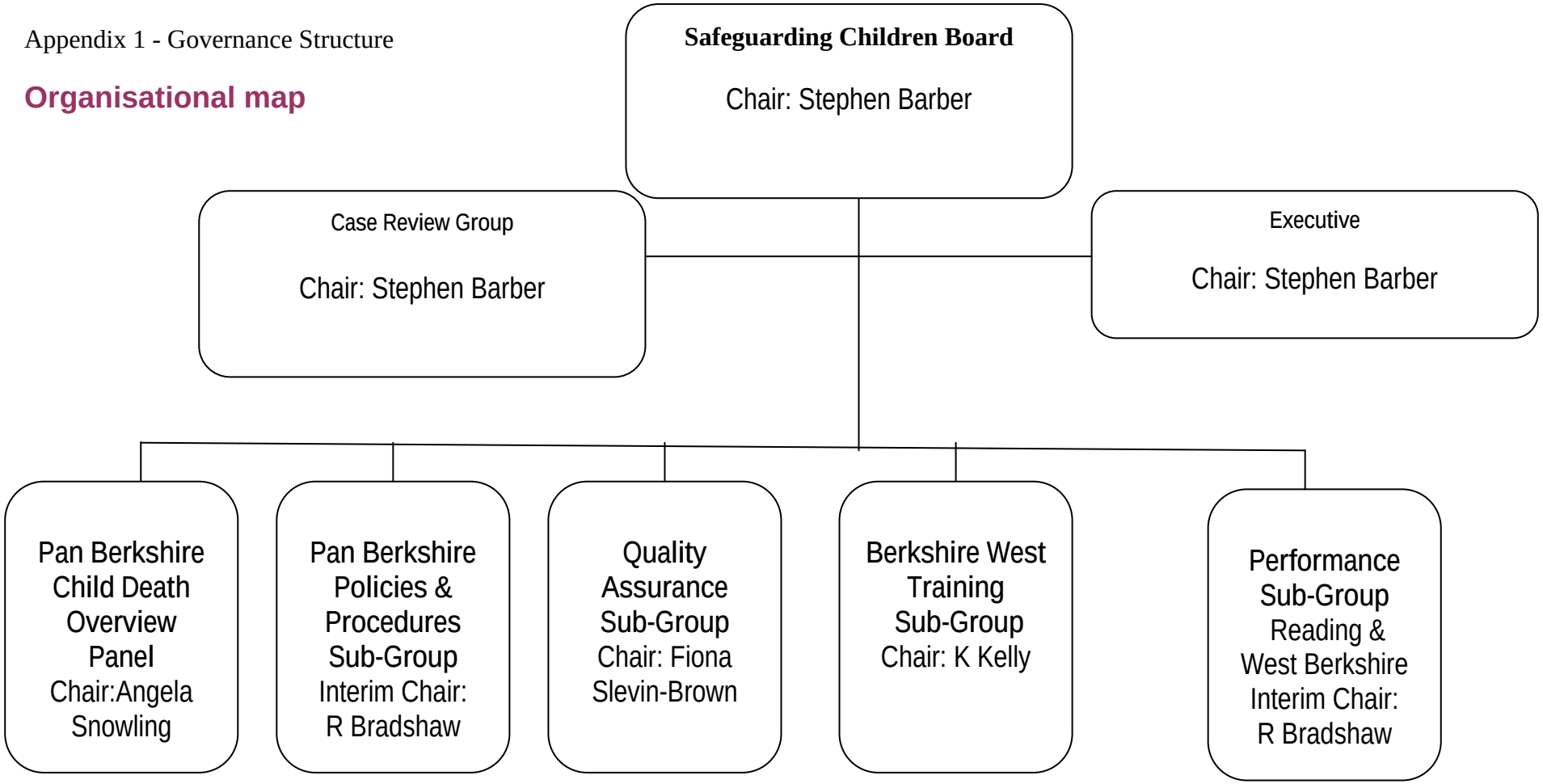
If you wish to make comment on this report or the work of the RSCB please send them to:

LSCB@reading.gov.uk
Reading Safeguarding Children Board ,Level 10 Civic Centre Reading RG1

September 2013

Appendix 1 - Governance Structure

Organisational map



Berkshire wide sub-groups are accountable to the six LSCBs across Berkshire.

Berkshire West sub-groups are accountable to Reading, Wokingham & West Berkshire LSCBs.

Reading Quality Assurance Sub-Group is accountable to Reading LSCB.

Appendix 2

TACKLING CHILD SEXUAL EXPLOITATION STRATEGY 2013-2014

This overarching strategy is based upon the Statement of Intent produced by Thames Valley Police in February 2013. It is intended to develop this strategy further, as part of the ongoing work of the Child Sexual Exploitation Operational Group.

Prevent

Child Sexual Exploitation takes place within our community. We must raise awareness and understanding of Child Sexual Exploitation in order to prevent children and young people from becoming victims.

Protect

We will work together to identify children at risk of, or subject to, sexual exploitation, so that we can safeguard and support them and prevent further harm.

Pursue

We will work together to assist in bringing offenders to justice, whilst ensuring that children and young people are not subject to further risk and harm.

Partnerships

Child Sexual Exploitation can only be challenged effectively through multi agency working and a partnership approach. We will build on and strengthen all our existing partnership arrangements in order to achieve this aim.

Performance Monitoring

We will ensure that every opportunity is taken to gather and share information that will help us to tackle Child Sexual Exploitation in our community, and across neighbouring boundaries, whenever possible. We will monitor our performance, identify key areas of learning and share best practice.

Practice Development

We will roll out training across our agencies so that practitioners can identify and respond appropriately to Child Sexual Exploitation.

KJ 13.3.13

Appendix 3

COURSES COMMISSIONED BY LSCB BOARD

These courses have been commissioned by the LSCB Board. To attend you must have completed the Universal Safeguarding course.

Course	Aims/Objectives	Date	Times	Trainer /Session Leader	Venue
Safeguarding Children – A Shared Responsibility	To provide 'Targeted' level training where multi-agency working is emphasised so that workers know their and other professionals' roles and responsibilities in relation to legislation and responsibilities in the child protection process. This course will not cover signs and indicators of abuse, this should be covered by your organisation in Universal Safeguarding Training	19.09.13	9.30 - 4.30	Reconstruct	Wokingham
		11.12.13			West Berks
		06.03.14			Reading
Child Development	This course provides an overview of the full range of physical, emotional and cognitive development, including good enough parenting, attachment and identity. Participants will have the opportunity to consider what 'normal' development is and to recognise and understand how children's experiences can be reflected in their behaviour. The training will also explore the role of child development in the assessment process and how information relating to children's development can inform decision-making in relation to risk and parenting capacity. It also considers cultural differences in relation to child rearing practices and child development	03.12.13	9.30 - 4.30	Reconstruct	Reading
Sexual Exploitation Awareness	• Child Sexual Exploitation in context with normal child development • Typical indicators of CSE • Commonly used grooming tactics, the child's perspective and behaviour • Factors that increase vulnerability to CSE • Building trust and promoting engagement with children, young people and families • How to respond to concerns	16.09.13	9.30 - 4.30	Paula Lane and Becky Tyler	Reading
		21.01.14			

Course	Aims/Objectives	Date	Times	Trainer /Session Leader	Venue
Physical Abuse	To offer the opportunity for participants to explore what is meant by physical harm and strategies for identifying and preventing risk to children, including tensions when identifying reasonable physical chastisement and issues relating to perpetrators - who they are and how they are managed	13.09.13	9.30 - 4.30	Reconstruct	West Berks
Neglect and Emotional Abuse	This course explores what is meant by the terms 'neglect' and 'emotional abuse' • Recognising the signs and symptoms and understanding the impact on children • The issues involved in working together with parents and across professional boundaries • The impact on individuals of working with neglect and emotional abuse issues	12.11.13	9.30 - 4.30	Reconstruct	Wokingham
Sexual Abuse	To offer the opportunity for participants to identify and develop skills for working with issues of child sexual abuse • The tensions in defining child sexual abuse • Who are the victims – Identifying factors • The impact of child sexual abuse • The issues relating to perpetrators who they are and how they are managed	30.01.14	9.30 - 4.30	Reconstruct	Reading
Safer Care for Children of Parents with Mental Health Issues	• Integration of equal treatment for people with mental health problems • Creative inter-service working to aid families and children • Methods of improving inter-service inter-agency working • Participants own beliefs and attitudes as well as societal views • Models of assessment that remain child focused and aid recognition and practical intervention • Participants skills in working with families, extended family and social networks to improve support and care	10.02.14	9.30 - 4.30	Reconstruct	Reading
Children who Display Sexually Harmful Behaviour	To offer the opportunity for participants to identify and develop skills for working with children who display sexually inappropriate or harmful behaviours • defining and understanding appropriate sexual development • The effects of child sexual abuse on a child' sexual development and behaviour • Identifying factors leading to concerns for victims and perpetrators of sexually harmful behaviour • The issues relating to perpetrators - who they are and how they are managed	28.02.14	9.30 - 4.30	Reconstruct	West Berks

Course	Aims/Objectives	Date	Times	Trainer /Session Leader	Venue
Safer Care for children of parents with Learning Disabilities	Ensuring that parents with a learning disability are effective parents is a key part of safeguarding children. This course looks at how to carry out good quality assessments of the capacity of learning disabled parents to meet the needs of their children and provides a framework for effective decision-making. It also covers ways of providing effective help and support for this group of parents as well as assessing and building resilience in children	11.03.14	9.30 - 4.30	Reconstruct	Wokingham

Appendix 4- Glossary of Acronyms

STATUTORY **- Those included as Statutory in Working Together 2010 and Section 11 of the Children Act Agencies.**
STANDING **- Agencies and organisations who are not statutory, but are full Members and expected to attend all meetings.**
ASSOCIATE **- Board Members who receive all papers and are expected to attend at least 1 meeting per year and update the Board on their Agency/organisation, or those who are invited to attend to advise the Board by request.**

CAF	Common Assessment Framework
CAFCASS	Children and Family Court Advisory and Support Service
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panel
CMHT	Community Mental Health Team
CQC	Care Quality Commission
CRB	Criminal Records Bureau
DfE	Department for Education
ISA	Independent Safeguarding Authority
JSNA	Joint Strategic Needs Assessment
LSCB	Local Safeguarding Children Board
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-Agency Risk Assessment Conference
PCT	Primary Care Trust
SARC	Sexual Assault Referral Centre
SCP	Safer Communities Partnership
SCR	Serious Case Review
VCS	Voluntary and Community Sector
YOT	Youth Offending Team

Appendix 5 – LSCB Membership at April 2012

Name	Agency	Membership
Stephen Barber	Independent LSCB Chair	Statutory
Colin Poynter	Connexions	Statutory
Avril Wilson	Director of Education, Social Services and Housing, RBC	Statutory
Bev Searle	Director, PCT	Statutory
Kevin Gibbs	CAFCASS	Statutory
Christine Etheridge	Children Young People and Maternity Lead, South Central SHA	Statutory
Cllr John Ennis	Lead Member for Children's Services	Statutory
Gabriel Amahwe/Claire Clairmont	Assistant Director, Thames Valley Probation	Statutory
Stuart Greenfield/Matt Healey	Thames Valley Police	Statutory
Karen Reeve	Head of Children's Social Care, RBC	Statutory
Patricia Pease	Royal Berkshire NHS Foundation Trust	Statutory
Fiona Slevin-Brown	Director of Reading Locality, BHFT	Statutory
Ben Cross	Development Worker, Reading Children's & Voluntary Youth Services	Standing
Bernadette Adams	Area Manager, Berkshire Women's Aid	Standing
Elizabeth Rhodes	Education Development Officer, Royal Berkshire Fire and Rescue Service	Standing
Fiona Veitch	Designated Primary Head Teacher, Norcot School	Standing
Jane McCausland	Locality Manager, CMHT Berkshire Healthcare Trust	Standing
John De Jongh	Safeguarding and Quality Assurance Manager, Reading Borough Council	Standing Part year
Sarah Gee	Head of Housing, Neighbourhoods and Community Services, RBC	Standing
Ian Muir	Senior Schools Advisor, RBC	Standing Part year
Suzanne Westhead	Head of Adult Care, RBC	Standing
Viv Angus	Designated Secondary Head Teacher, Reading Girl's School	Standing
Anderson Connell	Lay Member	Standing
Tony Heselton	Clinical Development Manager, South Central Ambulance Service	Standing
Rhoda Nikolay	Crown Prosecution Services	Associate
Stephanie Seigne	Deputy Director Corporate Affairs, Royal Berkshire NHS Foundation Trust	Associate
Liz Batty	Solicitor, Legal Services, RBC	Associate
Rita Morrison	Head of Reading CAMHS	Associate

LSCB Record of Attendance 2012 -2013			
	Agency	**Membership**	**Attendance record includes deputies**
	Independent LSCB Chair	Statutory	**100%**
	Head of Children's Social Care, RBC	Statutory	
	BHFT	Statutory	
	Designated Primary Head Teacher,	Standing	
	Head of Housing, Neighbourhoods and Community Services, RBC	Standing	
	Lay Member	Standing	
	, Primary care trust CT	Statutory	**75%**
	Thames Valley Police	Statutory	
	Royal Berkshire NHS Foundation Trust	Statutory	
	Reading Children's & Voluntary Youth Services	Standing	
	, Berkshire Women's Aid	Standing	
	Connexions	Statutory	**50%**
	Director of Education, Social Services and Housing, RBC	Statutory	
	Safeguarding and Quality Assurance, Reading Borough Council	Standing	
	, Thames Valley Probation	Statutory	
	Designated Secondary Head Teacher,	Standing	
	South Central SHA	Statutory	**25%**
	Lead Member for Children's Services	Statutory	
	CAFCASS	Statutory	
	Royal Berkshire Fire and Rescue Service	Standing	
	Schools Advisor, RBC	Standing	
	Head of Adult Care, RBC	Standing	
	Head of Reading CAMHS	Associate	
	South Central Ambulance Service	Standing	0
	No other associate members attended during the year		

Appendix 6

Budget report for the Reading LSCB

Income and planned Expenditure 2012-13

The majority of the budget is spent on staffing to support the work of the Board with contributions from the Local Authority, the PCT, Police, Probation, CAFCASS and Berkshire Healthcare Foundation Trust. The budget also pays for a part time CDOP administrator funded jointly by all the Berkshire LSCBs, who is responsible for notifications of child deaths across Berkshire.

A planned underspend is kept in reserve in the event of a Serious Case Review (SCR) or to cover the costs of a partnership review, both of which would require independent report authors.

Income	**£**
Local Authority	**63,055**
PCT	**20,000**
Police	**2,000**
Probation	**895**
CAFCASS	**550**
BHFT	**1000**
Schools	**25,000**
TOTAL	**87500**

Expenditure	**£**
Employee & Service costs	**44200**
CDOP	**5,300**
Tri X Procedures	**3,600**
Supplies and services	**34200**
Total expenditure	**87500**

Reading Borough Council has provided the following support staff and provides the Board's work space and resources

Board Support: Attend all Meetings and Sub Groups and work on behalf of the Board	
Marian McNichol	Business Manager tel 0118373834
Tracy Fenty	Business Support 01189374354

www.chimat.org.uk

Child Health Profile

ChiMat
Child and Maternal Health Observatory

Reading

March 2013

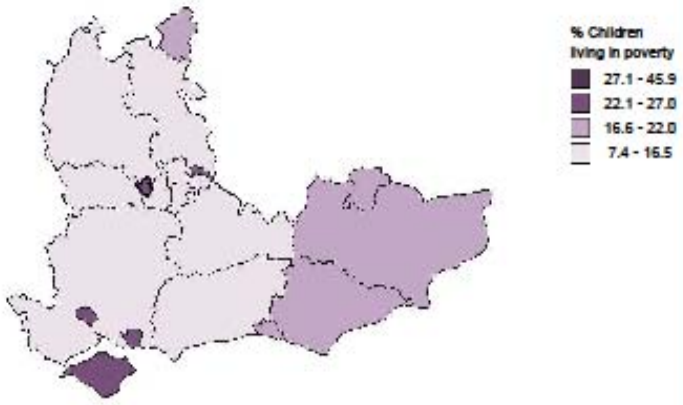
This profile provides a snapshot of child health in this area. It is designed to help the local authority and health services improve the health and well-being of children and tackle health inequalities.This profile is produced by the Child and Maternal Health Observatory (ChiMat) working with South East Public Health Observatory (SEPHO).

The child population in this area

	Local	South East	England
Live births in 2011	2,579	107,132	688,120
Children (age 0-4 years), 2011	12,000	536,000	3,328,700
% of total population	7.7%	6.2%	6.3%
Children (age 0-19 years), 2011	37,900	2,079,100	12,710,500
% of total population	24.4%	24.0%	23.9%
Children (age 0-19 years) in 2020 (projected)	41,320	2,233,096	13,575,943
% of total population	25.6%	23.8%	23.7%
School children from black/ethnic minority groups	6,872	189,255	1,661,440
% of school population (age 5-16 years)	45.5%	18.5%	25.6%
% of children living in poverty (age under 16 years)	22.2%	15.5%	21.1%
Life expectancy at birth			
Boys	77.9	79.7	78.6
Girls	82.8	83.5	82.6

Children living in poverty

Map of the South East, with Reading outlined, showing the relative levels of children living in poverty.



Data sources: Live births, Office for National Statistics (ONS) 2011; population estimates, ONS 2011 Census mid-year estimates; population projections, ONS interim 2011-based subnational population projections; black/ethnic minority maintained school population, Department for Education 2012; children living in poverty, HM Revenue & Customs (HMRC) 2010; life expectancy, ONS 2008-10

Key findings

24.4% of the population of Reading is under the age of twenty. 45.5% of school children are from a black or minority ethnic group.

The health and well-being of children in Reading is mixed compared with the England average. Infant and child mortality rates are similar to the England average.

The level of child poverty is worse than the England average with 22.2% of children aged under 16 years living in poverty. The rate of family homelessness is better than the England average.

Children in Reading have average levels of obesity. 10.6% of children aged 4-5 years and 19.0% of children aged 10-11 years are classified as obese. 54.4% of children participate in at least three hours of sport a week which is similar to the England average.

The hospital admission rate for alcohol specific conditions is lower than the England average. The hospital admission rate for substance misuse is lower than the England average.

In 2011, there were 1,102 acute sexually transmitted infection diagnoses in young people aged 15 to 24 years. This represents a rate of 45.2 diagnoses for every 1,000 people in this age range which is higher than the England average.

YHPHO
YORKSHIRE & HUMBER PUBLIC HEALTH OBSERVATORY

sepho
South East Public Health Observatory

NHS

ChiMat is funded by the Department of Health and is part of YHPHO.
This profile is produced by ChiMat working with SEPHO on behalf of the Public Health Observatories in England.

T0: HEALTH AND WELL BEING BOARD

Date: 13 December 2013 **Agenda Item : 10**

Title: Review of Children's Public Health Commissioning Opportunities

Lead: Dr Lise Llewellyn
Avril Wilson

Job Title: Director of Public Health
Director of Education, Adult and Children's Services

1 Introduction

1.1 At the previous meeting of the health and well being board we had a joint paper on the joint opportunities to support families across health and children's centres. This paper summarizes a practical programme that will allow us to explore and identify these opportunities.

1.2 This report supports the implementation of two of the four goals and objectives.

Goal Two is to "Increase the focus on early years and the whole family to help reduce health inequalities", with an objective within this goal to reduce inequalities in early development of physical and emotional health, education, language and social skills.

Goal One is to "promote and protect the health of all communities particularly those disadvantaged", with a sub objective to increase the awareness and uptake of immunisation and screening programmes.

1.3 The paper briefly outlines for the health and well being board the changes that will be occurring in childrens' commissioning for public health services, to outline an approach to support this change and our bid for the small health visitor transformation funding.

1.4 Our approach to the transition of the commissioning of health visitors will be to work across Berkshire which will allow sharing of best practice, use of evidence base for proposals but will be underpinned by an approach that ensures that Reading develops a pattern of care that is suitable for the needs of their communities

2 National Context

2.1 The health and social care bill changed the pattern of commissioners for a range of health services including those that serve children

- The local authority already has established and extensive responsibilities with regards childrens' care: education, safeguarding and social care services as well as early intervention and prevention services - often delivered through childrens' centres, Reading has continued to support the provision of childrens centres and has recently developed a new early services strategy.
- CCGs - From 2013/2014, Clinical Commissioning Groups (CCGs) commission almost all health services (supported by the national NHS England) responsible for allocating resources and providing commissioning guidance includes childrens a&e services, paediatrics in district general hospitals , and children & adolescent mental health services - excluding level 4 provision .

- NHS England Area team: Level 4 CAMHs provision is a specialist service and like other specialist services (for adults and children) is commissioned through NHS England area team. In addition the area team commissions childrens' immunisation services, newborn screening and routine primary care and health visiting until 2015.
- As part of movement of public health responsibility to the local authority, public health services for children and young people aged 5-19 have been transferred though in a staged approach. Reading currently has on over view role on immunization but also directly commissions – school nursing. The nest stage is the transfer of health visiting and family nurse partnership programme in 2015 following the expansion of the health visitor programme.

2.2 This expansion is part of a national government commitment to expand the number of health visitors by 4200 and ensure sustainability of service. The investment in Health visiting services provides a further opportunity to strengthen the support to families through the delivery of the Health Child Programme.

3 Public Health Outcomes

3.1 The new role of local government is to improve the health of their local population but also to reduce inequalities in health.

3.2 Nationally whilst life expectancy is increasing the reduction in health inequalities is not being seen. In the original Marmot report in 2008 the review of the evidence of what works in reducing inequalities and identified that there were six core actions that would lead to reduction in inequalities: however central to a long term solution was a focus on the child - giving every child the best start in life and maximizing their opportunities. School nursing and health visiting are key public health services.

3.3 Outcomes that will be influenced by the school nursing and health visiting programmes:
- Under 18 conceptions
- Infant mortality
- Low birth weight of term babies
- Smoking status at time of delivery
- Breastfeeding (initiation and at 6–8 weeks)
- Vaccination coverage
- Healthy weight 4–5 years
- Tooth decay in children age 5

3.3 The opportunity of the change in the commissioning of childrens' universal public health services allows each UA to examine how best to align the current pattern of care to achieve the best outcomes in this time of financial constraints maximizing the impact of the Health visitor and school nursing roles and transfer

4 Local progress

4.1 The new focus on integration of services across health and social care to improve outcomes, though mainly focused on care of older people, is equally important in young children where there are multiple deliverers and commissioners of care at the current time. Within Berkshire West there is a commitment to drive the integration of service to improve care and children's services are a key part of this local agenda.

4.2 Early work in this board identified the potential for health and local authority partners to focus collaborative work around children and families. Last meeting a task and finish group of the health and well being board to lead on children's services was established with a focus on four key areas of work:

Theme One “Improved Awareness of Children’s Services for GPs and Health Care Professionals”

To ensure greater awareness and understanding across GPs and Early Help services of the support available and the appropriate level of support required.

Theme Two “Education and Resources for Families”

Top deliver greater access to resources promoting the availability of support services, alongside a need to increase the public knowledge and understanding of what is available and how to deal with minor ailments.

Theme Three “Opportunities for awareness raising and making contact with families”

To increase opportunities across health and the local authority to make contact with families ensuring they know what support is available

Theme Four “Promotion of Immunisation”

To promote and protect the health of all communities particularly those disadvantaged, with through increasing the awareness and uptake of immunisation and screening programmes

.

4 Proposal for Children’s Services Review

4.1 Nationally there is work underway to ensure the smooth and sustainable transfer of health visiting services to local government and ensure the leadership role of health visitors is continued in the new commissioning arrangements. However we also wish to review the 0-19 year old offer across our services to ensure that services are focused on the existing and emerging needs of our children, since school nursing is now already commissioned through Public Health in Reading BC.

4.2 The approach therefore will be to review the existing services for our children , reflecting these against needs and best practice to develop a 5 year plan to support the our health and well being strategic goals. The work will be managed to ensure that the needs of the various age groups are addressed and allow us to re-specify and commission the school nursing and health visiting roles.

4.3 The work will involve all key stakeholders:

local government staff in childrens' social care, education
representatives from schools
volountary sector representatives / users
health provider services
public health
local political leaders
Area team
CCG

4.3 Nationally part of the health visitor transition work has made available a small amount transition funding - approximately £20k for Berkshire to support this process. The fund was announced on 6 November with applications to be submitted by November 13. The approach that we are submitting builds on work that the approach summarsied above, previously discussed with the Director of Children’s Services and leaders.

4.3 In summary the focus of this bid for funding will be to review the approach to 0-5 year’s service delivery, and develop a new strategy for this area for each UA, building on the work that is underway in Reading. The work will describe in detail the current pattern of services for our

children within each Unitary Authority area, to review whether these services best serve the needs of our local children now and going forward and then to re design the services, to allow the services to be re-commissioned to achieve the best outcomes and alignment.

(As mentioned this approach will be repeated for older school age children to maximize the integration and impact of services.)

5 Summary

5.1 This work supports the Health and Well-being strategy in supporting a reduction in inequalities and will support the approaches in the Reading early years intervention work. The programme will regularly report into the task and finish group of the health and well being board to ensure alignment of approach.

Appendix A

Health visitor transformation proposal

Stage one - What is currently available to our children and families?

Recent powerful experience has shown that there is not a full understanding of the range of services provided by others within the local economy. Therefore the first stage of this work will be a workshop whereby each area presents the full range of services they provide; this allows each stakeholder to understand the full range of services in their area. This will allow immediately a greater understanding and potentially an immediate impact on care.

In addition with the funding available we will undertake parent and user experience surveys , asking for ways in which services could be improved Professionals working in the childrens services will also be invited to give feedback on how they think services cold be improved. This will feed into services redesign

Opportunity to share and understand review the services / patterns in the neighboring authorities so we can share experience / best practice / outside of the UA boundary

Stage 2

Review of needs assessment for children 0-5 for Reading, which will allow working in local groups to identify goals and outcomes to be delivered in the new environment. This will focus on universal and hard to reach groups to ensure both an improvement in health and a reduction in equalities.

The services will then be challenged to review how going forward, using the new evidence of effective service provision, and addressing the issues raised by users and providers their services can deliver these outcomes effectively maximizing the increase in health visitor capacity.

Stage 3

Service re design and implementation, which may involve :

I. additional support for existing professionals with in services to embed new ways of working - support may be sought from the Thames Valley LETBs
II. workforce development of new roles and skills
III. new contract formats supporting an outcomes based approach / delivering pooled / integrated budgets

Provider support

The bid also includes immediate support to the provider to implement some key evidence based tools that maximise the outcomes for our children.

Ages and Stages tool kit

The provider has been with others developing a HV Service improvement plan . Part of this is the introduction of the Ages and Stages Child Health Review Tools for the 9 month and 2 year universal reviews from January 2014

The expectation is that this tool will allow earlier detection of children requiring support. The strategy development phase of this work will establish how these connections can be improved linking the child and family to the full range of services**.**

Solihull Approach

The BHFT Health Visiting Service will introduce the 'Solihull Approach to understanding children's behaviour'. This is an evidence based integrated theoretical model, that can be used in practice, to provide a way of thinking about relationships. It supports professionals in their work with families and it has been proven to improve children's and parents' emotional relationship and wellbeing. The approach is known to support the parent-child relationship. Service within children's centers and more widely also have this underpinning principle.

The review of services will allow us to explore this tool and its application within the boarder framework of children's services in each UA to ensure consistency of approach for families irrespective of provider.

5.5 The national resources available will be used to deliver the workshops, venues, facilitation and write up of events (cartoonists will be used to capture the details and develop new models - an effective and engaging method to ensure clarity of outputs.
In addition the resources will support professional and user experience capture through a variety of routes.

Governance

Engagement:
The work will be coordinated across Berkshire with Directors of children's services as key leaders and designers of this work - the events will be co chaired Public and Health and Childrens services.
Within Reading the work will report to the task and finish group to ensure coordination of effort.

The major provider for health visitor provision has been a part of the early discussions on this work as part of regular Public health and commissioner service development meetings

Programme oversight

In the West of Berkshire there is a strategic Children's Commissioning group already established and this group will act as the overarching group for this work. This group supports the agreed position across the 10 organisations in Berkshire West to drive integration of services to improve outcomes.

A health visitor transition board (with children's services and public health involvement) working with providers will be established across Berkshire and link into both the strategic children's commissioning group and with regular reports to the Health and Well-being board.
(This approach recognizes the CCG configuration within Berkshire and links into established ways of working)

READING BOROUGH COUNCIL

REPORT BY MANAGING DIRECTOR

TO:	**Health & Well Being Board**		
DATE:	**13 December 2013**	**AGENDA ITEM:**	**11**
TITLE:	**HEALTHY WEIGHT STRATEGY UPDATE**		
LEAD COUNCILLOR:	**COUNCILLOR HOSKIN**	**PORTFOLIO:**	**HEALTH**
SERVICE:	**PUBLIC HEALTH**	**WARDS:**	**BOROUGHWIDE**
LEAD OFFICER:	**Asmat Nisa**	**TEL:**	**73623**
JOB TITLE:	**Head of Public Health**	**E-MAIL:**	**Asmat.nisa@reading.gov.uk**

1. UPDATE AND NEXT STEPS ON HEALTHY WEIGHT STRATEGY

1.1 A Healthy Weight Workshop was held on 24 September 2013 under the auspices of the Health & Wellbeing Board (HWB), bringing together a range of attendees from the local authority, the NHS, private and voluntary sector. The aims of the workshop was to a) learn of the national policy context and hear about good practice in tackling obesity from national speakers b) assess current work in place and c) gain stakeholder feedback and input into development of emerging/key priorities to inform the development of a Reading Healthy Weight Strategy.

2. RECOMMENDED ACTION

2.1 The HWB Board are asked to:

a) Note the successful conclusion of the half day Health & Well Being Board healthy weight workshop held on 24th September 2013.

b) Note Public Health team analysis of the emerging themes and priorities identified by attendees

c) Approve the establishment of a Reading Healthy Weight Strategy Group to oversee and co-ordinate the development of a Healthy Weight Strategy and action Plan for Reading.

3. POLICY CONTEXT

3.1 Obesity represents one of the greatest risks to health and wellbeing in the UK in the 21st century

Obese children and adolescents are at increased risk of health problems, and are also more likely to become obese as adults. They are more likely to develop health problems including type 2 diabetes and cardiovascular diseases at a younger age, breathing problems and musculoskeletal difficulties, poorer mental health stigmatisation and low self-esteem

The Health and Well Being Strategy clearly sets out the importance of tackling obesity. Goal 4 Promote health enabling behaviours and lifestyle tailored to the different needs of the communities. Reduce the prevalence, social and health impacts of obesity in Reading including targeting key causes. (Reading Health and Wellbeing Strategy Action Plan 2013/14).

4. THE PROPOSAL

4.1 As a key element of the Reading Healthy weight Strategy workshop, facilitated group sessions were held for participants to i) consider key themes that could make up the healthy weight strategy and ii) to start to collect information and ideas on what some of the strengths, weaknesses, opportunities and threats might be across Reading in relation to key thematic areas.

Group work focused on the following areas:

- Children and young people (prevention)
- Parents
- Adults (prevention)
- Weight Management &commissioning
- Workforce and Training
- Environment
- Communications

    - Participants were asked to identify current initiatives, e.g. Environmental Health working with restaurants and take-aways that encourages menus with calorie counts and more businesses qualifying for healthy Eating Award. The priorities for action and change within each of the strategy themes to build on and develop strengths, minimize threats, overcome weaknesses and maximize opportunities.

4.3 Following analysis by the Public Health Team, four overarching themes have emerged from the discussions held with key stakeholders.

1. Communication /promotions /campaigns
2 Evidence and Evaluations
3. Joint working
4. Commissioning

4.4 Across these themes analysis has further identified the following common issues:

1. A co-ordinated healthy weight campaign.
2. Improved joint working across all key stakeholders.
3. Identification and training and support of local healthy weight. Champions /ambassadors within communities.
4. Development of a workplace health programme.
5. Prioritise work that will reach children and young people.
6. Commissioning weight management services.
7. Collection of local evidence and evaluation of interventions, e.g. (LGA Conference 6/11/2013 –Money Well Spent, evidence of cost effectiveness of public health interventions/Remaining effective at times of austerity presentations).

4.5 It is proposed that a multi-agency Healthy Weight Strategy Group is established to develop a comprehensive and integrated healthy weight strategy for Reading and to provide strategic oversight and co-ordination of the process.

4.6 The following schedule is proposed for completing the production and dissemination of the strategy:

- January 2014- First meeting of strategy steering group
- January –May 2014 –Development of draft strategy.
- June 2014 Strategy Consultation

5. CONTRIBUTION TO STRATEGIC AIMS

5.1**:** Activities make a clear and direct contribution to Goal 4 of the Reading Health and Wellbeing Strategy: Promote health enabling behaviours and lifestyle tailored to the different needs of the communities. Reduce the prevalence, social and health impacts of obesity in Reading including targeting key causes. (Reading Health and Wellbeing Strategy Action Plan 2013/14).

5.2 Work to promote Healthy Weight will also address the following Sustainable Communities Strategy priorities:

5.3

- Fair Reading for All- Everyone will have access to healthy weight programmes and initiatives.

- Children and Young People – tackle childhood overweight and obesity in Reading by working with parents, schools and related programmes.

- Culture, Leisure and Sport – increase physical activity and exercises to all residents of Reading.

- Healthy People and Lifestyles – tackling obesity and the underlying factors that lead to overweight and obese children and adults.

- Cleaner and Greener Environments – Improving access to green space and playing areas for families.

- Safer and Stronger Communities - increased sense of personal and community pride by feeling good physically and mentally.

- Thriving Economy and Skills –encourage less absenteeism and costs to wider economy associated with obesity.

- Transport and Accessible Spaces – Encourage safer cycling, health walks and open spaces for recreation.

Additionally a Berkshire wide physical activity framework is being developed and links will be made with this process as appropriate.

5.3 (a) **Equal Opportunities** - The programme of work will consider how the Council's six target groups might be affected:

- BME communities – consider any specific accessibility and/or service delivery issues for BME populations. Work with religious and community groups will be developed within the strategy.
- People with disabilities – ensure closer working with people with disabilities, social care and representative bodies in the voluntary sector.
- The elderly -the specific needs of older people specifically the most deprived and not active.
- Women – consider any gender specific accessibility and/or service delivery issues
- Low paid – ensure those most economically disadvantaged have access to programmes.
- Children and young people – programmes specific for children and young people will be developed including joint working with the Reading Youth Cabinet, schools, parents and other professionals,

Users and carers will also be considered initial work has already begun with Reading Voluntary Action to set up key partnerships.

(b) **Sustainability Implications** – -The healthy weight strategy will contribute to an integrated approach across environmental, transport, social and economic issues that all inter link. Local initiates and programmes will have an impact on the quality of life on the residents of Reading, improving diet, local environment, access to healthy food and a good choice of transport alternatives.

(d) **Health Implications** – This is a specific programme of work to improve the population health and well being of local residents by preventing overweight and obesity that impact on wider health issues, coronary heart disease, diabetes, depression and anxiety and others. It will also tackle health inequalities by ensuring those most deprived have access to healthy eating strategies and support mechanisms.

6. COMMUNITY ENGAGEMENT AND INFORMATION

6.1 Community engagement is an ongoing process within this work stream and links have already been developed with representative organisations such as Reading Voluntary Action (RVA), to ensure closer working with the voluntary and community sector. Once the healthy weight strategy is developed, further links will be established with user organisations and local authority processes used to make contact with local citizens to consult on the objectives and outcomes of the strategy.

7. EQUALITY IMPACT ASSESSMENT

7.1 Consideration of equality issues will be given throughout the development of the strategy to ensure no adverse impact exists towards any of the protected groups set out in the Equality Act (2010).

8. LEGAL IMPLICATIONS

None identified

9. FINANCIAL IMPLICATIONS

None identified

9. BACKGROUND PAPERS

9.1 Appendix A: Healthy Weight Strategy Workshop 24th September 2013: Overview and Summary of Key Themes and Priorities

Appendix 1 Terms of Reference for the multi-agency healthy weight steering group.

Aim

To work towards the production of an integrated healthy weight strategy for Reading, involving the private, voluntary and statutory sectors.

Purpose

a) To review the key themes and priorities derived from the 24th September workshop.
b) Review national and regional good practice and templates, policy guidance and other information to support the overall aim.
c) To be representative of the key stakeholders across Reading and life pathway to ensure an integrated life cycle approach to tackling overweight and obesity.
d) To define the framework and key headings and content for a healthy weight strategy.
e) Agree an action plan to take this work forward.

Membership

To have key stakeholders from the private, voluntary and public sector that include:

- Transport
- Environmental health
- Business representative /food provider
- Reading Voluntary Action
- Public health
- Schools/education
- Commissioners (NHS/other)

Meetings

Meet monthly to develop and review action plan and progress on objectives set above,

Reporting and Governance

Report to the health and well being board.

Timescale

To be set by the group,

READING BOROUGH COUNCIL

REPORT BY MANAGING DIRECTOR

TO:	**Health and Wellbeing Board**		
DATE:	**13th December 2013**	**AGENDA ITEM:**	**12**
TITLE:	**Screening and Immunisation**		
LEAD COUNCILLOR:	**Councillor Hoskin**	**PORTFOLIO:**	**Health**
SERVICE:	**Public Health**	**WARDS:**	**Borough Wide**
LEAD OFFICER:	**Asmat Nisa**	**TEL:**	**73623**
JOB TITLE:	**Head of Public Health**	**E-MAIL:**	**Asmat.nisa@reading.gov.uk**

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

This report aims to provide an update and overview of the work undertaken and the progress made to implement the MMR catch up programme for 10 – 16year olds in Reading. The report will also set out the rationale for the approach being taken. In addition the report will provide information on the on the wider screening and immunisation programme of work.

Phase 1 of NHS England's MMR catch up programme identified approximately 9.3% of 10 – 16 year olds in the N&W Reading CCG who had zero doses of the MMR vaccine and 9.8% who had received Zero doses. In South Reading CCG the numbers identified were significantly higher with 14.2% having received zero doses and 15.4% having received one dose. These higher figures are reflective of the larger number practices in South Reading CCG (20). For this reason the phase 2 plans of the catch up programme will focus initially on South Reading CCG practices to trial the approach to be taken and then if effective could be rolled out to other areas. This work has been led by the Programme Manager in the Public Health team working closely in partnership with South Reading CCG and Berkshire Health Care Trust and is supported and overseen by the Public Health Consultant in Health Protection from the Berkshire Shared Team.

The MMR Catch up Programme of work has been prioritised as an area of work from within the immunisation programme. Officer time has focused on working closely with NHS England and South Reading CCG to develop an approach to be piloted. It is expected that there will be lessons to be learned from the approach being used for the catch up programme including some evidence of the most cost effective approach to increasing uptake with the families who are still resistant to having their children immunised. This learning can inform future work. Appointments have recently been made into the vacant posts in the Public Health Team and it is expected that one of

these new roles will have the capacity to pick up the wider programme of screening and immunisation work once they are in post.

2. RECOMMENDED ACTION

2.1 The HWB board note the progress update and plans and proposals for the MMR Catch up programme of work for 10 – 16 year olds and wider initiatives such as the flu campaign

2.2 The HWB note the challenges currently to be overcome and addressed as a priority to ensure General Practice Immunisation Records are up to date, reliable and robust for 10 – 16 year olds in order for them to be able to be used by school nurses to sustain any MMR catch up required.

2.3 The establishment of a screening and immunisation task and finish group is postponed until the new appointment in the Public Health Team with the lead for this area of work is in post

3. POLICY CONTEXT

Immunisations and screening programmes are commissioned by NHS England Area Team from a range of providers, with a focus on General Practice. The role of local Public Health is to monitor the delivery of the vaccination programmes and give assurance to the Health and Well-being Board on the effectiveness of these programmes and delivery in the local communities.

Immunisation and screening uptake targets are monitored through the Public Health Outcomes Framework.

The Health and well being strategy identifies immunisation and screening programmes as a priority (Goal 1, objective 3).

The Public Health Outcomes Framework Sets performance targets for immunisation and screening.

4. THE PROPOSAL

4.1 Current Position: MMR: NHS England have already undertaken phase 1 of the MMR catch programme of work, as reported to the Board in September by Lise Llewellyn. This work has found that some of the main causes for the below target immunisation coverage in the 10 – 16 year olds as well as the under 5s is due to data recording issues in General Practice. A pilot project in two practices in South Reading in September found evidence that there are discrepancies between paper /scanned and electronic records for the 10 – 16 year olds and that this would result in an underestimation of the un-immunised population.

In addition, NHS England in their work to date found some of the identified issues and challenges with achieving good immunisation coverage in South Reading are:

- Transient population
- Cultural differences
- Language barriers

All of this learning now needs to be used to inform future planning to improve uptake and the first priority to action is to support the local GP practices to ensure their electronic records are up to date and robust to ensure that there is an accurate picture of which families need targeting to improve uptake.

Currently, the immunisation records for 10 – 16 year olds held by General Practice are not compatible with the child health records held by Berkshire Health Care Trust and the School Nurses. This therefore poses an additional challenge when planning for the remainder of the MMR catch up programme in the 10 – 16 year olds to take place in schools after Christmas. A priority activity therefore during this catch up phase with General Practice needs to be firstly focused on "cleaning" the practice data (as suggested above) and secondly updating the child health records held by Berkshire Health Care Trust so that the school nurses are in a position to effectively and confidently continue with the Catch Up work in schools.

South Reading CCG have prioritised improving their <5s childhood immunisation coverage to reach the 95% targets and have employed a designated nurse to work with the local practices to help them to "clean" up the local practice data and electronic records and follow up all families who have not taken up the invitation to have their children vaccinated. The nurse works on an outreach basis and carries out phone calls and face to face meetings to educate, motivate and encourage these families to have their children immunised. The CCG report that this initiative is proving effective and are optimistic it will help them to reach their 95% targets.

The model currently being used by South Reading CCG has been built into a proposal /business case by the Public Health team and submitted to NHS England for some funding to help increase the capacity of the CCG and the local practices to enable the achievement of the MMR Catch up programme targets. If the proposal is successful the plan is to pilot this approach in South Reading and then role it out to other areas. The strength of this model in South Reading is that it should set a good foundation for continuing with any remaining MMR catch up work after Christmas in the schools when it is planned that the school nursing service will be commissioned to deliver the MMR catch up programme along side other immunisation programmes in secondary schools.

Work already underway in South Reading, led by the CCG, would indicate that an effective approach to increasing uptake of vaccinations in children under 5 years to hit the 95% target will be effective. The approach is very targeted and intensive and is specifically designed to effectively reach and educate the relatively small (approximately 100 children in South Reading) "hard to reach" /"hard to persuade" parts of the communities.

A Berkshire immunisation and screening Working Group has been established by NHS England Consultant lead (Dr Nisha Jayatilleke) this group aims to provide strategic and operational coordination of the programmes of work across the six Unitary Authorities. Public Health is represented on the group by Ravi Balakrishnan the Consultant lead for Berkshire Shared team on Health protection. Public Health England Centre for the Thames Valley also report into this group and in the last meeting (24th Oct) reported that the evidence indicates that number of families who choose not to have their children vaccinated is extremely small and it was therefore possible to conclude that if significant numbers were remaining unimmunised it was due to other factors such as language barriers, high levels of immigration from

countries where routine immunisation programmes are not common and cultural issues, along with the already identified gaps in data recording systems.
Bridget England the Public Health Programme Manager leading on the MMR catch up programme has met with Emily Hodges to ensure that the work and plans of the Joint Children and Families Working Group is aware of the current proposals for the MMR catch up pilot project and also to provide her with a wider briefing and understanding of the under 5s immunisation programme. Currently there is no duplication of efforts but it was agreed that if proposals to start offering immunisations through children's centre were thought to be a useful approach to helping Reading hit its coverage targets then it would be important to make sure that the CCGs, Public Health and NHS England were part of those discussions.

4.2 Current Position: Flu

The Flu Jab: Flu vaccination by injection, commonly known as the 'flu jab' is available every year on the NHS to protect adults (and some children) at risk of flu and its complications.

The flu jab is given free on the NHS as an annual injection to:

- adults over the age of 18 at risk of flu (including everyone over 65)
- children aged six months to two years at risk of flu

Flu nasal spray vaccination: The flu vaccine is also given as an annual nasal spray to:

- children aged two to 18 years at risk of flu
- healthy children aged two and three years

The vaccine is given as a single dose of nasal spray squirted up each nostril. Not only is it needle-free (a big advantage for children), the nasal spray works even better than the injected flu vaccine with fewer side effects.

It's quick and painless and children are less likely to become ill if they come into contact with the flu virus. Its brand name is Fluenz.

The following activities have been undertaken/are underway to promote flu vaccination uptake across Reading:

- Flu posters, leaflets and postcards have been distributed to pharmacies across the Thames Valley and have been and/or are in the process of being distributed via partners to libraries, children's centres, health visitors, community and acute hospitals
- A press release focusing on the new vaccine for 2-3 year olds has been issued by the Area Team
- The Area Team have further proactive press releases planned during November to promote the opportunity for pregnant women to have their flu vaccination and for those in at risk groups to have their free flu vaccination across 18 pharmacies in Berkshire West.
- A local press release has been issued by Reading Borough Council urging women, carers and people with long term health conditions to get their free flu vaccination.

- Reading Borough Council is providing free flu jab vouchers for key front line staff who are working with vulnerable children and adults or are in regular contact with members of the public
- This year, for the first time, children aged two and three years on 1 September are also being offered the flu vaccination, often as a spray in each nostril. Surgeries across Reading will be contacting parents to make an appointment for children to be vaccinated.
- Practices have been sent best practice guidance
- Practices and CCGs will get monthly feed back on uptake in different groups
- Arrangements have been put in place to provide a seasonal flu immunisation service for children attending special schools located within the Berkshire West CCG Federation.
- A student on placement with the Reading Public Health will be liaising further with partners to identify where Public Health can offer further support to the local campaign during November.

4.3 Options Proposed (MMR)

a) Lessons can be learned from the work currently commissioned by South Reading CCG to increase up take in under 5s immunisations. A targeted, intensive outreach health promotion /education service delivering face to face information and encouragement to known families is proving to be effective in motivating parents to vaccinate their children. In addition this role has the additional capacity to ensure the practice electronic records are up to date and accurate to minimise the potential for under reporting. As this approach is already proving to be effective it is suggested that a similar model is piloted for the MMR Catch Up Campaign as proposed in the business case recently submitted to NHS England. Following evaluation of the impact and effectiveness of the South Reading model it could then be rolled out to N&W Reading CCG.

b) Establish a local task and finish group to focus on the uptake of immunisation and screening programmes as proposed in the last meeting as soon as the vacant post in the Public Health team is filled. This group could be supported and advised by the PH Consultant in the Shared team and report to the Berkshire wide working group.

4.4 Further points for information and consideration

One of the biggest challenges for the MMR catch up programme of work is firstly ensuring that the data held by General Practice on their registered 10 – 16 population is up to date and recorded on to their electronic records system. This is one of the primary objectives of this phase of the work planned. However, even with this work completed there will remain an in-compatibility in the data records held on 10 – 16 year olds by General Practice and those records held by the School Nurses on the BHFT child health system (RIO). The reason for this is that the practice electronic data systems don't "talk to" the RIO system. Therefore some time limited investment to increase administrative capacity to update the child health records on the RIO system, once the practice data has been cleaned, would significantly facilitate the effectiveness and efficiency of continuing with the catch up campaign in schools after Christmas.

A memorandum of understanding could be developed to clarify the roles and responsibilities of the different partner organisations with a responsibility to deliver the immunisation and screening outcomes.

5. CONTRIBUTION TO STRATEGIC AIMS

This programme of work will contribute to the Council's strategic aim to:

- *To promote equality, social inclusion and a safe and healthy environment for all*

Goal 1 of the HWB strategy: promote and protect the health of all communities particularly those disadvantaged.

6. COMMUNITY ENGAGEMENT AND INFORMATION

Berkshire Health Care Foundation Trust set up a parents forum in October 2013 for Universal services for children under 5 years. Approximately 40 people attended the first meeting and the plan is that the forum will meet twice a year. Parents on the forum will also be kept updated in between meetings with email updates and alerts along with invitations to participate in engagement and consultation activities as and when they emerge on areas of service provision.

Public Health has been invited to be part of this forum and to use it to consult and engage with parents as and when required.

7. EQUALITY IMPACT ASSESSMENT

The implementation of the childhood immunisation programme for both under 5 year olds and for the 10 – 16 year olds as part of the MMR catch up programme takes a whole population approach. The target to be achieved is 95% coverage and in an ideal situation 100% of the target age groups would be aimed for. Therefore it is necessary for an equality impact assessment to be carried out.

Flu can be more severe in certain people such as:

- anyone over the age of 65
- pregnant women
- children and adults with an underlying health condition (particularly long-term heart or respiratory disease)
- children and adults with weakened immune systems

The flu campaign aims to reach these groups as anyone in these risk groups is more likely to develop potentially serious complications of flu such as pneumonia (a lung infection)

8. LEGAL IMPLICATIONS

8.1 Under the Health and Social Care Act 2012 outlining the plans for the transition of Public Health into Local Authorities the Local Authority Directors of Public Health have a duty to ensure plans are in place to protect their population including through screening and immunisation. Their role is to

provide independent scrutiny and challenge of the plans of NHS England (the commissioners of screening and immunisation programmes), Public Health England and the Providers.

Public Health England have a role to support the Directors of Public Health to hold NHS England to account through the provision of data, and information on performance against standards.

The agreement made under Section 7A of the National Health Service Act 2006 between the Secretary of State for Health and the NHS Commissioning Board tasks NHS England with the responsibility for commissioning population based immunisation and screening programmes.

It is Public Health England's responsibility to provide Health protection services, expertise and advice and to provide advice on the specification for immunisations programmes

9. FINANCIAL IMPLICATIONS

Business case submitted to NHS England for the MMR Catch up Programme in South Reading to trial the planned approach.

10. BACKGROUND PAPERS

10.1 Health and Wellbeing Strategy.

10.2 Measles Mumps and Rubella (MMR) Immunisation Update for Berkshire – Lise Llewellyn paper to the Health and Well being Board September 2013

10.3 MMR Catch up Campaign Area Teams's report on progress Thames Valley Area Team – Report authors Dr Nisha Jayatilleke and Rosemary DeWilde 12th September 2013 (updated 27th September 2013)

READING BOROUGH COUNCIL

REPORT BY MANAGING DIRECTOR

TO:	**Health and Wellbeing Board**		
DATE:	**13th December 2013**	**AGENDA ITEM:**	**13**
TITLE:	**Reading Joint Strategic Needs Assessment – Beta Version**		
LEAD COUNCILLOR:	**Councillor Hoskin**	**PORTFOLIO:**	**Health**
SERVICE:	**Public Health**	**WARDS:**	**Borough Wide**
LEAD OFFICER:	**Kim Wilkins**	**TEL:**	**01189373627**
JOB TITLE:	**Senior Public Health Programme Manager**	**E-MAIL:**	**Kim.wilkins@reading.gov.uk**

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

To provide an update on the progress made to date on the redesign process to deliver the web based Reading Joint Strategic Needs Assessment (JSNA).

To share a beta format of the web based Reading Joint Strategic Needs Assessment (JSNA) with the Reading Health and Wellbeing Board.

2. RECOMMENDED ACTION

2.1 The Reading Health and Wellbeing Board is requested to note the report
2.2 The Board is asked to agree the use of the beta format for the Reading JSNA

3. POLICY CONTEXT

The Health and Social Act (2012) states that there is a requirement for all Health and Wellbeing Board's working through local authorities and the Clinical Commissioning Groups to produce a Joint Strategic Needs Assessment (JSNA) of the health and wellbeing of their local community.

The successful transfer of Public Health into the six Unitary Authorities (UA's) across the Berkshire region has presented a new opportunity to create a redesigned JSNA. The Berkshire Public Health Shared Team has been formed to support each UA, which included scoping the vision for the redesigned JSNA and providing the essential data to support each unique UA's focus on health inequalities.

The vision was to redesign the JSNA to ensure that it has the ability to:

- **Be accessible and web based**
- **Provide relevant, easy to disseminate data**
- **Tell the local story**

- **Use Ward data as a tool to plan for localised services**

- **Provide key stakeholders with data for commissioning intentions.**

To take forward this approach Reading Health and Wellbeing Board agreed to progress with the first phase of transforming a paper based JSNA document into a distinct web based JSNA with updated, relevant data and the inclusion of ward profiles and links to the Clinical Commissioning Group Profiles.

It is anticipated that phases 2 and 3 will be natural progression as the web based JSNA develops during 2014/15 to ensure effective updating and review on its fitness for purpose. Phase 4 will be planned to conduct a complete refresh for 2015/16.

Phases for JSNA Development

Phase 1	Develop a web based JSNA which tells the local story with updated data and newly created ward profiles
Phase 2	Further develop the web based JSNA to link to key strategies across the Council
Phase 3	Build on other local information/data to provide details of health and wellbeing inequalities including assets
Phase 4	Review and update

4. THE PROPOSAL

Progress Update - Phase 1

Content development, review and sign off of a final few remaining JSNA sections is being taken forward- the Reading JSNA Phase 1 Programme has delivered the remainder of phase one (98%) of the redesigned JSNA, including a full refresh of data, and new ward profiles and links to the Clinical Commissioning Groups (CCG's) within agreed timescales.

The Berkshire Public Health shared team delivered within the time frame the JSNA Data Inventory, which included 5,000 data lines, bespoke to Reading. Initially the shared team were going to update the data lines; however, all of the data has been comprehensively reviewed, revised and refreshed against national and local data. This has provided an updated platform for robust analysis and local summaries.

The Data Inventory was analysed by the shared team to provide in the region of 500 tables of 'fact, figures and trends' to accompany the six major headings within Reading JSNA.

A Reading JSNA Project Group was established with representatives from directorates across the council and CCGs. Terms of reference were drafted and agreed, along with section headings for the web pages.

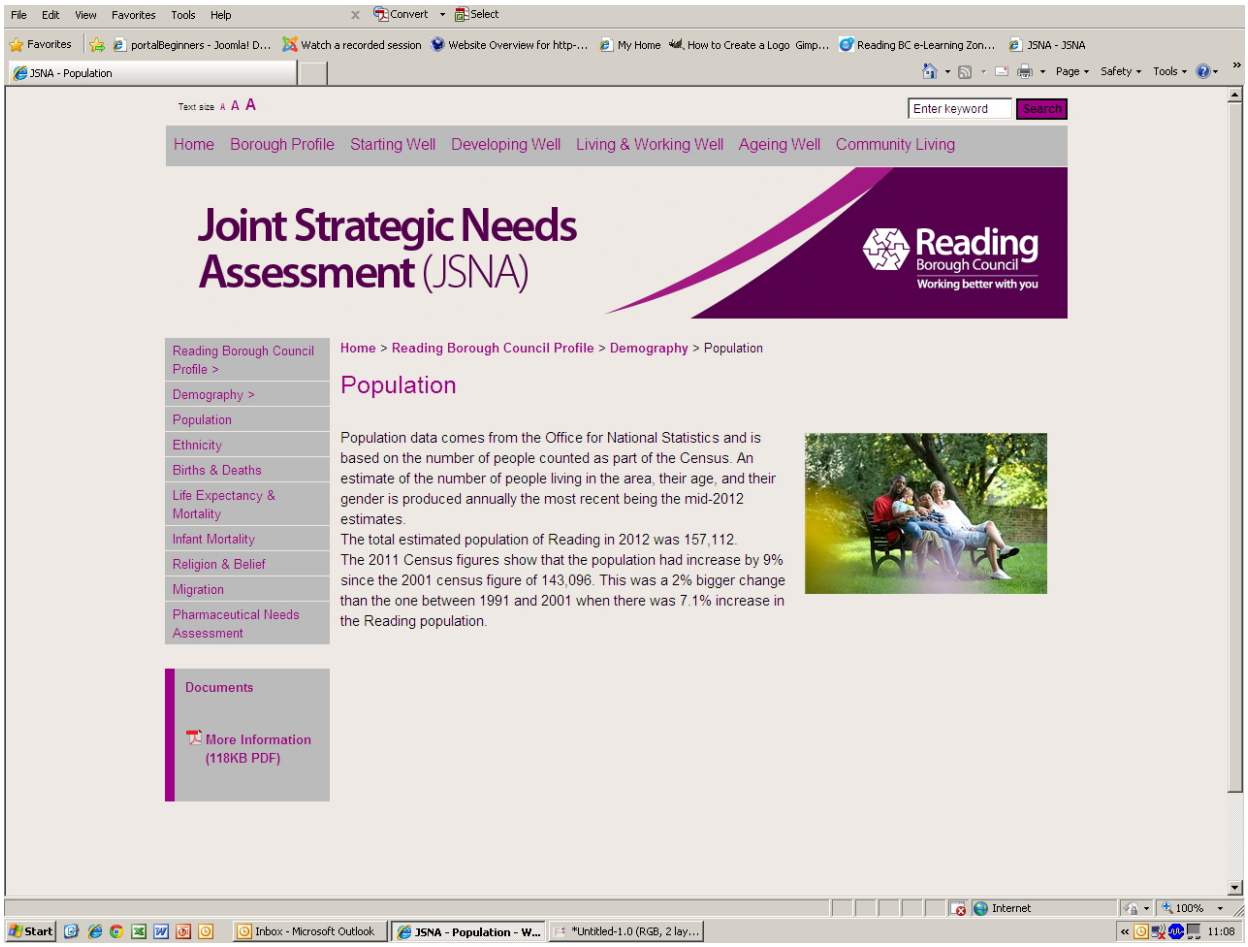
Key members of staff across Reading were identified to lead the development of individual sections; staff reviewed and supplemented the existing JSNA text and populated information into a template with new chapter headings, along with inclusion of appropriate supporting data.

Each section was locally reviewed and signed off by the Reading JSNA Project Manager ahead of being sent to the shared team for further review, quality assurance and sign off.

Once signed off the shared team are delivering the templates back to Reading for the Web Manager to load into the web architecture.

A beta micro site has been created for receiving and uploading JSNA templates onto - a screenshot of the current beta site is shown below. Ahead of being taken through for sign off further work will be undertaken on branding and to ensure all content delivered is uploaded.

Following sign off and at the point of go live the URL jsna.reading.gov.uk. will be used.



The development of new ward profiles specifically for Reading has also been completed. These form part of the overarching set of 126 ward profiles across Berkshire. These were completed by the shared team ahead of schedule will be available via the JSNA micro site. They provide 2011 Census ward level data and give a snapshot of localised relevant information which includes demography, deprivation and community safety.

4.1 Proposal

The redesigned draft JSNA presents a usable web based assessment of the current and future health and social care needs of the local community. It will be owned by the Reading Borough Council and partners with the intention to further develop to take into consideration emerging wider factors that impact on health and wellbeing; provide information for Council wide Directorates and the CCG for strategic commissioning processes to deliver operational and service outcomes to meet the needs of residents of Reading. It will also provide a platform for developing

opportunities to identify local assets, which will over time contribute to improving outcomes and reduce inequalities.

The JSNA provides an up to date way of presenting information and data that is more accessible to a wider audience. It will have the ability to be used as a tool for planning local services and the ability to provide data to key stakeholders for commissioning intentions.

It is envisaged that Reading Borough Council will launch the Reading JSNA after following due process of sign off. It is proposed that the launch will initially take the form of a web based public consultation. The web based consultation will include an easy to use feedback questionnaire. The JSNA Project Team will work with the major stakeholder to encourage a wide range of engagement from their own networks which will maximise comprehensive feedback.

At the end of the consultation process, it is proposed that all comments will be reviewed and evaluated .Where appropriate amendments will be made to enhance the quality and usage of the web based JSNA. This will be completed in partnership with the JSNA Project group, the Berkshire Public Health Shared Team and key stakeholders.

As this is a phased process of developing the use of technology for the JSNA, both the Reading JSNA Project team and the Shared Team will be analysing the lessons learnt during this phase. From this information a revised project plan will be developed to continue the web based process for phase two.

5. CONTRIBUTION TO STRATEGIC AIMS

The JSNA redesign process supports the delivery of the requirement to conduct a JSNA to inform the Reading Health and Wellbeing Strategy and subsequent commissioning plans as set out in the Health and Social Care Act (2012).

6. COMMUNITY ENGAGEMENT AND INFORMATION

The Reading JSNA Project Team will work with the major stakeholders to encourage a wide range of engagement from their own networks which will maximise comprehensive feedback

In addition to the web based consultation, it is proposed to offer and deliver a series of engagement opportunities on the JSNA through key local partnership forums and groups. At its next meeting on the 13th December, the Reading JSNA Project Group will initiate planning to ensure that a broad range of appropriate forums and groups are identified and arrangements are programmed in.

Reading Healthwatch and Reading Voluntary Action will be approached to further identify community engagement opportunities for sharing information and seeking feedback on the JSNA as a key part of the consultation process.

7. EQUALITY IMPACT ASSESSMENT

Reading Borough Council must meet the Public Sector Equality Duty under the Equality Act 2010 and consideration will be given to this throughout the JSNA refresh process.

All sections of the JSNA have been developed with an awareness of inequalities of health and the JSNA data inventory with its 500 tables of 'fact, figures and trends' has been a key tool to support authors in identifying inequalities across and within chapter content.

In addition, and where data is available, information has been included within the JSNA on a number of the protected characteristics within the Equality Act, including age, disability and religion.

The JSNA also includes a chapter on vulnerable groups who are known to experience health inequalities, including carers, offenders, veterans and people with a learning disability.

In addition to identification of inequalities enabled by robust local data, the consultation process will offer a further opportunity to gain further knowledge and insight from the local community on inequalities issues.

8. LEGAL IMPLICATIONS

The Health and Social Care Act 2012 gives duties to local authorities and clinical commissioning groups (CCGs) to develop a Joint Strategic Needs Assessment (JSNA) and to take account of the findings of the JSNA in the development of commissioning plans. This builds on requirements previously set out in the Local Government and Public Involvement Act 2007.

The aim of the JSNA is to accurately assess the current and future health and care needs and assets of the local population in order to improve physical and mental health and wellbeing of communities and to reduce health inequalities within and between communities. The JSNA underpins Health and Wellbeing Strategies, and these will form the basis of commissioning plans.

9. FINANCIAL IMPLICATIONS

None identified

10. BACKGROUND PAPERS

None

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF PUBLIC HEALTH

TO:	**HEALTH & WELLBEING BOARD**		
DATE:	**13 DECEMBER 2013**	**AGENDA ITEM:**	**14**
TITLE:	**Pharmaceutical Needs Assessment – Scoping document**		
LEAD COUNCILLOR:	**CLLR HOSKIN**	**PORTFOLIO:**	**HEALTH**
SERVICE:	**PUBLIC HEALTH**	**WARDS:**	**BOROUGHWIDE**
LEAD OFFICER:	**DR LISE LLEWELLYN**	**TEL:**	**01344 355206**
JOB TITLE:	**STRATEGIC DIRECTOR OF PUBLIC HEALTH**	**E-MAIL:**	**lise.llewellyn@bracknell-forest.gov.uk**

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. Purpose of this report

This report sets out the scope of the Pharmaceutical Needs Assessment (PNA). It states what will be included in the PNA, the methodology to be used and the timeline for delivery of the project.

2. RECOMMENDED ACTION

2.1 *For information only.*

3. POLICY CONTEXT

3.1. The Health and Social Care Act 2012 transferred responsibility for developing and updating the Pharmaceutical Needs Assessments (PNAs) to health and wellbeing boards (HWBs). Responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list was transferred from PCTs (Primary Care Trusts) to NHS England from 1 April 2013. The first HWBs' PNA needs to be published by 1st April 2015. It needs to be kept up-to-date through supplementary updates and fully revised every three years.

3.2. Each Health and Well-being Board must in accordance with Department of Health regulations—

(a) assess needs for pharmaceutical services in its area, and

(b) publish a statement of its first assessment and of any revised assessment

3.3. The PNA will provide information on the current pharmaceutical services in Berkshire and identify gaps in the current service provisions, taking into account any known future needs.

4. THE PROPOSAL

4.1. Purpose of the PNA

The PNA will be used by NHS to commission pharmaceutical services in Berkshire. It will also be used by the public health team in Reading Unitary Authority to commission locally enhanced services.

4.2. Importance of PNA to Reading Health and Wellbeing Board

Reading HWB will need to publish its PNA by 1st April 2015. This will require board-level sign-off and a period of public consultation beforehand. Failure to produce a robust PNA could lead to legal challenges because of the PNA's relevance to decisions about commissioning services and new pharmacy openings.

HWB will also need to ensure that the NHS Commissioning Board and its Area Teams have access to the PNA.

4.3. What will be included in the PNA [1, 2]

What will be included	Method
1. Necessary services – current provision Pharmaceutical services which are identified as services that are provided: (a) in Berkshire and which are necessary to meet its need for pharmaceutical services (b) outside Berkshire but which nevertheless contribute towards meeting its need for pharmaceutical services	Current services will be mapped to assess the adequacy of current pharmaceutical service provision
2. Necessary services – gaps in provision Pharmaceutical services that have been identified as services that are not provided in Berkshire but which will - (a) need to be provided (whether or not they are located in the area of the HWB) in order to meet a current need for pharmaceutical services, or pharmaceutical services of a specified type, in its area; (b) will, in specified future circumstances, need to be provided (whether or not they are located in the area of the HWB) in order to meet a future need for pharmaceutical services, or pharmaceutical services of a specified type, in its area.	Gaps will include gaps in pharmaceutical health needs and gaps by service type. These may be gaps in provision of essential services, opening hours, provision of dispensing services or access to pharmaceutical services
3. Other relevant services – current provision Pharmaceutical services that are identified as services that are provided- (a) in Berkshire or in neighbouring counties, and which, although they are not necessary to meet the need for pharmaceutical services in Berkshire, nevertheless resulted in improvements, or better access to pharmaceutical services (b) in or outside Berkshire and, which do not fall under "necessary" category, help the	These may be pharmaceutical services that provide improvements to the provision or better access for the public whether at the current time or in the future.

pharmaceutical service provision in Berkshire	
4. Improvements and better access - gaps in provision Pharmaceutical services which are identified as services that are not provided in Berkshire but which - (a) will, if they were provided, secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type (b) will, if in specified future circumstances they were provided, secure future improvements, or better access, to pharmaceutical services, or pharmaceutical services or a specified type	These may be services that are not currently being provided but which will be needed to secure future improvements to pharmaceutical services – common examples are major industrial, communications or housing developments, service redesign as set out in, for example, the Joint Health and Wellbeing Strategy, or re-provision.
5. Other services Any NHS services provided or arranged by HWBs, NHS Commissioning Board, a Clinical Commissioning Board (CCG), an NHS trust or an NHS foundation trust, which affect- (a) the need for pharmaceutical services, or pharmaceutical services of a specified type, in Berkshire (b) whether further provision of pharmaceutical services in Berkshire would secure improvements, or better access to pharmaceutical services, or pharmaceutical services of a specific type in its area.	There may be services provided or arranged by the HWBs, NHS England, a CCG, an NHS trust (including foundation trusts) which could, if they were included in a PNA, be provided by pharmaceutical services contractors.

4.4. Methodology

There will be one PNA document for Berkshire, within which each of the six individual local authorities will have their own section.

The process will be as follows:

1) Existing pharmaceutical services in Berkshire will be mapped against population density and against rate of long term diseases

2) Joint Strategic Needs Assessment (JSNA) and other relevant existing documents will be used to identify health needs of the population

4) Users' views will be obtained through a questionnaire for the public using pharmacy services and another questionnaire for the pharmacists

5) Key stakeholders will be asked for their input through face-to-face meetings

6) Draft report will be sent to the six Health and Wellbeing Boards for their approval before sending it out for stakeholder consultations

7) Stakeholder consultation will be held

8) Final report will be sent to the six Health and Wellbeing Boards in Berkshire for approval before publishing it

Following stakeholders will be consulted:

- Local Pharmaceutical Committee for Berkshire
- Berkshire Local Medical Committee
- Berkshire CCGs
- Any persons on the pharmaceutical lists and any dispensing doctors list for Berkshire population
- Any LPS chemist with whom the NHS England has made arrangements for the provision of any local pharmaceutical services for Berkshire population
- Local Health Watch organisations, and any other patient, consumer or community group in Berkshire, which has an interest in the provision of pharmaceutical services in Berkshire
- NHS Trusts
- Thames Valley NHS England Area Team
- Neighbouring Health and Wellbeing Boards

4.5. Timelines:

Milestones	Deadline	Completed?
Scoping	November 2013	Yes
Meeting commissioners (NHS Thames valley Area Team and CCGs), public health consultants, LPC and Pharmacy Network lead for Berkshire	November – December 2013	In progress
User and pharmacist surveys	January 2014	Planning in progress
Writing first draft	January 2014	
Incorporation of survey results into draft report	February 2014	

Consultation period	March - April 2014	
Analysis of consultation results	May 2014	
Final report	31st May 2014	

References:

1. Department of Health: Pharmaceutical Needs Assessment Information Pack May 2013

https://www.gov.uk/government/publications/pharmaceutical-needs-assessments-information-pack (last accessed on 5th November 2013)

2. UK Legislations: National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013

http://www.legislation.gov.uk/uksi/2013/349/regulation/8/made (last accessed on 5th November 2013)

READING BOROUGH COUNCIL

TO:	**HEALTH & WELLBEING BOARD**		
DATE:	**13.12.13**	**AGENDA ITEM:**	**15**
TITLE:	**AUTISM ASSESSMENT AND STRATEGY UPDATE**		
LEAD COUNCILLOR:	**COUNCILLOR EDEN**	**PORTFOLIO:**	**ADULT SOCIAL CARE**
SERVICE:	**ADULT SOCIAL CARE**	**WARDS:**	**BOROUGH WIDE**
LEAD OFFICER:	**SUZANNE WESTHEAD,**	**TEL:**	**0118 937 2258**
JOB TITLE:	**HEAD OF ADULT SOCIAL CARE**	**E-MAIL:**	**Suzanne.westhead@reading.gov.uk**

1. RECOMMENDED ACTION

1.1 To note the Autism Self Assessment return for 2013.
1.2 To note work carried out to date on the development of Readings Autism Strategy
1.3 To agree the next steps toward the development of the Autism Strategy

2. BACKGROUND

2.1 In 2011 the National Autism Strategy Programme Board discussed the next steps to delivering the Autism Strategy, Fulfilling and Rewarding Lives (2010) and decided to undertake a data collection exercise to improve national data around Autism. All local authorities were asked to complete the Autism Self Assessment Framework and submit their responses to the Improving Health and Lives Public Health Observatory (IHAL) by 10.2.12. The data was analysed and published on the IHAL website. Individual returns and associated reports can be found at - http://www.improvinghealthandlives.org.uk/projects/autsaf2011

2.2 In August 2013 Minister of State for Care and Support, Norman Lamb wrote to the Directors of Adult Social Services enlisting Local Authority assistance in the second phase of the Autism Self Assessment. The aim of the second phase was to help Local Authorities assess their progress since the 2012 assessment in delivering the national strategy and provide an opportunity to give examples of good practice and the challenges faced.

3. AUTISM ASSESSMENT 2013

3.1.1 Both the 2012 and 2013 Autism Assessments are Red, Amber, Green (RAG) rated with the opportunity to include qualitative data to evidence the rating.

The 2013 Assessment covers planning, training, diagnosis, care and support, housing and accommodation, employment and the criminal justice system.

In addition the assessment requests quantitative data which for Reading is as follows:-

- 92 people with Autism meet eligibility criteria for social care regardless of whether or not they receive support.
- 75 people have a Learning Disability.
- 1 person is identified as also having Mental Health problems.
- 1551 adults eligible for social care are in receipt of a personal budget.
- Of this total 10 have a diagnosis of Autism but not a Learning Disability.
- 37 have both Autism and a Learning Disability.
- The average wait for referral to specialist diagnostic services is 12-14 weeks and 30 people (across Berkshire) have completed the diagnostic pathway in the past year. This service is commissioned by the Commissioning Support Unit and delivered by BHFT. It should be noted that this is the diagnostic pathway for people who do not have other conditions as well. A person with Learning Disability and Autism would be diagnosed through the Learning Disability Team.

4. BREAKDOWN OF RAG RATING

4.1 Overall Reading has rated itself green or amber and given evidence of what is going on locally to support the rating for those questions. Two red ratings have been reported, one relates to the need to engage with the Clinical Commissioning Groups in the planning and implementation of the Autism Strategy in Reading. It is planned to rectify this in the next stage of the process which is outlined later in this report. The second relates to not having a programme in place to ensure that advocates working with people with Autism have Autism training. This will also be incorporated in the future strategy and action plan.

4.2 The assessment gave the opportunity to evidence the work going on locally for people with Autism. For example how we are engaging people with Autism and their carers in planning (rated green) enabled Reading to showcase how people had been involved in the development of the new Autism specialist provision at Reading College and the Life Long Disability Service within Adult Social Care. In addition reasonable adjustments (rated amber) have been made to services with the examples of training being provided to Reading Buses, local leisure centres through the Everybody Active programme and more recently the Hexagon in preparation for a specifically adapted performance of this years pantomime.

4.3 The Assessment enabled Reading to evidence a range of work going on locally for people with Autism and their carers. Currently Berkshire Autistic Society in partnership with Reading are mapping services for both children and adults and will be developing our local strategy and action plan to inform services going forward.

5. DEVELOPMENT OF READINGS AUTISM STRATEGY

5.1 In April 2013, Reading Borough Council commissioned the Berkshire Autistic Society (BAS) to write a draft Autism Strategy for the Borough. Part of this work was to develop and carry out an assessment of the needs of people with autism and the support available for children, young people and adults on the spectrum, their families and carers, in order to inform the strategy. BAS were encouraged to look at different models of delivery and come up a range of options based on good practice elsewhere.

A Project Steering Group was set up comprising of Council and Health Officers from the Local Authority, the Berkshire NHS Foundation, Voluntary and Education sector, etc, to guide the research and oversee the management of the project.

5.2 **Methodology:**

BAS sent out questionnaires to parents or carers of children and young people on the spectrum, with a large box for children's comments to fill in if they wanted to, plus separate forms for adults with autism and also their parents or carers. The survey was online through the BAS website, though paper copies were available, and it was promoted to BAS's members through their weekly email newsletter. People were encouraged to take part through our Reading parent support group and the 197 Club for adults on the spectrum in Reading. BAS also used partnership organisations so sent the forms out through all Reading voluntary and community groups plus the local authority contacts. BAS also carried out a telephone survey of providers, mapping provision from statutory, private and voluntary organisations in Reading that is available to those on the spectrum.

5.3 **Initial Findings:**

5.3.1 **General:** Getting specific information and statistics about people with autism has proved particularly problematic. On the professional side, those working with children have been able to provide more information than those helping adults on the spectrum. This may be because historically many adults have had a primary diagnosis of other symptoms that have masked the autism traits so are listed as having learning disabilities or lack of awareness by many professionals.

More and more children are being diagnosed now, often as early as two years old, as Autism is a developmental disability and professionals are now more aware of the condition and symptoms. Also the Berkshire NHS Foundation now run an autism diagnosis clinic but have a long waiting list.

5.3.2 **Diagnosis and Support Afterwards:** There are changes in diagnosis for children 0-18 through a new pathway. Support for families post diagnosis is good, provided by Reading Borough Council and BAS. The Adult Diagnosis Clinic is experiencing high levels of demand for adult diagnosis but there is little support post-diagnosis.

5.3.3 **Education:** The number of schools with Autism provision in Reading has had the effect of attracting a number of families with children with Autism to the town. Good support in the tertiary sector with Reading College having a new specialist unit, and Reading University a mentoring system for students on the spectrum has also contributed to the number of young people with Autism studying in Reading.

5.3.4 **Health:** Many have problems getting help with anxiety and there is a need for interventions aimed at co-existing conditions, such as mental health problems, epilepsy, etc. Older people with Autism may need someone to support them in contact with GPs and the NHS, as siblings and parents become incapable or die. People with Autism may present with other health problems such as phobias, depression, hoarding, obsessive compulsive disorders and anorexia, so there is an urgent need for Autism awareness training for clinicians to adapt communication and treatments appropriately. There is also a need for more joined up work with Health to ensure the needs of people with Autism and challenging behaviours are met in settings close to family support networks.

5.3.5 **Financial:** Large numbers of adults with Autism may be moving off Disability Living Allowance, Incapacity Benefit, or Employment Support Allowance onto Jobseekers' Allowance especially for those with Asperger Syndrome or high functioning Autism. New applicants will be assessed for the Personal Independence Allowance. Parents of children with Autism can still apply for the Disability Allowance. Only 14% of those parents/carers surveyed received carers' allowance.

5.3.6 **Employment:** The majority of adults with Autism would love to work but in reality only 15% have a full time job (NAS 2012). Figures from Job Centre Plus about people with Autism are sketchy as many do not wish to disclosure their diagnosis, have not been diagnosed, or are unaware of their condition. Funding for supported employment has reduced so there are fewer opportunities for people. With support in the workplace, people with Autism can find sustainable employment but often employers and fellow workers need Autism awareness training to be able to support someone.

5.3.7 **Independence/safety:** High levels of adults live with parents/carers and those who don't rely on them heavily for 'low level' support such as shopping, phone calls, cooking, cleaning, throwing things away, etc, as well as acting as 'a social mediator.' Safety is something that worries both parents/carers about those on the spectrum such as mate crime, street awareness, etc, including online – financial, unsuitable friendships/grooming, etc. Higher levels of those on the spectrum are more likely to come into contact with the criminal justice system than other groups in society.

5.3.8 **Community Support:** there is a need for specialist support providers who can support people with Autism who have complex needs and can demonstrate challenging behaviours.

5.3.9 **Ageing:** Increased numbers of older people with Autism will mean more support needed from statutory services as carers get older and need help themselves. Older people will need specialist sheltered housing, particularly as carers and family support systems fail.

5.3.10 **Unmet Needs:** The initial findings show that the following are gaps in support: vocational skills for young people, parent training for teenagers approaching sexuality, daily living skills, sleep problems, challenging behaviour, advocacy especially for older people when their personal support breaks down, supported employment, help with the benefits system.

6. NEXT STEPS:

- To undertake a consultation event with stakeholders – to be held in early 2014. This is to explore further the initial findings and ensure a comprehensive process of capturing views is completed.
- Steering Group to agree draft strategy and action plan based on findings and best practice elsewhere by February 2014.
- Consideration and agreement by Reading Borough Council to adopt Autism Strategy for Children, Young People and Adults. Including arrangements for ongoing monitoring and engagement by March 2014.