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To: All members of the Health & Wellbeing Board

(Agenda Sheet to all Councillors)

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2 October 2014

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NOTICE OF MEETING – HEALTH & WELLBEING BOARD – 10 OCTOBER 2014

A meeting of the Health & Wellbeing Board will be held on **Friday 10 October 2014 at 2.00pm in the Kennet Room, Civic Offices, Reading.** The Agenda for the meeting is set out below.

AGENDA

CIVIC CENTRE EMERGENCY EVACUATION: *Please familiarise yourself with the emergency evacuation procedures, which are displayed inside the Council's meeting rooms. If an alarm sounds, leave by the nearest fire exit quickly and calmly and assemble at the Hexagon sign, at the start of Queen's Walk. You will be advised when it is safe to re-enter the building.*

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5. INTEGRATION UPDATE INCLUDING BETTER CARE FUND SUBMISSION 41

A report giving an update on the progress made a) in developing plans for health and social care integration in Reading; b) on Reading's Better Care Fund (BCF) plans; and c) in developing an Operational Resilience and Capacity Plan for the local health and social care system. The report also presented Reading's revised (August 2014) BCF proposals for the Board's formal approval.

6. DEMENTIA SERVICES IN BERKSHIRE WEST – UPDATE 82

A report on the work in progress in dementia service development locally, in support of the National Dementia Strategy and implemented as part of the Long Term Conditions Programme, which has been steered by a Berkshire West Dementia Stakeholders Group, with representation from health commissioners and providers, unitary authorities and voluntary sector partners.

7. READING LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2013/14 100

A report presenting the Annual Report of the Reading Local Safeguarding Children Board (LSCB) which set out the achievements of the LSCB for the 2013/2014 financial year.

8. SHARED STRATEGIC VISION to follow

A report presenting a shared strategic vision for Reading Local Safeguarding Children Board, Reading Children's Trust and Reading Health and Wellbeing Board for children and young people in Reading.

9. HEALTH AND WELLBEING STRATEGY ACTION PLAN 153

A report giving an update on the Health and Wellbeing Strategy activity delivered and progressed through 2013/14 and 2014/15 to date, set out in an action plan which captures and reports on delivery of activity from partners contributing to the plan.

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10. DRAFT READING PHARMACEUTICAL NEEDS ASSESSMENT 169

A report presenting the draft Pharmaceutical Needs Assessment for Reading for the Board to approve for consultation.

11. READING JOINT STRATEGIC NEEDS ASSESSMENT 238

A report giving feedback on Phases 1 and 2 of the Reading Joint Strategic Needs Assessment (JSNA) and sharing lessons learned, as well as providing information on Phase 3 delivery of the Reading JSNA and a suggested timeframe for completion.

12. DATE OF NEXT MEETING – Friday 30 January 2015 at 2pm -

READING HEALTH & WELLBEING BOARD MINUTES – 18 JULY 2014

Present:

Councillor Hoskin (Chair)	Lead Councillor for Health, Reading Borough Council (RBC)
Councillor Gavin	Lead Councillor for Children's Services & Families, RBC
Elizabeth Johnston	Chair, South Reading Clinical Commissioning Group (CCG)
Lise Llewellyn	Director of Public Health for Berkshire
David Shepherd	Chair, Healthwatch Reading
Rod Smith	Chair, North & West Reading CCG
Ian Wardle	Managing Director, RBC

Also in attendance:

Ramona Bridgman	Chair, Reading Families Forum
Helen Clanchy	Director of Commissioning, Thames Valley Area Team, NHS England
Vicki Lawson	Head of Children's Services, RBC
Jeanette Longhurst	Berkshire West Integration Programme Director, Berkshire West CCGs
Eleanor Mitchell	Operations Director, South Reading CCG
Asmat Nisa	Consultant in Public Health, RBC
Sarita Rakhra	Carers/Voluntary Sector/Mental Health and Learning Disability Commissioning Manager, Berkshire West CCGs
Tara Robb	Parent, Reading Families Forum
Nicky Simpson	Committee Services, RBC
Fiona Slevin-Brown	Director of Strategy, Berkshire West CCGs
Councillor Stanford-Beale	RBC
John Taylor	Commercial Director, Royal Berkshire NHS Foundation Trust
Nicky Wadely	Contract Manager, Thames Valley Area Team, NHS England
Suzanne Westhead	Head of Adult Social Care, RBC

Apologies:

Councillor Eden	Lead Councillor for Adult Social Care, RBC
Councillor D Edwards	RBC
Councillor Lovelock	Leader of the Council, RBC
Maureen McCartney	Operations Director, North & West Reading CCG
Louise Watson	Director of Operations & Delivery, Thames Valley Area Team, NHS England
Avril Wilson	Director of Education, Adult and Children's Services, RBC
Cathy Winfield	Chief Officer, Berkshire West CCGs

1. MINUTES & MATTERS ARISING

The Minutes of the meeting held on 21 March 2014 were confirmed as a correct record and signed by the Chair.

Further to Minute 53 of the last meeting, Rod Smith reported that the second phase of the 'Beat the Street' project outlined at that meeting was currently running and was expected to meet the target of 'walking to the moon' on 19 July 2014. The

project would be evaluated and the results brought to the Board. It was hoped to repeat the Beat the Street project in 2015 if the evaluation was positive.

Resolved – That the position be noted.

2. UPDATE ON CHANGES TO SEN PROVISION 2014-16

Vicki Lawson submitted a report by the SEN Service Manager with, attached at Appendix 1, a report which had been submitted to the Adult Social Care, Children's Services and Education (ACE) Committee on 24 April 2014, on changes to Special Educational Needs (SEN) provision 2014-16. These changes were in relation to national changes due to start from September 2014, which would take up to three years to implement, and the report outlined the direction of travel required in order to meet the short and medium requirements of the Children and Families Bill, which included a requirement for statements to be converted into Education, Health and Care Plans by September 2017. ACE had agreed that the report should be submitted to the Health and Wellbeing Board and that representatives of the Reading Families' Forum should be invited to attend the meeting (Minute 33 refers).

The report stated that the opportunity for improved partnership with parents would be at the heart of the work to implement the local systems which would be developed to meet the needs of local children and comply with national requirements. Ramona Bridgeman and Tara Robb, of Reading Families' Forum, had given a presentation on the parental perspective of having a child with special needs at ACE on 24 April 2014, and they attended the Board and repeated the presentation. They also presented a number of key points about how health practitioners could support families, how to support children to achieve at school and ideas for joint commissioning. Copies of the presentation slides and key points were tabled at the meeting.

The report also had attached at Appendix 2 an update report on progress that had been made on the development of the Special Educational Needs (SEN) strategy, which had been submitted to the ACE Committee at its meeting on 7 July 2014. There had been extensive consultation and four priority areas had been agreed by Parents Forum, Schools, Practitioners and the Independent and Voluntary sector. An Action Plan had been drafted with officers and representatives of Parents' Forum, which had been signed off by the SEN strategy group. The fully populated SEN strategy Action Plan would be circulated for information during September 2014.

The meeting discussed the reports and presentation and the points made included:

- There were long waits of up to ten months for CAMHS (Child and Adolescent Mental Health Services) assessment appointments and children could end up permanently excluded from school in the meantime. However, if parents got private assessments, schools were told these were not relevant and another assessment was required. There was a need for escalation points within the system, as well as for more training in schools for Teachers, Teaching Assistants and SEN Coordinators so that they could recognise problems early.

- It was reported at the meeting that a joint review of CAMHS was currently being carried out by health and social care colleagues, in order to map pathways better and with the aim of improving the service, and the issues raised above could be addressed within the review. It was suggested that a

report on the review be submitted to the Board in six months' time, to check that the issues had been addressed.

- The meeting was reminded that Healthwatch was available to assist with individual cases.

- It was suggested that it would also be useful for Ramona and Tara to give their presentation at the system-wide Children, Maternity, Mental Health & Voluntary Programme Board.

- It was noted that a report on the implementation of the Education, Health & Care Plans would be going to ACE Committee and could also be submitted to the Board.

Resolved -

(1) That the reports be noted;

(2) That Ramona Bridgman and Tara Robb be thanked for their presentation and be asked to also give the presentation to the system-wide Children, Maternity, Mental Health & Voluntary Programme Board;

(3) That a report on the outcome of the CAMHS Review be submitted to the Board in six months' time;

(4) That the report on the implementation of the Education, Health & Care Plans going to ACE Committee also be submitted to the Health and Wellbeing Board.

3. BETTER CARE FUND AND WIDER INTEGRATION AGENDA: UPDATE

Further to Minute 51 of the last meeting, Melanie O'Rourke and Jeanette Longhurst submitted a report on the work of the Berkshire West Integration Programme and in particular developments with the Reading–specific projects which were described in the Reading Better Care Fund (BCF) Submission. The report also noted the revised submission of the Better Care Fund based on the fact that Reading had been identified as a possible exemplar site and gave details of a proposal for the transfer of funds from the NHS to Reading Borough Council, setting out how the fund would help enable further integration. Appendix A set out the full schedule of Health and Social Care integration projects and work streams in which Reading was involved.

The report explained that the Government had made available £2.513m, which would be transferred from NHS England, to support the Council and the CCG in the delivery of the BCF objectives in 2014/15, an increase of £475k compared to 2013/14. This additional money would be spent on the following:

- Intermediate Care Team – additional capacity to support the Full Intake Model
- Additional staffing for the Reablement Team
- Project support for the CCG and the Council to model the new Time to Decide beds and the full integration of the Intermediate Care Service

The remainder of the funding was planned to be allocated on the same basis as in 2013/14, as set out in Appendix B.

Resolved -

(1) That the progress made to date on the development of Reading's Integration Programme be noted and the further proposed integration work, as set out in the report, be supported;

(2) That the revised submission of the Better Care Fund as of 9 July 2014 be noted;

(3) That the transfer of funds from the local NHS to Reading Borough Council be agreed, in order to deliver the integration projects described in Appendix B to the report and set out above, pursuant to Section 256 of the National Health Service Act 2006.

4. SOUTH READING & NORTH & WEST READING CCG QUALITY PREMIUM TARGETS 2014/15

Elizabeth Johnston and Rod Smith submitted a report on the South Reading and North & West Reading Clinical Commissioning Group (CCG) Quality Premium Targets for 2014/15 and seeking retrospective approval of four of the six targets.

The report explained that NHS England had produced "Quality Premium Guidance" for CCGs for 2014/15. The Quality Premium was intended to reward CCGs for improvements in the quality of the services that they commissioned and for associated improvements in health outcomes and reducing inequalities. The Quality Premium measures agreed in 2014/15 would be paid to CCGs in 2015/16 – to reflect the quality of the health services commissioned by them in 2014/15 – and would be based on six measures that covered a combination of national priorities and one local priority. Four of these measures were required to be signed off by the Health and Wellbeing Board. The report outlined the measures and the targets that had been set by the individual CCGs.

Resolved -

(1) That the following four Quality Premium measure targets set for North & West Reading CCG (NWRCCG) and South Reading CCG (SRCCG) for 2014/15 be noted and agreed:

1. Potential years of life lost (PYLL) from causes considered amenable to healthcare: adults, children and young people. Target 10.2% (NWRCCG) and 16.2% (SRCCG) reduction from baseline;

2. Improving access to Psychological Therapies: A 3% increase to 17.1% (NWRCCG) and 18.2% (SRCCG);

3. Patient experience: Chosen indicator "Improved Patient experience of Hospital Care";

4. Medication Errors: A 10% increase in reporting at Royal Berkshire Hospital (RBFT).

(2) That the following two additional measures for 2014/15 be noted:

5. Reducing Avoidable Emergency Admissions (nationally pre-determined): A 2.8 % (NWRCCG) and 3.9% (SRCCG) decrease over 2014/15 in avoidable emergency admissions (certain specific conditions only);

6. Local CCG Priorities (as previously presented to the Health and Wellbeing Board): To increase the number of patients with an End of Life Care Plan in place by 10% (NWRCCG). To ensure 25% of Diabetics have care plans in place by 31 March 2015, from a baseline of 0% (SRCCG).

5. HEALTH & WELLBEING STRATEGY AND ACTION PLAN

Asmat Nisa submitted a report giving an update on the review of the Reading Health and Wellbeing Strategy and Action Plan following a joint workshop on 2 April 2014 and subsequent feedback from local commissioners of health and social care, elected members and representatives of partners. The report had appended:

Appendix 1 – Outcomes of the Health and Wellbeing Action Plan Workshop

Appendix 2 – The updated Health and Wellbeing Action Plan

The workshop on 2 April 2014 had been attended by 25 representatives from across health and social care, including attendees from Healthwatch and the voluntary sector. Each of the Strategy's four goals had been reviewed and some overall feedback had also been captured. A main theme had been that the action plan required clear leads and a better understanding of roles and responsibilities.

The outcomes of the workshop showed that there was still some way to go in the development of robust ways to plan and monitor activity across the health provision where many organisations contributed to delivery. Each organisation had their own methods of managing and tracking progress with areas of delivery, and delivery had continued without there being firm joint arrangements in place.

The following key areas had been highlighted in the overall feedback from the session and subsequent feedback received:

- Action plan needed ownership, names, role, leads & agencies;
- Stakeholders understanding their roles and responsibilities;
- Greater need to involve the public and voluntary sector;
- SMART targets and clear measures should be included;
- Achievements need to be publicised to raise awareness.

Actions and timescales to respond to each of the key areas were outlined in Appendix 1. The report stated that Public Health would lead the response, but would need the support of stakeholders and officers across the Council to deliver to the timescales detailed.

Where possible, the activity for each objective had been ranked with red, amber or green (RAG) status, areas for improvement and what the first step might be to achieving that improvement. A plan with timescales to respond to feedback on the goals and the activity within the action plan would be developed once leads had been identified.

The meeting discussed the Action Plan and the points made included:

- There had been work on Long Term Conditions and there was other information from the CCGs which needed to be added to the Plan;
- The Plan needed to be updated with what had been done so far;
- More work needed to be done on the Plan before it could be agreed as a baseline for monitoring of future progress.

Resolved -

(1) That the updated Health & Wellbeing Strategy Action Plan be noted, updated in line with the comments made above and re-submitted to the next meeting to provide a baseline, and then an update on overall progress on the Action Plan be submitted to the Board every six months;

(2) That action to deliver the Health & Wellbeing Strategy be managed and monitored centrally by the Public Health Team in Reading.

6. WINTERBOURNE VIEW PROGRAMME UPDATE

Brigid Day and Sarita Rakhra submitted a report giving an update on progress made on the joint improvement programme to support the discharge of people with a learning disability and/or challenging behaviour from NHS in-patient settings, initiated in response to the Department of Health report "Transforming Care; A National Response to Winterbourne View". The report had appended a draft Joint Commissioning Plan for Services for People with Learning Disabilities and Challenging Behaviour 'Transforming Care' which had been drafted by the Berkshire West Councils and CCGs.

The report stated that there were now only three affected people in Reading (as compared with the eight initially identified) and gave details of their situations.

Resolved –

(1) That the progress made be noted;

(2) That the draft Joint Commissioning Plan 'Transforming Care' be agreed.

(Councillor Stanford-Beale declared an interest in this item as she was a member of the Berkshire Autistic Society.)

7. BRIEFING ON REVIEW OF FUTURE NEED FOR SERVICES CURRENTLY DELIVERED AT THE READING WALK-IN HEALTH CENTRE

Nicky Wadely and Helen Clanchy submitted a report outlining the review and evaluation process of the Reading Walk-In Health Centre in Broad Street Mall being undertaken and seeking the Board's views on any extra areas that should be considered in the review.

The report explained that the Reading Walk-In Centre in Broad Street Mall had opened in August 2009, providing an 8am to 8pm, 7 days a week service to registered patients

(like a conventional GP practice) and a walk-in service for registered and non-registered patients. In the last year, 38,085 walk-in consultations had taken place and, as at 1 April 2014, 6,632 patients had registered at the Centre.

The Centre had opened following a competitive tender process that had offered a contract on a five year term with the option to extend for a further two years. The initial five year term would expire in August 2014 and discussions were currently taking place with the Provider, Assura Reading LLP, to extend the contract until August 2016 in order to allow time for the review. The report outlined the proposed review and evaluation process being undertaken jointly with Reading Clinical Commissioning Groups prior to a decision on whether to re-commission the service provision post-August 2016.

An assessment was being made of:

- Patient and population need (current and future)
- Value for money of the current contract
- Impact assessment if the service were decommissioned at the end of the contract period, including capacity of current services to meet the needs of the population
- Quality of service provision and Patient experience of current services
- Strategic Alignment with CCG and NHS England commissioning plans and the Local Authority's JSNA, gap analysis of services and Health & Wellbeing strategy
- Alternative service models to meet the needs of the population resulting in the development of a consultation proposal and paper to be presented to appropriate decision-making forums.

The needs assessment had been carried out in January–July 2014, the consultation was being developed from July–September 2014 and the consultation on options would take place in October–December 2014. Decision-making would happen in December 2014 and the Re-procurement commencement or De-commissioning of service would happen in early 2015.

Patients who used the Walk in Centre would be asked to take part in a survey to help understand how the service was utilised and get their views of the current service provided. In addition, as part of the consultation phase of the review, views of wider stakeholders will be collected and considered, including:

- Berkshire West CCGs
- Berkshire West Urgent Care Board
- Public Health
- Health and Wellbeing Board
- Overview & Scrutiny Committee
- Local Medical Committee
- GP Practice patient and public groups
- Healthwatch
- Local healthcare providers

The meeting considered the review process and the points made included:

- The views of local GP practices and the impact on them if the service were not re-commissioned should be considered as part of the review;

- It would be useful to also get the views of those not using the service and there might be a need for NHS England to look creatively with stakeholders at how to achieve this;

- There was anecdotal evidence that patients would ring the Walk-In Centre, ask how long the wait was and, if the Centre was busy, go straight to A&E; it was suggested that it should be investigated how this behaviour could be discouraged;

- Information from the national GP survey carried out regularly on GP practices could be useful for the review.

Resolved -

(1) That the review process for the Reading Walk-In Health Centre be noted and the Board's engagement as a key stakeholder in the proposed consultation on the future of the service be endorsed;

(2) That the points made above be submitted to NHS England, to be taken into account when carrying out the review and consultation.

(Elizabeth Johnston declared an interest in this item as the University Medical practice had formerly been a member practice of Assura Reading LLP.)

8. PROTOCOL AGREEMENT BETWEEN READING LOCAL SAFEGUARDING CHILDREN'S BOARD, HEALTH AND WELLBEING BOARD AND CHILDREN'S TRUST BOARD

Councillor Gavin submitted a report by the Business Manager for Reading Local Safeguarding Children Board (LSCB) and Children's Trust Partnership which presented a copy of the Protocol Agreement that set out the expectations of the relationship and working arrangements between Reading LSCB, Reading Health and Wellbeing Board (HWB) and Reading Children's Trust (RCT).

The report sought the HWB's endorsement of the Protocol, which had already been agreed by both the LSCB and the RCT.

The report outlined the statutory framework, current role and the responsibilities for all three Boards and the shared principles for consideration within a working protocol. The shared principles were detailed as follows:

- The Boards would work together to minimise the duplication of reports and actions and to ensure that there were no unhelpful strategic or operational gaps in policies, protocols, services or practice;

- The Boards would share a commitment to a strategic approach to understanding needs that included analysis of data and effective engagement with practitioners and service users;

- The Partnerships were committed to developing a joined up approach to understanding the effectiveness of current services and identifying priorities for change;

- All three Boards would work together to provide constructive challenge to Partners and to each other.

Resolved -

That the protocol agreement between the Children's Trust, the Health & Wellbeing Board and the Reading Safeguarding Children Board be agreed.

9. ROYAL BERKSHIRE NHS FOUNDATION TRUST'S STRATEGIC PLAN 2014-19

John Taylor gave a presentation summarising the contents of the Royal Berkshire NHS Foundation Trust's (RBFT's) Strategic Plan 2014-19. The presentation slides and the summary version of the Strategic Plan were included in the papers.

The presentation explained that the Trust's vision to provide sustainable, and improving, high quality care for its local community had not changed, but what had changed was how they intended to achieve this. There was an acknowledged uncertainty as to how the local health economy would develop and the challenges faced by not only the Trust, but also partner providers, including primary care and their commissioner. The Trust was therefore refreshing both its vision and its strategic objectives to reflect the ongoing changes in the local health economy. The strategic objectives were based on the following overarching aims:

- A commitment to high quality care that was safe, compassionate, effective and provided a positive experience for patients through better integration.
- Meeting the needs of the local population: a) by aligning and influencing commissioner's intentions and local developments; and b) improvement of their capability, capacity and leadership.
- Ensuring financial stability, resilience and sustainability in the longer term, allowing for investment in frontline services that were fit for the future.

The Trust's summary aims were:

- To remain a major provider of A&E and medical and surgical emergency access services on the RBH site.
- Being committed to development of more integrated care across both local hospital, community-based and primary health services in order to deliver, with partners, best care for patients throughout their healthcare journeys.
- Focus on prevention, early intervention and keeping people healthy, as well as to provide excellent care for people who need treatment.
- Continue to develop as a centre of excellence for cancer, critical care, renal, heart attack management, stroke, trauma, spinal surgery, paediatric and neonatal services.

Details of the key changes from the Integrated Business Plan agreed in July 2013 to the Strategic Plan agreed in June 2014 were set out. A review of services had been undertaken and it had been concluded that downsizing was not a viable option. The strategic options that the Trust was planning for were moderate growth in elective surgery to ensure sustainability, with limited growth in other areas, and integration at

a service level only where it would improve quality or financial viability. Details of service developments, involving investment in the Urgent Care Floor and the Elective Orthopaedic Centre, as well as other plans, were set out and a five year financial plan was included, with a plan to return to surplus in 2015/16, following the £6.5m deficit in 2013/14. Details of the likely impact on delivery of CCG and Trust QIPPs were also set out. There were a number of areas where improvements were needed, such as management of estates and data, and the presentation gave further details of some of these areas.

The meeting discussed the Plan and the points made included:

- Fiona Slevin-Brown expressed concerns about the sustainability of the RBFT's plans to be growing their estate in the context of the CCGs strategic plans. There was a divergence of planning in years three to five of the different plans as the CCGs wanted investment in out-of-hospital care and in supporting people to stay well, whilst still providing acute care for patients who needed it.

- The Strategic Plan had been developed by the RBFT for submission to Monitor by their 30 June 2014 deadline and work now needed to be done with stakeholders across the health economy to find solutions and the plan could form the basis of ongoing discussions on strategic development. For example, the CCQ QIPPS needed to be reflected in more detail.

- There was reference in the presentation to a Car Park Management Plan and it was requested that this be developed into an Integrated Transport Strategy. John Taylor said that a more detailed Transport Strategy was being developed and RBFT would work with the Council on developing this.

- It was reported that it was likely that Frimley Park Hospital NHS Foundation Trust would be acquiring Heatherwood and Wexham Park Hospitals NHS Foundation Trust, which could create significant risks for RBFT, and these were not referred to in the Plan. It was stated that clinical discussions had not yet been started on these proposals.

- Suzanne Westhead expressed disappointment that the principle of patient-centred planning and the joint working on integration of health and social care that had already been carried out, including in preparation for the Better Care Fund submission, did not seem to be reflected in the RBFT's plan. John Taylor said that he would be happy to meet with Council officers to discuss these concerns in more detail.

- Councillor Hoskin also expressed concern at the lack of focus on working around the patient, as it was important that the RBFT was a key partner in the integration of services and planning of whole person care.

Resolved -

That the position be noted.

10. ROYAL BERKSHIRE NHS FOUNDATION TRUST – CQC INSPECTION REPORT

John Taylor submitted a report by the Director of Nursing on the outcome of an inspection of the Royal Berkshire NHS Foundation Trust (RBFT) by the Care Quality Commission (CQC) and the Trust's plans for implementing a CQC Improvement Plan in response to the findings.

The report stated that the RBFT had now received the final CQC report detailing the findings from its inspection on 24-26 March 2014 (attached at Appendix 1). An overall rating of 'Requires Improvement' had been given to the Trust, with separate ratings given for each CQC domain (safe (requires improvement), effective (good), caring (good), responsive (requires improvement), and well-led (requires improvement)) and for each core service.

The Trust had been able to challenge many of the findings within the report that had been felt to be inaccurate or out of context, and the majority of these had been successfully upheld by the CQC and reflected in the final report. The report findings had included a total of 13 actions the Trust had to take and a further 14 actions that the CQC suggested the Trust should take. These actions had been amalgamated into seven 'Compliance Actions' (regulatory legal actions that confirmed the essential standards the Trust had to meet through delivery of the action plan).

The Trust was now finalising a detailed Improvement Plan to address all of the key actions within the report and this was being submitted to the CQC for sign-off by the deadline of 18 July 2014.

An overall Trust Improvement Plan had been developed, pulling all of the Improvement projects together, including the Board Evaluation and Quality Governance Framework action plans. Additional project management resource had been agreed to support staff in delivering the actions over the next few months.

It was noted that the Adult Social Care, Children's Services and Education Committee, as the Council's Health Overview and Scrutiny Committee, was keen to be involved in scrutinising the Trust's Improvement Plan.

Resolved -

(1) That the report be noted:

(2) That a further report on progress against the Improvement Plan be submitted to a future meeting of the Board and to the Adult Social Care, Children's Services and Education Committee.

11. 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 10 October 2014.

(The meeting started at 2.00pm and closed at 4.18pm)

READING BOROUGH COUNCIL

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

TO:	**HEALTH AND WELLBEING BOARD**		
DATE:	**10 OCTOBER 2014**	**AGENDA ITEM:**	**4**
TITLE:	**FINDINGS OF HEALTHWATCH READING ON THE EXPERIENCE OF DELAYED DISCHARGE FROM HOSPITAL**		
LEAD COUNCILLOR:	**COUNCILLOR HOSKIN4 / COUNCILLOR EDEN**	**PORTFOLIO:**	**HEALTH / ADULT SOCIAL CARE**
SERVICE:	**HEALTH / ADULT SOCIAL CARE**	**WARDS:**	**BOROUGH WIDE**
LEAD OFFICER:	**SUZANNE WESTHEAD**	**TEL:**	**0118 937 4164**
JOB TITLE:	**HEAD OF ADULT SOCIAL CARE, RBC**	**E-MAIL:**	**Suzanne.westhead@reading.gov.uk**

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 Healthwatch Reading has carried out a series of in-depth interviews with people affected by delayed discharge from hospital. Whilst many people are discharged from hospital in Reading without delay every day, Healthwatch's report describing the impact on those who experience delayed discharge makes a powerful case for the need to integrate care provision.

1.2 Reading's Health and Social Care Board (HSCB) has prepared a 'whole system' response to Healthwatch's findings, supported by an Action Plan to deliver on the commitments made in that response.

2. RECOMMENDED ACTION

2.1 The Health and Wellbeing Board notes:
(a) the findings of Healthwatch Reading as set out in the April 2014 report: ***The experiences of people whose discharge from hospital was delayed;***

(b) the joint response to Healthwatch submitted by members of the Health and Social Care Board; and
(c) the Action Plan developed to deliver on the commitments made in response to Healthwatch's findings, which will be monitored through Reading's Integration Board.

2.2 The Health and Wellbeing Board proposes that the response of local care providers to Healthwatch's findings is reviewed as a scrutiny enquiry by the Adult Social Care Children's Services and Education Committee.

3. BACKGROUND

3.1 A report was prepared by Healthwatch Reading in April 2014 following a series of interviews with people affected by discharge from the Royal Berkshire Hospital being delayed beyond the point when the patient was medically fit to leave. As well as seven former patients affected in this way, family members and friends were also interviewed.

3.2 Healthwatch's report was brought before the Reading Health and Social Care Board (HSCB) in June 2014. The HSCB brings together senior officers overseeing the delivery of care across local agencies, and directs the Reading Integration Programme to develop better co-ordination of care services around individual need.

3.3 The HSCB welcomed Healthwatch's insights into the patient / customer experience, and directed Reading's Integration Programme Manager to develop an action plan to address the issues highlighted. This action plan will be monitored through the Reading Integration Programme Board, of which Healthwatch is a member.

4. HEALTH AND SOCIAL CARE INTEGRATION

4.1 Across the local care system, there is a strong commitment to developing more integrated services. However, there is a considerable amount of work still to be done to achieve this. The findings of Healthwatch Reading make the case from a patient/ service user perspective as to why integrated care is the way

forward, and why the reduction of delayed discharges from hospital is a key metric within Reading's Integration Programme.

4.2 The local commitment to integrated care pre-dates but is now largely articulated through Reading's proposals for use of the Better Care Fund (BCF). Reading's BCF plans have been developed, particularly over the summer months, and have been recognised as an exemplar and fast tracked through to the latest stage of the approval process.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The Reading BCF submission draws on and develops the strategic priorities set out in Reading's Health and Wellbeing Strategy (2013) and Prevention Framework (2011). It supports the vision outlined in the Berkshire West Strategic plan 2014-2019 and the Reading CCGs operating plans 2014-2016 to 'keep people well and out of hospital in partnership'.

6. COMMUNITY INVOLVEMENT

6.1 Healthwatch Reading has been a key partner in developing Reading's BCF plans and keeping the patient / user perspective central to discussions. Healthwatch will have an ongoing role in monitoring delivery against the Action Plan on Delayed Discharge through Healthwatch's membership of the Reading Integration Board.

6.2 As specific elements of Reading's Integration Programme are developed, patients, service users and carers will be invited to work alongside commissioners and providers in re-designing services around individual need.

7. LEGAL IMPLICATIONS

7.1 The Adult Social Care Children's Services and Education (ACE) Committee is responsible for the overview, service performance and improvement and scrutiny of all functions for which the Committee is responsible. The ACE Committee also undertakes the health scrutiny functions of the local authority under Section 244 of the National Health Services Act 2006 as amended by Sections 190

and 191 of the Health & Social Care Act 2012. On this basis, the ACE Committee would be an appropriate body to undertake a scrutiny review of the 'whole system' response to Healthwatch's findings on the experience of delayed discharge from hospital.

8. EQUALITY IMPACTS

8.1 All public sector bodies are under a legal duty to comply with the public sector equality duties set out in the Equality Act 2010. In order to comply with these duties, policies and services should be developed with a view to preventing discrimination, and also protecting and promoting the interests of 'protected' groups. Those most likely to experience delayed discharge from hospital are elderly people and/or people with disabilities. Addressing this issue would therefore support the discharge of statutory care providers' equality obligations towards those protected groups.

9. FINANCIAL IMPLICATIONS

9.1 There are no direct financial implications arising from this report. The Action Plan annexed sets out a series of commitments which can be delivered within existing resources and/or have been budgeted for within local programmes to deliver better integrated care and to meet the new obligations set out in the Care Act 2014.

10. BACKGROUND PAPERS

Appendix 1: *The experiences of people whose discharge from hospital was delayed* – Healthwatch Reading, April 2014 & updated October 2014.

(including appendices:

- Response of the Reading Health and Social Care Board (HSCB) to Healthwatch Reading on *The experiences of people whose discharge from hospital was delayed* – HSCB, September 2014
- Reading HSCB Action Plan on addressing Delayed Discharges – September 2014)

The experiences of people whose discharge from hospital was delayed.

Healthwatch Reading
October 2014

Executive summary

This report presents phase one findings of a Healthwatch Reading project, which is collecting the experiences of people who have experienced delayed discharges from Royal Berkshire Hospital (RBH).

Delayed discharges (or 'delayed transfers of care' (DTOCs), as they are officially known), describe people who are medically fit to leave hospital but are delayed from doing so while assessments or ongoing care packages, such as nursing home placements, are arranged by social services. Such delays can stop new, ill patients being admitted onto wards quickly, and can also disrupt the lives of those waiting to leave hospital.

Between September 2013-March 2014, 70 pieces of feedback, were collected from seven Reading residents (and/or their relatives/carers) through in-depth interviews by Healthwatch Reading staff. Some of the case histories were shocking and prompted referrals to the local safeguarding team. This report is believed to be the first of its kind in Reading.

Key findings:

- Only 24% of the feedback praised health or social care professionals or services; no one was satisfied with the overall discharge process.
- Relatives/carers say opportunities were missed to prevent hospital admissions, particularly from sheltered housing or care homes.
- Relatives/carers did not always view delayed discharges as problems because wards provided a 'safe haven' of food and safety from falls.
- People and/or their relatives/carers say they were given inadequate or delayed information about finding a nursing or care home place.
- People and relatives/carers felt there was not enough, or any, choice of nursing home or home care provider to cater for 'complex' needs.
- People's hospital discharge was sometimes halted at the last minute because of failure to confirm ongoing care was in place.
- Some interviewees thought they were 'caught in the middle' of hospital or social care staff, who failed to communicate properly.

Key recommendations:

- Sheltered housing safety procedures should be reviewed, to check that residents can receive immediate emergency help.
- A review into attitudes towards, and knowledge about, managing falls, among care and nursing home staff, should be carried out.
- Relatives/carers should be educated on early warning signs in loved ones of worsening health, care or safety, and who to report this to.
- An information tool or service about how to find a nursing or care home should be routinely offered in good time to people/relatives.
- The RBH and Reading Borough Council should agree a protocol on how and when a discharge date is communicated to patients/relatives.
- Service users should have a strong say on future nursing home places.

Introduction

This report presents phase one findings of a Healthwatch Reading project which is collecting the experience and opinions of people who have experienced delayed discharges from hospital.

Delayed discharges (or 'delayed transfers of care' (DTOCs) as they are also officially known) describe people who no longer need acute hospital care - the 'medically fit' - but are being held up from doing so while their ongoing care – such as an RBC-partially funded nursing or care home place, or home care package, is arranged. In the past these patients have also been described as 'bed-blockers', although the term is now not commonly used.

DTOCs can prevent new, ill patients from being admitted to wards in a timely fashion, and as a knock on consequence, can prevent acute hospitals from meeting their four-hour A&E waiting times. However the pressure by hospitals to get medically fit people out of hospital, collides with the need for service users and/or their families, supported by social workers, to have time to make far-reaching decisions about care or nursing home placements where they may well spend the rest of their lives.

Reading's health and social care leaders say they are committed to tackling the issue. In April 2014 they submitted plans to NHS England to reduce the average daily number of people on the 'fit list' (ready to leave the Royal Berkshire Hospital) from 18 to 7, by October 2015. These plans are part of a wider bid for resources from the national 'Better Care Fund' and include:

- a Hospital at Home scheme to give people 24 hours of intensive support at home, instead of admitting them to hospital;
- more regular visits by named GPs to care homes to assess residents' health;
- better training for care home staff on managing residents' health;
- a 'Time to Decide' scheme, involving 15 residential nursing home beds being converted into 'step down' beds to which the hospital could more quickly discharge 'fit' patients and give social care and families more time to arrange ongoing care such as nursing home placements.

Healthwatch Reading has been invited onto various local forums on these plans to ensure the patient voice is put across as plans develop.

Project Aims

Healthwatch Reading's project aims to ensure the patient experience, as retold at the point of, or after hospital discharge, is fully understood and taken into account by health and social care leaders as they design and implement the proposals in the Better Care Fund submission.

The project also aims to inform individual services – such as social services,

GPs, the acute hospital, and care homes - how their own actions impact on the entire service user's journey in and out of hospital.

The project does not seek to 'blame' which services are responsible for the delays the patients experienced, but it does note which services the person recalled being involved for each element of their journey.

Healthwatch Reading was given access to some background information on the actions that socials services and/or the hospital generally took to facilitate discharge of service users. However these 'behind the scenes' efforts might not be reflected in this report, unless service users were specifically made aware of them by the professionals dealing with them, and/or recalled these actions during the research interviews.

Methodology

Healthwatch Reading was aided in finding interviewees by senior staff at Reading Borough Council and Royal Berkshire Hospital staff, who identified people recently discharged or awaiting hospital discharge, and who also sought consent for their details to be passed to Healthwatch Reading/or to be approached on a hospital ward.

Healthwatch Reading then solely undertook the process of contacting interviewees, obtaining signed consent, interviewing, and writing the findings.

Healthwatch Reading development officers visited people and/or relatives/carers in their own homes (or carried out telephone conversations where visits were not possible or wanted) to carry out semi-structured interviews. One Healthwatch Reading officer asked questions while the other took notes. Interviews typically lasted an hour.

All, bar one, of the interviews was carried out after hospital discharge; the other was undertaken in hospital, days before a planned discharge date.

People were asked to recall the discharge process by giving recollections on:

- what information they were given about when they would be discharged, and by whom, and at what stage of the hospital stay
- whether the information told them everything they needed to know
- whether they were assessed by any health or social care staff to help plan their post-hospital care needs
- the hospital experience, such as the quality of care, food, and the physical environment
- the quality of the care or nursing home, or home care package and any other follow up they received after being discharged.

They were also asked what was the most important change or improvement, if any, they would suggest be made to the hospital discharge process.

Findings

Healthwatch Reading collected 70 separate pieces of feedback from seven interviewees.

Just over half of the feedback (57%) related specifically to the service user's experience while in hospital waiting for discharge. The next biggest category of feedback (41%) related to pre-admission care, and the rest of the feedback was about experiences after discharge.

Healthwatch Reading believes it is important not to exclude pre- and post-hospital discharge feedback from this report, as it helps paint a picture of people's journeys through various parts of the health and social care systems, as well as highlighting potential missed opportunities to prevent admissions.

Seen in isolation, some of the negative experiences reported by service users might appear relatively minor, but they may be the latest in a long line of experiences that leave a long-lasting, negative impression.

Of the 70 pieces of feedback, 17 (24%) specifically praised staff or services.

Feedback about pre-admission care

Many of the interviewees were keen to volunteer information about their (or their relative's) past experience of health and social care, some going back years. Many described what they saw as failures by services to respond to crisis situations, or to potentially prevent admission to hospital.

Three of the seven people had a similar history of being admitted to hospital from their sheltered housing accommodation:

> *"At the sheltered housing flat, he was needing more and more help. The day he went into hospital we'd got someone to price up removing the carpet and replacing it with vinyl, to cope with his toilet issues. He had seen the GP but without one of us there at every appointment - someone who represents him - to ask the right questions…Someone should've said to social services his needs had changed. It's our responsibility too….He fell out of bed, rang the bell, nothing happened and he was stuck under there for hours, bruised. When he got to hospital they found he had a UTI [urinary tract infection], which probably caused the fall."*

"I had thought on various occasions, after she'd had the stroke, that things weren't quite right. She'd suddenly stare into space and go all lopsided. If she was sat on a chair I'd have to prop her up or else she'd fall and many times I'd think, 'There's something going on here', but nobody would listen to me - even though I was the only one that ever saw what was actually happening."

"It's [the service user's sheltered housing flat] got a pull-cord. But a couple of times I phoned, she didn't answer. She'd fallen down and couldn't get back up. One time she fell behind the door and my wife couldn't get in."

Two of the service users had been admitted to hospital from care homes, one after repeated falls.

"One day we went in and she had this lump on her head and a black eye, all down her face. I went to get somebody [who worked at the care home] and said, 'What's happened to Mum?' because usually they should ring me. She just looked up at me and said: 'Oh, she's been moving her furniture and probably fell over.' She wouldn't get up to come and see so I grabbed two of the other carers and I brought them into the room to show them Mum's face. They said, 'Oh [service user], what have you done?' and I said, 'Well, what has she done?' and one of them said, 'Well, she wasn't like this this afternoon'. Nobody had noticed."

The other person who was admitted to hospital from a care home said hospital staff had told him they were concerned about his malnourished state on arrival. The service user said he had disliked the food at the home. He had also failed to respond to antibiotics.

A daughter of another service user said her mother's hospital admission came after her pleas for a respite care home place - where her mother's ability to safely self-administer her medication could be monitored – was turned down. An overdose of medication by her mother had resulted in a previous, recent hospital stay:

"I begged for her to go into respite care. They said they would up the [home] care to an extra 15 minutes [visit] per day to allow her to go home [from hospital]. I warned them she would fall again and to the week…she fell in the kitchen."

Feedback about the hospital stay: overall care

Most praise given by interviewees about services related to care that they or their relatives received in hospital. Families reported how their loved ones started to eat properly again, regain strength and were in a place of safety. This was particularly a source of comfort if their relative had had a poor diet or repeated falls in their sheltered housing or in care homes. This perception of the hospital as a safe haven often offset any concerns about the service user's delay in leaving hospital.

"One morning she was so bad the doctor called us in to sign forms about whether we wanted her resuscitated. This went on for a fortnight, three weeks. Then one day I walked in there and there she is eating a roast, drinking a cup of coffee, right as rain. The hospital care, I can't fault - they did have a shortage of staff at weekends, but that isn't their fault is it? She was kept clean and they got her to eat - which they should have been doing at the care home."

"At the time I was thinking, 'Thank goodness she's in hospital being looked after.' She started eating again, proper food, instead of just tea and biscuits.'

"Mum didn't mind being in hospital. She was continually looked after, given three meals and she got a lot of care and attention."

Feedback about the hospital stay: the discharge planning process

Praise was volunteered about some of the individual social workers trying to arrange post-hospital care. However, none of the people (or relatives/carers) praised the overall hospital discharge experience:

"The social services side of it was very good. Their heart is in the right place. She [the social worker] was a very good lady, a very bright lady. But the system is not designed for speed. It's very, very slow. The system hasn't been designed properly. Each step of the way should have prescribed time limits."

Overall, people found the process of being discharged bewildering. The main problems reported by people (or relatives/carers) were:

- Not being sure if they or social services were responsible for finding a nursing or care home place and who would pay for this.
- Not being sure how to start finding a care or nursing home best for them, and how to independently check the quality of that home.
- Care and nursing homes or home care agencies not appearing able or wishing to take on 'complex' cases.
- Being told that no local places were available.
- The hospital telling patients and/or the families that the service user was leaving on a certain date when a placement or package of care had not yet been agreed.
- The hospital not appearing to talk to, or be able to get hold of social workers to confirm discharge dates.
- Being placed in homes or with home care agencies they had been given no information about, apart from location and/or name.
- Not being 'allowed' to be discharged at the weekend.

"The hospital said to me, 'Have you got anywhere [a nursing home] yet? I said; 'Have I got her anywhere?' I said, 'No'. Apart from someone saying to me 'She needs a nursing home' [no-one had told her she was responsible for finding the place – she thought social services were]."

"This social worker, she kept phoning, saying 'We're going to sort out a nursing home', we're going to do this, we're going to do that - and that's all it was. It took them an awful long time to set to and do it. And there was the excuse, 'Well, it's Christmas', but I'm sorry, we all know the date of Christmas, it's been that date forever. Maybe I'm too organised a person, but it winds me up when people say 'I'm busy' – well it's your job, sort yourself out. I'd get the hospital on the phone saying, 'Have you got any information? Did I know if she was going to be able to go home?', and I'm thinking, 'Why are you phoning me?' If it was in my power I would have dealt with it, but it's not, I'm only the stepping stone [to the service user]."

"I didn't have a clue [when service user would be leaving hospital and to where]. I had to rely on my daughter [to find out what was happening]. She had to call them and they would say they would ring back, but they wouldn't."

"If you look on the Internet at homes, the majority of them say they will take [people with] dementia, but with no other problems. But my mum wasn't a normal dementia patient where she sort of forgot people and could sit and be entertained. She had a mental health problem."

"The hospital kept ringing me, saying she'd be going on Saturday, and I'd say, 'No, I've not got her a place yet'."

"They [social services] couldn't get anyone to accept the [home care] tender. I thought there'd be plenty of agencies wanting work, but then there's also the complication of her situation [of needing a visit every four hours for medication administration]. It took a bit of pushing in the end."

"Nobody gave us choice [over the home care agency that would be used]. We were told, 'This is the only people who can do it'."

"Before home care starts, you should know the details of the company supplying it. I don't know who is coming, whether it will be the same person or different for each visits. They will have keys to my home, but they are strangers."

"Twice I was told she would be discharged at the end of the week, but she wasn't. Then I was suddenly told, she could come out tomorrow, 'Can you pick her up?'…. It seems as soon as they had the care package in hand, it was time to 'get rid'."

"The hospital could get their act together more. The right hand should know what the left hand is doing. I would have a matron ringing, saying, 'She's ready for collection at 1pm' and obviously the message from one shift to the other [that the SU was not allowed to leave because she had a safeguarding order on her] hadn't passed on…..They would also be telling my mum, 'You're going home after dinner and then she would ask me, 'Am I coming home?' and I would have to say, 'No, you can't yet'. You can't do that [give wrong information] to a person with mental health problems."

"No way [was SU going to go to a nursing home in Newbury, Camberley or Slough]. My family can't be expected to travel that far to see me."

"You just want some sort of idea of what [type of nursing home] you're going into it. It's an unknown place."

"I would've liked to have gone home for Mother's Day [on the Sunday]. But the hospital advised me that 'Sunday is not a good day to go home, in case she falls and needs further help'."

"In the end we went for [care home in Reading] but they couldn't get her in for a fortnight because one of the other people that was on respite [in that care home] was in a bad way and they were staying on, which was fair enough. But the hospital said she was due out Saturday so we found [a different home in Maidenhead] that would take her and transfer her [back to Reading] when the place came up. They were going to assess her in the hospital but they couldn't because there was a hospital bug – we couldn't visit her either. In the meantime, the [original] place came up."

"It's all so disjoined. It's unbelievable. There's too many chiefs and not enough [staff] and none of them talk to each other."

Feedback about post-discharge care

A variety of feedback was volunteered about the care that people received after being discharged from hospital, ranging from praise for follow-up visits at home from GPs and district nurses to check leg wounds, to concerns about growing dependence, and also serious concerns about dehydration.

"I think more proactivity could have helped [keep him more independent]. When he was in hospital, he was vaguely mobile, he could use a [walking] frame. But when he went to [the first care home], nobody encouraged him to walk and the frame he was given seemed to be in need of repair. My point is – look at the cost of somebody who can't move – he needs three people to move in and out of bed – versus the cost of intense phsyio to help him keep more mobile and independent. It seems it's too late and his mobility is gone."

"I liken it now to looking after a child. She keeps saying, 'I'll wait till you, or [home care worker] come', instead of doing things for herself, like making a cup of tea."

"Initially the home care was pretty poor timing, It would be 9am, 9.30am, even 10am once, before they first came, and she would be sitting in bed saying, 'Am I allowed to get out of bed?' She thought she had to wait. The visits were squeezed together, not to mum's timings [of meals/routine]. When I first complained the agency said the care worker's car had broken down, or she had got stuck in traffic."

"The two moves [from the care home to the nursing home in the space of two months after the hospital discharge] have had a huge impact on him. We can't blame anybody in particular for the two moves as the system obviously doesn't want to dole out funding for nursing care to anybody, they have to be careful where to allocate funding. With him, it just turned out that his needs were more than originally thought."

"I was shocked at the state of [her, in the care home she was discharged to] because she'd lost such a lot of weight. Her lips were absolutely snow white, and I thought, perhaps she'd had sore lips and they'd put cream on it. Then the girl [working at care home] brought the cups of tea round and slices of cake. We said to [service user], you eat the cake, and she didn't know what to do with it and so we were feeding her. The same with her tea. I think they must have been plonking it in front of her, and perhaps by this stage her sight was so bad she didn't realise it [the tea] was there…so I realised that her lips…she must have been dehydrated, very dehydrated."

"When we said goodbye to her, we called into the office en route to say we're got personal items to take back to her room. That's when the [member of staff] physically tried to stop us. She was really rude and abrupt and to my mind, it doesn't matter who it is or how elderly they are, if they've got a few personal belongings around them, it just makes it appear more homely. In the end I said, 'I'm sorry, I'm going to carry on'. We put her toys on the bed and brought her shower gel and nice powder, just ordinary things we thought she might have needed."

Discussion and recommendations

Sample size

The number of completed interviews to date is 7, which may appear insignificant. If these interviews had been carried out on a single day, they might have represented 38 per cent of the average daily number of people who are on the 'fit list' awaiting a discharge.

A Health Foundation study published in March this year notes that there is no single 'silver bullet' for measuring person-centred care[1]. It also cites a UK study comparing a postal survey of 82 patients with 13 narrative interviews. It found that surveys may be useful as a screening tool to identify potential problems, but they do not provide sufficient detail about what needs to be done to improve services. The study went on to recommend that surveys be used as preliminary tools, with better use of open-ended comments, followed by in-depth qualitative interviews and analysis to 'capture the multifaceted nature of patient experience'[2].

The interviews conducted by Healthwatch Reading were time intensive and required the use of half of its team of officers, for each visit to a person's home. The goodwill and time of RBC and RBH staff was also required in identifying potential interviewees.

Given the large amount of feedback generated by the interviews, Healthwatch Reading believes there is value in carrying out further interviews, particularly of those still in hospital, to capture more 'real time' experiences. This would require the same helpful facilitation from a ward matron on an RBH ward that was offered to Healthwatch Reading during phase one.

It should also be noted that findings of a special inquiry into discharge from health and social services, of vulnerable people who are elderly, homeless or who have mental health problems, are due to be published in September 2014 by Healthwatch England, based on the feedback it receives from the network of local Healthwatch across England.

Warning signs

The feedback shows that families often spot signs or have an inkling that their relatives are at risk of a hospital admission, but are not sure how or when to act on this. Healthwatch Reading would ask services:

- How many falls should a sheltered housing resident experience before the sheltered housing manager/staff, or family, or GP, alert social services so they can assess whether it is still safe for them to live in such accommodation?
- Is it ever acceptable for a pull-cord or alarm that has been activated by a resident to go unanswered for hours?
- Who should be the first port of call for a relative or friend to raise concerns, and how will they know in advance who this is?
- Do care home staff see falls as just 'one of those things' that happens?
- How could families and friends be educated on potential signs of a urinary tract infection?

[1] The Health Foundation (2014) Helping measured patient-centred care; pg2; London
[2] BMC Health Serv Res 2012;12:271

Information gaps

The feedback shows that relatives of people in hospital who will need to be discharged into a care or nursing home, need to be given a lot of information about how to embark on this process in a clear, easy-to-understand and pragmatic fashion. They do not want to infer what they have to do from rushed telephone conversations from social workers, nor do they want to make wasted trips to care homes that turn out to be unsuitable for their relative's needs.

A number of options for the future should be considered, which could be used in either a hospital setting, or in the 'Time to Decide' step-down model being proposed. These options include:

- An information pack that pools together existing, but separate council leaflets, on choosing a care home, selling your home to pay for a care home, and paying for a care home.
- A brochure or web-based list of all potential residential or nursing homes in Reading which gives detailed information on the complexity of needs they can or cannot cater for, and their current CQC rating, to aid service user/family choice
- Dedicated face-to-face meeting with social worker/information officer to discuss needs, options, finance, and local intelligence on place availability
- Signposting people to an external information/advocacy service to give families independent advice on finding homes.

Similar information options should also cover home care packages that are being arranged for service users leaving hospital, and should include the latest list of 'DASL' providers that have been approved by the council.

Information gaps

Service users told Healthwatch Reading that one of the most frustrating things they experienced was being told the service user was going home when it later transpired not to be the case. This caused inconvenience for family members who might need to take time off work to assist with the discharge, left mentally vulnerable patients more confused and distressed, and left a negative impression on family members who felt that health and professionals just did not talk to each other.

Healthwatch Reading believes a concerted effort is needed by staff at the Royal Berkshire Hospital and Reading Borough Council to improve the way they communicate with each other about individual cases and the actual discharge date.

In particular, patients or relatives should not be put under direct or implicit pressure to sort our delays that are out of their control.

People who are 'too hard' to place

This project also raises longer-term questions about whether the right type of care is available for people leaving hospital and whether this will need to change in the future.

As one person's daughter put it, her mother was not a 'typical' dementia patient and had more complex needs which she felt that local nursing homes did not want to take on. Another person's daughter described her surprise that it was difficult to find a home care agency to meet her mother's need for medication administration every four hours.

RBC's latest Joint Strategic Needs Assessment states that new nursing homes will need to be built in the future to meet the needs of people with dementia.[3] Healthwatch Reading urges commissioners to ensure these new places, as well as the new group of home care agencies being retendered, include provision for complex case.

Key recommendations

- Healthwatch Reading should continue to carry out in-depth interviews of people awaiting hospital discharge.
- Sheltered housing safety procedures should be reviewed, to check that residents can receive immediate emergency help.
- A review into attitudes towards, and knowledge about, managing falls, among care and nursing home staff, should be carried out.
- Relatives/carers should be educated on early warning signs in loved ones of worsening health, care or safety, and who to report this to.
- A common information tool or service about how to find a nursing or care home should be developed and routinely offered in good time to people/relatives
- Royal Berkshire Hospital and Reading Borough Council should agree a protocol on when and how a patient is told their definite discharge date. The protocol should cover how hospital staff can quickly get confirmation from social workers on whether nursing or care home placements are ready.
- Service users' views should strongly shape what kind of nursing home and home care is commissioned in the future in Reading

[3] Reading Borough Council (2013-2014) http://jsna.reading.gov.uk/ section on Residential and nursing care provision.

Summary

Healthwatch Reading believes phase one of this project has uncovered strong evidence directly from people who use services, which the hospital discharge process needs urgent reform.

People have also volunteered extra evidence beyond the initial scope of the project, that points to serious failings in settings such as sheltered housing and care homes to protect the health and safety of vulnerable, older people.

Healthwatch Reading urges health and social care commissioners and providers to act swiftly to transform the patient experience.

Acknowledgements

Healthwatch Reading thanks the patients, services, families and friends who gave their time to be interviewed for this project. Healthwatch Reading also thanks key personnel at Reading Borough Council and Royal Berkshire Hospital, who sourced potential interviewees, and also the RBH staff who facilitated a Healthwatch Reading visit to a ward to carry out interviews.

Responses from services/providers

The Reading Health and Social Care board, comprised of leaders and/or senior managers of health and social care services, submitted a six-page response, plus an action plan, to Healthwatch Reading, on 30 September 2014. The response and action plan is printed in full, overleaf:

Developing better integrated care

Response to the Healthwatch Reading report: *The experiences of people whose discharge from hospital was delayed*

Reading Health & Social Care Board

October 2014

Foreword

A report was prepared by Healthwatch Reading in April 2014 following a series of in-depth interviews with seven people whose discharge from the Royal Berkshire Hospital had been delayed beyond the point when they were medically fit for discharge. Family members and friends were also interviewed to give feedback from their perspectives.

Healthwatch's report was discussed at the Reading Health and Social Care Board on 3rd June, 2014. This Board brings together senior officers overseeing the delivery of care across local organisations, and directs the Reading Integration Programme which aims to co-ordinate health and social care services around individual need. The Board welcomed Healthwatch's insights into the patient / customer experience, and directed Reading's Integration Programme Manager to work with partners to develop an action plan to address the issues highlighted. This action plan will be monitored through the Reading Integration Programme Board, of which Healthwatch is a member.

The negative experiences which Healthwatch Reading reported are precisely those which Reading's Integration Programme has been set up to tackle. The programme includes reducing delayed discharges from hospital as one of its priorities. It also includes reducing avoidable admissions to hospital, another area highlighted in Healthwatch's findings. The programme has been developed from a vision which was set out in Reading's Better Care Fund submission, first approved in outline by the Health and Wellbeing Board in February 2014, and which has since become one of the national BCF fast track plans. This local vision is to provide the right care by the right people at the right time and in the right place.

Our integration programme is intended to put the person at the centre of how services are designed and delivered. Healthwatch's findings are a timely reminder of how vital this is. As Chair of the Health and Social Care Board, I will retain oversight of the integration programme to ensure we do not lose sight of this.

Ian Wardle
Managing Director
Reading Borough Council

Heathwatch's Key findings

- Only 24% of the feedback praised health or social care professionals or services; no one was satisfied with the overall discharge process.

- Relatives/carers say opportunities were missed to prevent hospital admissions, particularly from sheltered housing or care homes.

- Relatives/carers did not always view delayed discharges as problems because wards provided a 'safe haven' of food and safety from falls.

- People and/or their relatives/carers say they were given inadequate or delayed information about finding a nursing or care home place.

- People and relatives/carers felt there was not enough, or any, choice of nursing home or home care provider to cater for 'complex' needs.

- People's hospital discharge was sometimes halted at the last minute because of failure to confirm ongoing care was in place.

- Some interviewees thought they were 'caught in the middle' of hospital or social care staff, who failed to communicate properly.

Responses to Healthwatch's key recommendations

(1) Sheltered housing safety procedures should be reviewed, to check that residents can receive immediate emergency help.

> **Keeping vulnerable residents safe is a high priority. Equipment is checked regularly, and we have carried out the review of procedures as recommended.**
>
> **Both sheltered housing and extra care housing services managed by RBC and other landlords have processes in place to contact residents proactively, and to act should residents require additional support. It has been agreed that these processes should be developed to add in the following points.**

- **When gathering information about those close to the resident, staff will ask the resident about their wider network of support and record this provided the resident agrees.**
- **Staff will review the availability of phone number/ contact information for housing support staff to ensure friends and family have clarity about who they can contact about concerns e.g. by putting posters up in lifts and common areas.**

(2) A review into attitudes towards, and knowledge about, managing falls, among care and nursing home staff, should be carried out.

Reading's integration programme includes a project to develop skills and capacity amongst care home staff to prevent hospital admissions. Improved falls awareness and management is a key element of this, and Reading's Integration Programme Manager now has oversight of Reading delivery of this project, which includes the other Berkshire West localities.

In addition, Berkshire Healthcare Trust will work with the Council to raise the profile of the local falls prevention service and will send information about the service to all domiciliary care agencies and carers groups. The CCGs have recently invested in a new falls liaison service for follow up and prevention of subsequent falls in people who have had a previous fracture.

(3) Relatives/carers should be educated on early warning signs of worsening health, care or safety, and who to report this to.

We recognise that clear information about managing various health conditions or issues is an important service for family carers, as well as for the relatives they support. We aim to help carers access the information or training they need in this regard through our carers assessment process, as well as supporting a range of community groups which provide carer-specific support or peer support for people with long term health conditions and their families.

We are currently reviewing local information and advice for people with care needs (see below) and within this will look at how we can develop the information available about warning signs and improve timely access.

(4) An information tool or service about how to find a nursing or care home should be routinely offered in good time to people/relatives.

The Council currently produces a number of information leaflets about care and support services, and also hosts the online Reading Services Guide which contains information about a wide range of services likely to be relevant to people with care and support needs. In addition, there are both Council teams and Council-funded community organisations who support people to understand their care choices.

The Council is currently reviewing local information and advice about care choices, including on finding a nursing or residential care home, as part of its preparations to meet new obligations under the Care Act which come into force from 2015. Within our information and advice review, we aim to identify key times and places when people need personalised or focused information. We appreciate that there are times when too much information can be as unhelpful as too little and people may need extra support to identify what is relevant in their current circumstances.

(5) The RBH and Reading Borough Council should agree a protocol on how and when an estimated discharge date is communicated to patients/relatives.

This is something with the Integration Programme Manager has been exploring with the various care staff who may be involved in hospital discharge. Improving the patient experience of moving on from acute hospital care is one of the key objectives of the Integration Programme, and all agencies are now working to give patients an estimated discharge date within 24 hours of their arrival.

Discharge dates will change, however, such as when people become unwell, and good communication between all parties is essential. To this end, the joint health and social care policy on transfers of care is being reviewed. The refreshed policy will be available by the end of October, and will clarify the responsibilities of staff members from all agencies and the timescales for action. It will also include a flow chart for patients and relatives which describes the process. This will cover both acute and community hospitals throughout the Berkshire West area.

(6) Service users should have a strong say on future nursing home places.

The Council's aim is to support anyone looking for a nursing home place to exercise choice and to find the most appropriate place to meet individual needs. We realise, however, that service users and their families may feel under pressure to make decisions at the time of hospital discharge, which is why we have developed the 'Time to Decide Beds' project within our Better Care Fund proposal. The intention is to enable people who may need ongoing nursing care to be discharged from hospital as soon as this is safe, but then be supported to make the best choice about meeting their long term needs. The details of how this will operate are now being developed.

Additional actions identified

Developing an action plan in response to Healthwatch's findings has helped organisations to identify other ways that the links between sheltered or extra care housing and hospital could be strengthened. The following points were therefore added to our action plan.

- The hospital discharge team manager will forward information about the hospital discharge service to all sheltered and extra care settings in Reading.
- Sheltered and extra care services will amend their processes to make contact with wards, and the discharge team, when individuals are admitted to hospital. The aim will be to ensure that healthcare staff know of the housing staff involvement and can seek

agreement from the resident to their being contacted when discharge is planned.

- An information sheet will be sent to wards by housing providers (with the resident's permission).
- An information sheet / checklist will be developed on the process for giving up a tenancy and clearing homes to assist those moving into residential care, and their families.

Although Healthwatch concentrated on the experiences of patients in the acute hospital, Berkshire Healthcare Foundation Trust will take this learning and the issues highlighted to improve internal discharge processes within Mental Health and Community hospitals. Berkshire Healthcare Foundation Trust will also embed the key recommendations into their discharge processes to ensure timely contact is made with the various housing providers prior to discharge.

Reading Health and Social Care Board response to Healthwatch Reading report: Action plan September 2014

Report Recommendation	Actions	Lead Team/ Organisation	Date for Completion	Progress (September 2014)
Sheltered Housing safety procedures should be reviewed to check residents can receive help in an emergency	Information sheets to be created and displayed in foyers and entrances of sheltered housing units.	RBC Sheltered Housing team/ A2Dominion	31.10.2014	A2D information sheets are being developed and will be in place for start of October. RBC sheets are being updated and will be completed by end of October
	When gathering information about those close to the resident, staff will ask the resident about their wider network of support and record this with the resident's consent.	RBC Sheltered Housing team/ A2Dominion	31.10.2014	A tool is being developed to record information on residents' support networks
A review into attitudes towards and knowledge about managing falls amongst care and nursing staff should be carried out.	RBC's Contracts and Commissioning Team to disseminate information on BHFT Falls Prevention service in information to care providers. Falls prevention flyer to be shared with carers groups to ensure informal carers are aware.	Community Reablement Team (RBC & BHFT)	31.12.2014	Falls prevention information shared between BHFT and RBC, who will disseminate to care providers and to carer groups by end of December
	RBC's Quality Performance Monitoring Team to continue to review care plans including mobility and recording of falls.	RBC Quality Performance Monitoring Team	Ongoing	The team robustly review care plans and how falls are recorded. The QPM risk based monitoring tool includes falls, which is routinely raised with providers
An information tool or service about how to find a nursing or	Review the current information and advice on offer to map gaps and areas for further work	RBC Adult Social Care	31.08.2014	Review of current offer and areas for development identified
	Work with residential care providers to develop the listings on the Reading	RBC Adult Social	31.12.2014	Work to develop the Reading Services Guide is

care home should be routinely offered in good time to people/relatives	Services Guide (RSG), and to add more detail such as size of the home	Care		ongoing, but providers have been contacted to add to their records
	Add information to the Council's ASC leaflets and RSG that will help people to understand the type of support that they might have & the process	RBC Adult Social Care	31.03.2015	Information available in existing resources (e.g. Age UK leaflets) identified, to be used to redraft the Council's leaflets and web pages on ASC
	Check the information currently offered across teams to ensure consistency (e.g. promoting the Reading Services Guide)	RBC Adult Social Care, RBFT Discharge Team	31.12.2014	Meeting to be arranged to review what information is provided currently, and raise awareness of information sources like the RSG
Reading Borough Council (RBC) and Royal Berkshire Foundation Trust (RBFT) should agree a protocol on how a discharge date is communicated to patients	Developing a policy regarding Transfer of Care flow charts, which agrees: • Partner/Agency communications to Service Navigation Team (SNT) with discharge details • SNT responsibility to communicate details with the ward, who communicate with the patient and family	RBC Adult Social Care, RBFT Discharge Team	31.10.2014	Draft policy ready for final comment by all agencies, prior to sign off by all agencies by end of October
Service Users should have a strong say on future nursing home places	Introducing Discharge to Assess beds (part of Better Care Fund development)	RBC Integration Programme Manager	31.12.2014	Trial of Discharge to Assess bed now in operation – to date 3 people have benefited and in 2 cases this has led to a change of discharge plan from care home to

				support in own home. Planning still underway for 3rd person The scheme will be implemented by December.
Enhance joint working between Housing and discharge planning teams	Exchange contact details between Service Navigation Team and sheltered housing and extra care housing providers Share a list of sheltered housing and extra care housing units with hospitals	RBC Adult Social Care, RBFT Discharge Team	31.10.2014	Staff have been informed of contacts in housing and hospital discharge teams List of sheltered and extra care units have been sent to hospitals
	Develop a process for surrendering tenancies in sheltered housing or extra care housing	Intermediate Care Team	31.12.2014	Meeting arranged to develop a process for surrendering tenancies

READING BOROUGH COUNCIL

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

TO:	**HEALTH AND WELLBEING BOARD**		
DATE:	**10th OCTOBER 2014**	**AGENDA ITEM:**	**5**
TITLE:	**INTEGRATION UPDATE (including BETTER CARE FUND SUBMISSION)**		
LEAD COUNCILLOR:	**COUNCILLOR HOSKIN / COUNCILLOR EDEN**	**PORTFOLIO:**	**HEALTH / ADULT SOCIAL CARE**
SERVICE:	**HEALTH / ADULT SOCIAL CARE**	**WARDS:**	**BOROUGH WIDE**
LEAD OFFICER:	**GABRIELLE ALFORD /SUZANNE WESTHEAD**	**TEL:**	**0118 937 4164**
JOB TITLE:	**DIRECTOR OF JOINT COMMMISSIONING, BERKSHIRE WEST CCGs / HEAD OF ADULT SOCIAL CARE, RBC**	**E-MAIL:**	**Suzanne.westhead@reading.gov.uk**

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The Better Care Fund (BCF), provides for local funding for health and social care services in ways which take forward the integration agenda. Funding comes via NHS England in 2014-15 and then as local pooled budgets from 2015-16.

1.2 In order to draw down the funding available through the BCF allocation, local authorities and clinical commissioning groups (CCGs) must submit agreed two-year plans for use of the BCF, which are approved by the Health and Wellbeing Board. This report describes Reading's revised (August 2014) BCF proposals, as shared with Board members during development and prior to re-submission, for the Board's formal approval.

1.3 Reading's August 2014 BCF submission is made up of four main documents plus a library of supporting documents. In its entirety

the submission therefore runs to several hundred pages, and it is not being reproduced in full as appendices to this report. However, Appendix 1 to this report (Better Care Fund Planning Template – Part 1 – Annex 1) contains a detailed description of the schemes included in the submission.

The full submission can be viewed online at: www.reading.gov.uk/meetings/details/3694 and a hard copy will be available for reference at the Board meeting.

2. RECOMMENDED ACTION

2.1 The Health and Wellbeing Board notes:

(a) the progress made in developing plans for health and social care integration in Reading;

(b) the recognition Reading's Better Care Fund plans have received as 'exemplar' proposals; and

(c) the work that has been done in developing an Operational Resilience and Capacity Plan for the local health and social care system.

2.2 The Health and Wellbeing Board formally approves Reading's revised (August 2014) BCF submission as set out in the following documents:

Better Care Fund Planning Template – Part 1
Better Care Fund Planning Template – Part 1 – Annex 1
Better Care Fund Planning Template – Part 1 – Annex 2
Better Care Fund Planning Template – Part 2
Better Care Fund Library of Supporting Documents

3. BACKGROUND

3.1 A first draft of Reading's BCF plan was approved by the Health & Wellbeing Board on 14th February, 2014. The Board then approved a process whereby Reading's first full submission could be lodged with NHS England and the Local Government Association (LGA) as required by 4th April, 2014.

3.2 Following receipt of the initial bids, around 30 local areas were judged to have developed particularly strong proposals for use of

the BCF and were invited to 'fast track' their bids through to the next stage. Reading was one of the areas included in this invitation, and negotiated the option of being fast tracked jointly with the neighbouring areas of Wokingham and West Berkshire, as a number of integration projects included in each of the Berkshire West BCF plans had been developed on a Berkshire West basis. Subsequently, however, whilst Reading opted to proceed on the fast track timetable and process, Wokingham and West Berkshire decided to pull back. By the end of August there were 5 local areas remaining on the fast track process.

- Reading
- Greenwich
- Nottinghamshire
- Sunderland
- Wiltshire

3.3 Local teams proceeding on the fast track process received consultancy support arranged by NHS England, which in Reading's case came from Deloittes. In deciding whether to accept the fast track invitation, both Reading CCGs together with the Council took into account the benefit of the extra support to complete bids which was available to fast tracked areas. An additional consideration was the anticipated advantage of accelerating the work that would be required to get the schemes described in the BCF underway.

3.4 The schemes within Reading's revised BCF plan, as set out at a seminar hosted by Health and Wellbeing Board members on 27th August, are as follows:

- Hospital @ Home
- Enhanced Support to Care Homes
- Berkshire West Connecting Care (Intra-operability)
- Discharge to Assess/ Time To Decide beds
- Whole System /Whole Week (7 day working, Health and Social Care Hub and Neighbourhood Cluster Teams)

These are described in further detail in the Better Care Fund Planning Template – Part 1 – Annex 1 as annexed to this report.

3.5 The revised BCF bid will be subject to a rigorous quality assurance

process. Initial feedback, whilst very positive, has indicated 5 areas for further development in Reading. Additional information related to these key lines of enquiry will need to be supplied in October 2014 with a view to obtaining final ministerial sign off of the bid by the end of October 2014.

3.6 Areas not included in the fast track process (including Wokingham and West Berkshire) re-submitted their BCF plans by 19th September.

4. FRAIL ELDERLY PATHWAY UPDATE

4.1 The schemes described in Reading's BCF proposals have been informed by the local development of a Frail Elderly Care Pathway, supported by the Kings Fund. The 10 key health and social care partners across the West of Berkshire have agreed on a series of key objectives for an improved customer pathway:

- A whole system shift from reacting to anticipating need;
- Personalised, shared and co-ordinated care planning – with the client at the centre;
- A generic care worker delivering routine and consistent care - determined by individual not organisational need;
- A common assessment and care planning process with no duplication by multiple agents; and
- Ensuring the most effective and efficient use of resources to reduce duplication.

4.2 The focus is on moving towards one assessment, one care plan, and one worker - to co-ordinate the individual's journey through a single care system. Work is now underway to develop robust plans which include:

- The development of a Health and Social Care Hub, which will mean that there is only one number both for patients/service users and for professionals
- Shared information technology and information sharing protocols
- Developing our workforce to meet the needs of our local population whilst delivering a quality service
- Developing a 'cluster' approach which will provide a multi-disciplinary localised service based around groups of GP practices

- The expansion of services so that the local care offer is available across the whole system across the whole week.

4.3 Alongside service redesign, work has been undertaken on the economic modelling to determine where savings can be achieved. This has been based upon key assumptions made on both national and local data.

5. OPERATIONAL RESILIENCE AND CAPACITY PLAN

5.1 The Berkshire West CCGs in partnership with the Royal Berkshire Hospitals NHS Trust, Berkshire Healthcare Trust, Reading Borough Council, Wokingham Borough Council, West Berkshire Borough Council and South Central Ambulance Service have recently developed a Berkshire West Operational Resilience and Capacity Plan (ORCP) for 2014/15 which has been signed off by all Provider CEOs. The requirement for this Plan was set out in the ORCP Planning Guidance published in June 2014 and prepared by NHS England (NHSE), the NHS Trust Development Authority (TDA), Monitor and the Association of Directors of Adult Social Services.

5.2 The Berkshire West plan sets out a proposed approach to implementing and addressing the guidance locally and includes the following:

- Context and description of partnership work to date in addressing pressures on Accident & Emergency attendance and Non Elective Admissions activity;
- Roles of the Urgent Care Programme Board (UCPB) and Planned Care Programme Board (PCPB) in driving partnership working across the health and social care economy, and holding organisations to mutual account for delivery;
- How the health and social care organisations in Berkshire West intend to address the elements of mandatory good practice and the wider planning elements detailed within the guidance;
- Which schemes and initiatives will be funded from the £2.6m national resilience monies allocated to the local care system;
- How the impact of investments will be tracked; and
- Governance arrangements including reporting arrangements, role of the UCPB and PCPB chairs, organisational accountability and risks.

Within the Berkshire West plan, the chairs of the CCGs, the Urgent Care and the Planned Care Programme Boards will be held to account for successful delivery of the plan alongside provider CEOs.

5.3 The Berkshire West ORCP has been submitted to NHS England for approval and formal feedback is expected shortly. Initial feedback is that this is a good plan with evidence of good cross organisational engagement within the Urgent Care Programme Board.

6. CONTRIBUTION TO STRATEGIC AIMS

6.1 Reading health and social care providers and commissioners have already set out an intention to streamline and integrate services for the benefit of patients and the public. The Reading BCF submission develops the vision and ideas set out in an earlier (unsuccessful) bid at a Berkshire West level to be an Integration Pioneer. The BCF submission also draws on and develops the strategic priorities set out in Reading's Health and Wellbeing Strategy (2013) and Prevention Framework (2011). It supports the vision outlined in the Berkshire West Strategic plan 2014-2019 and the Reading CCGs operating plans 2014-2016 to 'keep people well and out of hospital in partnership'.

7. COMMUNITY INVOLVEMENT

7.1 The BCF submission has drawn on Reading patient, service user and public feedback gathered recently across a range of health and social care involvement channels, particularly the RBC-led 'Let's Talk Health' programme, the Home Carer User Interview Project (a joint RBC and Healthwatch initiative), NHS Call to Action events and the 2013 Dementia and Elderly Care Conference. This feedback indicates a strong appetite for better integrated health and social care, and also illustrates that maintaining independence and having choice and control over how they receive care is very important to the people of Reading.

7.2 Reading's BCF submission sets out a shared commitment to ensure future service development involves and is centred on the individuals receiving care. The details of how this will operate will be part of the implementation plans for the various schemes identified.

8. LEGAL IMPLICATIONS

8.1 Councils currently have a range of statutory responsibilities and powers to provide community care services for people with higher level support needs, and their carers. The Care Act consolidates previous legislation, and also gives local authorities new responsibilities to arrange services which prevent or delay people's conditions deteriorating, to provide 'care accounts' for those who fund their own care and to offer greater support for unpaid/family carers. Part of the national conditions for accessing BCF allocations are that funding will be used to protect social care services, including supporting implementation of the Care Act.

9. EQUALITY IMPACTS

9.1 All public sector bodies are under a legal duty to comply with the public sector equality duties set out in the Equality Act 2010. In order to comply with these duties, policies and services should be developed with a view to preventing discrimination, and also protecting and promoting the interests of 'protected' groups.

9.2 As integration plans are developed and the need for specific policy or service change identified, equality analyses will be carried out so that conscious and open minded consideration can be given to the impact of the equality duty in relation to the integration of health and social care locally.

10. FINANCIAL IMPLICATIONS

Revenue Implications

10.1 Nationally, the BCF comprises £1.1bn in 2014-15 and will increase to £3.8 bn in 2015-16. For Reading the overall pool available to fund the various service options will be £9.024m in 2015-16.

10.2 In 2014-15 the transfer of funding to adult social care 'to benefit health' will continue be distributed using the social care relative needs formula (RNF). The formula for distribution of the full BCF in

2015-16 will be based the CCG formula and then mapped to local authorities. Some elements (the current social care transfer, adult social care capital funding, and Disabled Facilities Grants) will be allocated in the same way as in 2014-15.

10.3 It is for local areas to decide how to spend their allocations on health and social care services through their joint plan. However, half of the 2015-16 BCF 'pot' will come from NHS funding and the other half will be made up from Carers Break Funding, CCG re-ablement funding, capital funding to include Disabled Facilities Grant allocations, and previously announced transfers of funding from health to adult social care. Local plans for the BCF should therefore set out the level of resource which will applied to maintaining services funded through these channels previously, particularly the amounts dedicated to carer-specific support and intended to ensure a continued focus on re-ablement. A key element of the funding is that it will need to be realised from existing commitments across the health and social care economy

Capital Implications

10.4 The majority of the funding will be revenue, but the fund does include the Social Care Capital Grant and the Disabilities Facilities Grant. It is expected that Health will also contribute some capital to fund specific programmes such as ICT integration and other appropriate schemes.

Value for Money

10.5 The options that are being identified within the Better Care Fund are being reviewed to ensure they deliver both improved patient/client outcomes but also doing this efficiently within the resources available.

Risks

10.6 The Better Care Fund is a catalyst to help local health services and local government to make substantial changes to the way health and care is delivered. However, with any change of this complexity there are significant risks that all the new schemes will be successfully delivered. This is a major issue for the partners as part

of the funding is reliant on the improved performance being delivered.

10.7 Although not ring-fenced, identified proportions of the BCF are intended to be used to help councils to prepare for new obligations under the Care Act, e.g. new entitlements for carers, stronger provision of information, advice and advocacy, and moving towards the capped cost system. At this stage, modelling is continuing to estimate what the full financial implications of the Care Act will be for Reading. Of necessity, this modelling is based on draft regulations as the final regulations have not yet been published. Within the national guidance for the BCF, there was an assumption that £135m nationally could be allocated to cover some of these costs. Reading has used this guidance and has applied the relevant portion to the BCF plan. However, there are grounds for concern that this will not cover the true cost of the change, and there is a risk for the Council that it will not receive the necessary funding to cover the costs of this change.

10.8 The governance and resourcing implications of the changes being proposed are significant. Further work is required to determine which organisation will in 2015-16 hold the pooled budgets and what the governance arrangements will be. In addition, this work will require a large amount of resource from staff across the various organisations at a time when all of the organisations' staff are under significant work load pressures. It will be important for the successful delivery of the BCF that these issues are appropriately examined and solutions identified as the work to deliver the BCF is developed.

11. BACKGROUND PAPERS

11.1 The full Reading August 2014 BCF submission is contained in the following documents:

Better Care Fund Planning Template – Part 1
Better Care Fund Planning Template – Part 1 – Annex 1
(appears as appendix 1 to this report)
Better Care Fund Planning Template – Part 1 – Annex 2
Better Care Fund Planning Template – Part 2
Better Care Fund Library of Supporting Documents

These documents are all available at www.reading.gov.uk/meetings/details/3694and a hard copy for reference will be available at the Board meeting.

11.2 Guidance on the purpose of the BCF, how to complete the planning templates, and the BCF assurance process have been issued by NHS England and the Local Government Association, and can be viewed online at: http://www.local.gov.uk/health-wellbeing-and-adult-social-care/-/journal_content/56/10180/4096799/ARTICLE

Scheme ref no.
BCF01
Scheme name
Hospital at Home
What is the strategic objective of this scheme?
The service aims to enable care to be delivered closer to home, reducing avoidable non-elective admissions into the Acute Trust, providing a positive patient experience and journey of care through intensive, integrated and seamless multi-disciplinary case management in the patient's own home. A large number of non-elective admissions are a result of acute episodes that could be treated at home, as the patients are clinically stable and do not require diagnostic assessment. The Hospital at Home scheme will facilitate this by providing a "virtual ward" by which patients can be cared for at home. The service will provide safe intensive health support at home for people who are high acuity.
Overview of the scheme Please provide a brief description of what you are proposing to do including: - What is the model of care and support? - Which patient cohorts are being targeted?
The service is being provided by Berkshire Healthcare NHS Foundation Trust (BHFT), a Community Services Provider. Patients attending Royal Berkshire ED department, that meet the inclusion criteria and are considered suitable for H@H, will receive full diagnostics and treatment in RBFT and then will be transported home by South Central Ambulance Services, to be met at the home by the Matron from BHFT. Daily virtual ward rounds including Social Services, BHFT medical team, and the clinicians responsible for the well-being of the patient will take place. Visits to the patient home will occur as necessary, and it is expected that there will be multiple visits per day. Social Services will support the patient where applicable. The Hospital at Home Service will need to be coordinated, both proactively and reactively, providing clear and integrated pathways of care. This means that those patients that are already known to clinicians within the community and are already receiving continuous care would benefit from contacting a single point of access to the Hospital at Home Service when experiencing a crisis. The target population for this service is those patients with acute infections, or deteriorating long term conditions, or conditions like dehydration, where they are clinically stable, but require intensive support. Patients will be selected by the Community Geriatricians when they consider that an admission would be appropriate and the patient would normally have had a greater than zero length of stay in hospital. We will use the National Early Warning Score (NEWS) and suitable patients will have a NEWS score of 5 or less and be assessed as being stable. They will also be carefully selected according to the inclusion and exclusion criteria for the scheme, but could potentially be anyone over the age of 18 who is registered with a Reading GP and resides within the Reading Unitary

Authority area. The patient needs to consent to be treated in their usual place of residence (home). Patients who meet these criteria therefore are likely to cover a wide age span of suitable patients who may have a variety number of different medical conditions. i.e. the inclusion criteria are not disease specific but offer a more holistic and outcomes focused view of the patient.

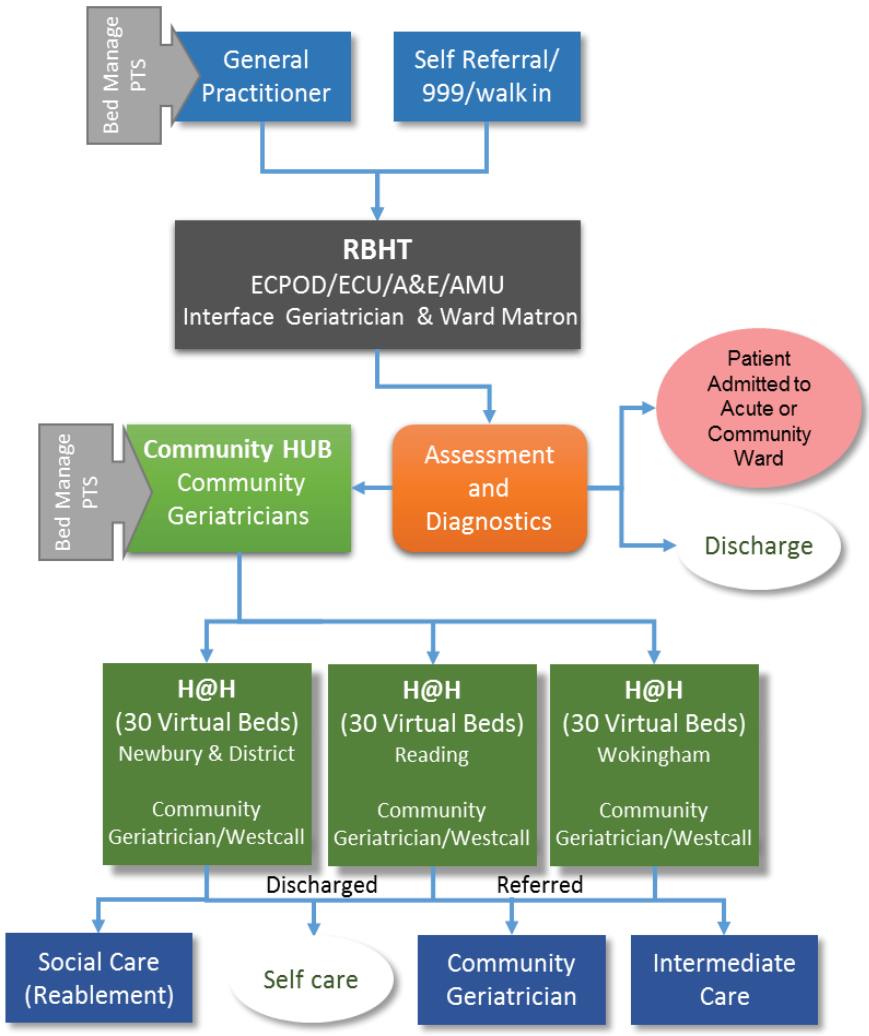
Hospital at Home will deliver:

- Locality sensitive operational pathways that deliver sub-acute care in the individual's home, seven days a week
- Clinical assessment and intervention within 4 hours of attendance at the ED in the RBH and effective interface arrangements to ensure as many patients as possible are offered the opportunity to be treated in their own home wherever clinically appropriate, and therefore supported in early and proactive discharge from Emergency Department
- Multi-disciplinary assessment, intervention and review of patients referred into the service led by a Community Geriatrician
- Effective operational liaison between community health and social care services to ensure coordinated and seamless patient care, and timely and safe discharge from Hospital at Home

The delivery chain

Please provide evidence of a coherent delivery chain, naming the commissioners and providers involved

Wokingham CCG is leading the commissioning of this service. RBFT is the secondary Trust provider that will be responsible for identifying, diagnosing and treating the patient initially, before transferring the patient into the ward at home. BHFT will be the main provider of all clinical and medical staff that will support the patient during their admission, through to discharge, where the community re-ablement team and other appropriate community services provided by BHFT and Adult Social Care may be engaged, where necessary.



The evidence base

Please reference the evidence base which you have drawn on

- to support the selection and design of this scheme
- to drive assumptions about impact and outcomes

The need for a solution in Reading

Non elective admissions to hospital are rising in Reading due to the increased age profile in Berkshire West, and there is also an expected increase in long term conditions that will have an impact on services. Older people stay one and a half times longer in hospital than the average for all age admissions and people with a diagnosis of dementia stay on average four times longer.

The people admitted who are elderly or have long term conditions are often acute but clinically stable. In these instances it is possible to care for patients in the community via a virtual ward.

Evidence base – hospital at home

With specific reference to the "Hospital at Home" Scheme a recent report from the King's

Fund **" *Avoiding hospital admissions – what does the research evidence say?"*** confirmed that a systematic review of trials comparing 'Hospital at Home' schemes with inpatient care found that, for selected patients, avoiding admission through provision of hospital care at home yielded similar outcomes to inpatient care at similar or lower cost. Elderly patients with a medical event such as stroke or COPD, who were clinically stable and did not require diagnostic or specialist input, had slightly more subsequent admissions in the hospital at home group, but had greater levels of satisfaction, and their care at home was less expensive. This report went on to recommend that commissioners should consider implementing hospital at home.

In addition, the *Nuffield Trust study (June 2013*) of 3 current Virtual Ward programmes, has shown an overall reduction in Electives, Outpatients, A&E and Emergency costs for the first 6 months post discharge to the ward of around 5% overall, compared to the costs of the patients pre referral. However:

- In Devon emergency admissions were reduced by 25.7%;
- In Wandsworth it was a 45% reduction in the first few months;
- In North East Essex they expect a 25% reduction over the first year.

There has been no significant analysis of H@H schemes and even those that exist in the USA (e.g. VA Centres, Presbyterian Healthcare Services, Mercy health and Cigna Medical Group) are based on different models with different outcomes, but all show a reduction in costs of at least 19%.

Investment requirements
Please enter the amount of funding required for this scheme in Part 2, Tab 3. HWB Expenditure Plan

£827,000

Impact of scheme
Please enter details of outcomes anticipated in Part 2, Tab 4. HWB Benefits Plan
Please provide any further information about anticipated outcomes that is not captured in headline metrics below

The key outcomes anticipated are:

- A reduction in non-elective admissions from the defined cohort of patients by approx 84%;
- High patient satisfaction levels;
- Successful discharge from the service to integrated community teams; and
- No avoidable readmissions back to hospital from the H@H service.

Feedback loop
What is your approach to measuring the outcomes of this scheme, in order to understand what is and is not working in terms of integrated care in your area?

The benefits realisation reporting mechanism is still being designed, and we expect to have absolute measurables for reporting actual benefits for both patients and the health and social care system.

There is a project board in place which will monitor the implementation of the scheme,

and which has representatives from all partners including Healthwatch and patient representatives.

What are the key success factors for implementation of this scheme?

Key success factors for the Hospital at Home scheme:

- Awareness of the service to ensure that there is enough uptake of the service
- Adherence to a length of stay of seven days to avoid bed blocking
- Sustaining the workforce – although a lot of the staff for this will be redeployed from elsewhere, this will be critical to the success of the scheme
- The model is dependent on a quick turnaround of diagnostic/pathology results
- The volume of calls may impact on the ability for the HUB to manage the coordination process
- Availability of patient transport to convey patients home
- A robust risk assessment of the patient environment will be critical

Scheme ref no.
2.
Scheme name
Supporting Residential and Nursing Care Homes
What is the strategic objective of this scheme?

This scheme provides a new model of high level health care support into care and nursing homes throughout the borough to improve consistency in the quality of care and outcomes for residents. Residents and their families will experience improved communication with those responsible for their care across the whole of the health and social care system. Their care will be more patient centric, making their experience of care a more positive one. When a crisis occurs, the needs and wishes of the individual will be fully documented in their pre prepared care plan, allowing the right care to be provided at the right time in the right place, This will include avoiding any unnecessary visits to A & E or an unplanned admission to hospital, thus reducing the pressures on the urgent and emergency care system. Care home residents will have equity of access to the care that meets their need over the whole week that is independent of their place of residence, including avoiding any delayed discharges or transfers of care. This scheme will support our aspiration to reduce delayed transfers of care as well as our local metrics of reducing the “Fit to Go” list and the length of time individuals remain on this list.

With more people being supported to live at home for longer, those who need 24 hour support in a care home are likely to have complex or multiple long term health conditions. This has growing cost implications for the health and social care economy. These costs can include Accident & Emergency attendances, emergency admissions to hospital, and readmissions. Some admissions are potentially avoidable, such as those for fractures or urinary tract infections.

The aim is to reduce non-elective hospital admissions from care homes through introducing a GP enhanced community service, providing additional training to care home staff, and additional community pharmacist resource. The scheme overall will strengthen partnership working between care home providers, community geriatricians, and health and care staff to improve the quality of life for residents. This will include reducing the number of falls, and the prescribing of multiple medications to elderly people. This will in turn improve the overall health and wellbeing of care home residents.

Overview of the scheme

Please provide a brief description of what you are proposing to do including:

- What is the model of care and support?
- Which patient cohorts are being targeted?

Reading has chosen to target Better Care Fund resources on care home residents because their medical needs are complex and rapidly changeable. 80% will have mental health needs such as dementia, depression or a long term mental health diagnosis. They have higher needs than other patients for essential medical cover because they are not able to attend their local GP practice. This means that regular GP visits to the care home are required as well as frequent and multiple prescribing interventions. Currently, however, the range, type, quality and consistency of overall care can vary widely between the individual care homes.

The project is expected to deliver an improved quality of life for patients in care homes through a reduction in emergency admissions, the number of falls, and poly-pharmacy. It will also deliver improved end of life experience through advanced care planning, which will in turn improve the overall health and wellbeing of the patients in homes. The work streams within this project are detailed below.

(a) GP Enhanced Community Service

Each care home will have a named GP for each resident who is their principal point of contact with the general practice looking after their residents. There will be a comprehensive and formalised assessment and formation of an individual Supportive Care Plan (SCP) for each resident. This will be completed by the GP with input from a social worker.

There will be regular contacts and visits by GPs with care home staff and community geriatricians to monitor the health status of care home residents. This will pre-empt crises and emergency calls wherever possible through planned care interventions. It will enable a consistent, efficient approach to the use of medical cover, reducing the need for emergency call outs to individual patients and thereby non-elective admissions to hospital.

Joint medication reviews will be performed annually by the GP and the care home pharmacist from the Medicines Management Team using the CCG protocol. Prescribing interventions should maximise clinical benefit and minimise the potential for medicines related problems, e.g. incidence and impact of falls. Prescribers will adhere to the CCG antipsychotic prescribing protocol.

(b) Enhanced training to care home staff

This scheme will also include additional nurse trainer resource going into care homes. Currently, the Royal Berkshire Healthcare Trust and the South Central Ambulance Service receive a high number of referrals from care homes which turn out to be either inappropriate or avoidable if there was better knowledge within the care home setting of how to manage long term conditions. There are 970 members of staff employed in a care or nursing capacity (i.e. excluding catering, maintenance etc.) based in care homes in Reading. Developing capability within this workforce has the potential to make a significant impact on hospital admission rates.

(c) Introduction of an additional Community Pharmacist Resource

Increasing the community pharmacist resource will ensure the community pharmacist is able to visit each care home twice a year to undertake medication reviews and provide training on medicines.

The delivery chain
Please provide evidence of a coherent delivery chain, naming the commissioners and providers involved

Berkshire West CCGs will commission this enhanced service from local GP practices. Berkshire Healthcare Foundation Trust's Care Home In-reach team, supported by CCG medicines management pharmacists, will deliver a programme of training to all care home staff across the nursing and residential homes within Berkshire West .

The evidence base
Please reference the evidence base which you have drawn on
- to support the selection and design of this scheme
- to drive assumptions about impact and outcomes

The case for change

As the UK population ages, GPs and NHS providers face an increasingly difficult task managing the complex needs of care home residents whilst there is increasing pressure through the system. The case for change is unequivocal. In 2011 more than 400,000 people were living in care homes across England, equivalent to the population of Bristol. Over the next 40 years, this is expect to rise to 825,000.

In 2008 Sheffield PCT reported[1] that 'medical cover to care homes is haphazard, evident in a rising and variable rate of emergency admissions that is unacceptable'. In 2005, for example, Sheffield admissions rose by 30 per cent and after a 2006 drop, peaked at 2,270 in 2007. A 2004 local bed usage survey showed 40 per cent of these were for long term condition exacerbations and 25 per cent of admissions from care homes were 'avoidable'. Analysis of non-elective admissions data showed a nearly ten-fold difference in admission rates between homes, indicating inconsistency of care between care homes.

Evidence base for impact

[1] Sheffield - Integrated care and supporting care homes, BGS March 2012

The Cornwall and Isles of Scilly PCT project[2] to train nursing home staff resulted in:

- Reduction in falls and injuries;
- Reduction of hospital admissions by 50%; and
- Prescription savings of £100 per patient per year.

Similarly in Sheffield, savings were evidenced, and if extrapolated to apply to the Berkshire West population the overall cost of secondary care admissions from care homes could be reduced by approximately £941,500.

The introduction of an additional Community Pharmacist and eradicating issues from poly-pharmacy along with a further 5% reduction due to improved training, could realise gross savings of £1,258,500.

Sheffield - Integrated care and supporting care homes, BGS March 2012
Improving the Quality of Dementia Care, HSJ October 2012
Nursing Homes in Walsall, Improving care for elderly people, December 2011

Investment requirements
Please enter the amount of funding required for this scheme in Part 2, Tab 3. HWB Expenditure Plan

£175,000

Impact of scheme
Please enter details of outcomes anticipated in Part 2, Tab 4. HWB Benefits Plan
Please provide any further information about anticipated outcomes that is not captured in headline metrics below

The Care Homes scheme should:

- Reduce unnecessary NEL admissions ;
- Reduce prescription costs (to be further modelled and quantified);
- Increase the skills of care home staff (numbers trained will be monitored and competency levels assessed as part of the training programme);
- Improve end of life experience through advanced care planning (numbers of care plans in place will be monitored, which will include those with end of life planning templates in place, and in additon the number of residents being admitted and dying within 0 days will be captured);
- Avoid unnecessary A&E/Clinical Decision Unit (CDU) attendances (to be monitored through acute activity data by the project board as it is has not been possible to retrospectively differentiate by patient address from current data, only by postcodes which includes neighbouring properties to the care home);
- Support the reduction of the incidence of falls by appropriate prescribing of medication and referral to Therapy Services(monitored through the Falls Prevention QIPP project);
- Reduce the number of care home residents appearing on the “fit to go list” (Local

[2] Improving the Quality of Dementia Care, HSJ October 2012

Metric HWB Supporting metric tab, monitored through “Alamac Kit Bag”); and

- Reduce length of time on the “fit to go list” for care home residents (Local Metric HWB Supporting metric tab, monitored through “Alamac Kit bag”).

Feedback loop

What is your approach to measuring the outcomes of this scheme, in order to understand what is and is not working in terms of integrated care in your area?

The benefits realisation reporting mechanism is still being designed, and we expect to have absolute measurables for reporting actual benefits for both patients and the health and social care system.

Indicator/Outcome	Baseline (Current Value)	Target Value	How Measured?	Frequency of Measurement
Number of patients assessed by GP by CH within 4 weeks of admission to CH	10%	< 80%	Adastra System	Monthly
Number of patients assessed by GP by CH within 8 weeks of admission to CH	50%	100%	Adastra System	Monthly
Number of staff trained by Nurses by CH within 6 months	10%	< 50%	BHFT Training Records	Monthly
Number of staff trained by Nurses by CH within 12 months	10%	< 95%	BHFT Training Records	Monthly
Number of dysphagia training sessions provided by CH in 12 months	0	48	BHFT Training Records	Monthly
Number of CH staff trained by Pharmacist by CH in 12 months	50%	< 95%	Pharma Training Records	Monthly
Number of patients reviewed by pharmacist by CH	50%	100%	Service Record	Monthly
Number of patients reviewed by GP by CH within 6 months of commencement	10%	< 50%	Adastra System	Monthly
Number of patients reviewed by GP by CH within 9 months of commencement	10%	100%	Adastra System	Monthly

There is a project board in place which will monitor the implementation of the scheme, and which has representatives from all partners including Healthwatch and patient representatives.

In addition the project board will closely monitor the participation in the scheme by GPs as this will be critical to the success of the scheme.

What are the key success factors for implementation of this scheme?

The critical success factors for this scheme are:

- GP engagement and participation as the scheme relies on GPs as the accountable lead professional
- Care home staff to be released to attend training
- Availability of training to care home staff
- Defining the care and support delivered by GPs to patients & care homes.
- Supporting the establishment of standards for care planning, medicines reviews, information & communication
- Improved end of life experience through advanced care planning which in turn will improve the overall health and wellbeing of patients in homes

Scheme ref no.
3.
Scheme name
Berkshire West Connecting Care
What is the strategic objective of this scheme?
The strategic objective of this project is to improve communication by connecting all the organisations across Berkshire West. We will aim to remove information silos in health and social care, allowing health and social care professionals to make more informed decisions by having access to accurate and timely information regarding their patients/service users. By facilitating the sharing of information, across the whole system over the week, patients will only have to tell their story once and will experience improved communication between themselves , their family, carersand those responsible for their care . The scheme will also enable patients/service users to have a more positive experience of care which is consistent, efficient and seamless across health and social care. This scheme will directly improve efficiency of working, and will also indirectly support - through improved communication - avoidable unplanned admissions ,and avoidance of delays by facilitating more timely discharges.. Good communication between health and social care will support our aim of providing the right care by the right people at the tight time and in the right place.
Overview of the scheme Please provide a brief description of what you are proposing to do including: - What is the model of care and support? - Which patient cohorts are being targeted?
This initiative is being split into multiple phases to ensure the expected benefits are being realised and appropriate controls are in place at all stages of the project. Phase 1:

The Medical Interoperability Gateway (MIG) will be purchased and information sharing agreements put in place to enable GP practices to share their data with Westcall (OOH), Reading Walk in Centre and Newbury Minor Injuries Unit. Currently these healthcare settings do not have access to any medical information from primary care and use systems that are compatible with the MIG, meaning a quick implementation is feasible. No cohort of patient is being targeted during this phase as this will potentially benefit any West Berkshire resident who attends these care settings and gives consent for their record to be viewed.

Phase 2:

This will be the implementation of a “quick-start” portal solution provided by Orion. This portal solution will be purchased for one year and will form the basis of a full business case for the next phase. The portal will be implemented with feeds from at least GP Practices via the MIG, Royal Berkshire Foundation Trust, Berkshire Healthcare Foundation Trust and Out of Hours. There will also be the opportunity for other organisations to feed data into the portal, but is dependent on the use of the NHS number within the system and it being compatible with Orion.

This limited rollout will be the first time that multiple healthcare systems have been linked up in Berkshire West and will provide a single point of access for health and social care workers. The viewing organisations will cover both health and social care, and the project will be looking for a wide range of clinicians and social care workers to view the data and to compare expected benefits against those realised.

The teams that will make up the pilot will be focussed on the frail and elderly cohort of patients to ensure there is a maximum impact of this limited rollout.

Phase 3:

Presuming that the expected benefits were realised, the third phase would be initiated which would be to procure a full portal with feeds from all participating organisations in health and social care in Berkshire West. Access will being given to all health and social care staff that would benefit and are involved in the direct care of patients. During this phase, the scope of the project, or future projects, would also be revisited, with patient access portals and mobile working potential explored.

There is significant evidence to support data sharing amongst organisations with NHS England supporting initiatives through the integrated digital technology fund. The Kings Fund highlight integrated care teams as a key priority and one of the enablers for this is sharing data. A case study was also completed in Cumbria for data sharing through the MIG.

The delivery chain
Please provide evidence of a coherent delivery chain, naming the commissioners and providers involved

- Procurement of the MIG (Berkshire West CCGs)
- Information sharing via MIG between GP Practices and Westcall and MIU (Berkshire Healthcare Foundation Trust and Berkshire West CCGs)
- Information sharing via MIG between GP Practices and Reading Walk in Centre. (Virgin Health Care and Berkshire West CCGs)
- Information sharing between GP Practices to facilitate extended hours. (South Reading CCG).
- Information sharing via Orion between GP practices, identified services within RBFT, BHFT and SCAS. (Berkshire West CCGs, Royal Berkshire Foundation Trust, Berkshire Healthcare Foundation Trust and South Central Ambulance Service).
- As above but to include at least one Unitary Authority (Reading Borough Council, Wokingham Borough Council and/or West Berkshire Borough Council).
- Full procurement of a vendor neutral portal solution with rollout to all participating organisations.

The evidence base
Please reference the evidence base which you have drawn on
- to support the selection and design of this scheme
- to drive assumptions about impact and outcomes

There is a significant evidence base for the benefits that can be realised by having an IT system that can be accessed by all, removing health and social care silos.

The benefits that have been seen elsewhere include

- Contribution to a reduction in elective inpatient activity
- Reduction in A&E attendances
- Reduction in diagnostic testing

Sources for the benefits estimates are:

- Health & Social Care NI Electronic Care Record Deployment
- NHS Greater Glasgow & Clyde EPR
- NHS Lanarkshire Clinical Portal deployment
- Walsall ERDIP programme - the “Fusion” project
- Connecting Care programme in South West of England
- Wrightington, Wigan & Leigh NHS trust EPR deployment
- Canterbury District Health Board in New Zealand

  Province of Alberta in Canada

Investment requirements
Please enter the amount of funding required for this scheme in Part 2, Tab 3. HWB

Expenditure Plan
£256, 000
Impact of scheme Please enter details of outcomes anticipated in Part 2, Tab 4. HWB Benefits Plan Please provide any further information about anticipated outcomes that is not captured in headline metrics below
As this scheme is an enabler, there are no direct measurable impacts on the HWB metrics However, it is envisaged that interoperability will be key to ensuring the success of other integrated schemes, and as such will indirectly deliver a number of benefits. In particular, a key interdependency exists with BCF01. For the Hospital@ home scheme to be efficient and safe, health and social care staff need to have real time and timely access to patient care records. Connecting Care will provide the vehicle for staff to communicate with each other and to be able to update care plans, avoiding unnecessary delays in care provision and minimising the risks of errors in the delivery of care. Without Connecting Care, the Hospital@Home scheme would become less efficient and could incur delays at numerous stages in the patient's journey. Connecting Care will help reduce hand –offs and duplication across agencies. Information sharing between practices and out of hours and urgent care providers will facilitate robust communication and may support admission avoidance and unnecessary A & E attendances. Improved communication in general across health and social care integrated teams will being efficiencies in work patterns as well as streamline the patient journey by avoiding unnecessary delays which currently exist due to the lack of real time communication routes. Patient experience will be measured through feedback questionnaires and it is anticipated that a positive experience will influence the patient experience metric as outlined in the HWB supporting metric tab in Part 2.
Feedback loop What is your approach to measuring the outcomes of this scheme, in order to understand what is and is not working in terms of integrated care in your area?
Each phase is broken into individual workstreams where expected benefits will be measured before moving onto the next workstream. There is a significant change to clinical working so it is important to ensure the change management is sufficient to ensure the clinical transformation is safe and benefits are maximised. Success will be measured using questionnaires that have been developed from other pilots, usage statistics and assessing secondary care data to check that the expected cost savings are achieved over the period of the pilot.
What are the key success factors for implementation of this scheme?
The key success factors for this scheme include:

- Agreement and sign up by all organisations to information governance and data sharing protocols that are robust and clear
- Regular use and input by health and social care profesisonals form all organisations in the system, such that this way of working becomes the norm
- Sufficient numbers of patients, when asked, that consent to the wider spread access to their care records

Scheme ref no.

4

Scheme name

Time To Decide / Discharge to Assess

What is the strategic objective of this scheme?

The strategic objective of this scheme is to support the reduction in admissions to residential and nursing care homes, reducing the increasing pressures on adult social care for care home packages.

Patients who have been assessed in hospital as requiring a residential placement will not remain in hospital for longer than is necessary. The length of time these individuals remain on the "Fit To Go List "as described in our local measure will be reduced as will the overall number of people on the list.

We know that a hospital environment, particularly for those with dementia, can be a frightening one, where behaviours associated with dementia are difficult to manage. This has an impact on the assessment process and assessment outcomes, with the likelihood of selecting more intensive onward care solutions being higher than if the individual was in a calmer environment, which is dementia friendly.Patients entering this service will be assessed in a more suitable environment, allowing them, whenever possible, to be empowered and supported to manage their health at home for as long as possible.

Patients will therefore be given better opportunities to have care provided by the right people at the right time and in the right place.

It is hoped that this will provide for a more positive patient/service user journey and experience of care

Our Reading vision, outside of the BCF, is also to increase the number of people in Extra Care Housing, and utilising Extra Care Housing as a viable alternative to residential care. Together, these two initiatives will contribute to the overall aim of reducing demand for residential care packages.

Overview of the scheme
Please provide a brief description of what you are proposing to do including:

- What is the model of care and support?
- Which patient cohorts are being targeted?

The proposed scheme will provide a “step down from hospital” approach, for people whose likely onward care needs on leaving hospital would be for residential care or residential care with dementia support.

This service will be available to all patients/service users over the age of eighteen years, who pay Council Tax to Reading Borough Council. It will be free for up to six weeks. Patients will be selected after having been assessed whilst in hospital as requiring onward residential care. It is anticipated that approximately 150 individuals will be eligible to be placed in a “Discharge To Assess” bed over a 12 month period (based on 10 beds and an average length of stay of 3 weeks) .

The service will build upon an already tried and tested integrated intermediate care model that is provided within one of the Council’s care homes. The current service provides support with the aim of working on goals which will enable people to practise the skills of daily living in a supported setting The primary aim will be to maximise independence, so that the person can return to their home environment.

The service will provide support to a variety of people, utilising capacity in the residential dementia unit as well as through the ten self- contained flats within the facility. Procurement of extra care living assessment flats is also underway so that people whose needs could best be met by a service somewhere between Extra Care Housing and residential care can receive a comprehensive and supportive assessment with a view to moving into supported housing.

Service input will be provided by a dedicated social worker, who will develop a more comprehensive assessment in alliance with nurses, physiotherapists, occupational therapists, intermediate care assistants, community psychiatric nurse and general practitioner support.

The service with take on a phased approach, which will be developed on the success of this project, and constant scrutiny of the “fit list” to see what other support could assist a reduction in this number.

Phase one: the service is focused on those whose likely long-term care needs could be met in an extra care / sheltered housing environment or residential home. This includes consideration of including people with dementia (cognitive impairment).

Phase two: following service review, data from the fit list will be scrutinised to ascertain whether there would be benefits in extending the service to people waiting for nursing care.

The scheme will enable patients to be discharged from hospital environments as soon as they are medically stable, seven days a week.

The scheme can support up to one hundred and fifty people annually based on an average length of stay of three weeks. Currently, this type of assessment is

provided at two Independent Living Assessment Flats, one in sheltered and the other in an extra care housing scheme. These additional resources will increase the annual assessment capacity from eight to one hundred and fifty.

Other integrated initiatives this scheme will support include:

'Hospital at Home'
'Seven Day Access to Health & Social Care'
' Managing the Market Through Whole Systems Commissioning Processes'
' Development of a Single Point of Access Through a Health & Social Care Hub'
'Frail Elderly Care Pathway'
'Reading Borough Council policy of 'Value for Money'

The delivery chain
Please provide evidence of a coherent delivery chain, naming the commissioners and providers involved

- Service delivery is integrated and provided by Berkshire Health Foundation Trust and Reading Borough Council. Primary care input will also be evident as part of the scheme.
- Five additional intermediate care assistants (full time equivalent) and one member of the clinical support team (full time equivalent) will be recruited to meet the increased demand to provide services for people with more complex needs including double-up support.
- This service will be commissioned by Reading Borough Council

The evidence base
Please reference the evidence base which you have drawn on
- to support the selection and design of this scheme
- to drive assumptions about impact and outcomes

The case for change

Evidence shows that admissions to the Royal Berkshire Hospital are increasing significantly and particularly for those over 75 years of age. It is also evident that the length of stay for this age group and for those with dementia is much greater than for any other cohort of patients. Equally, it is evident locally that those with the longest length of stay in hospital are those who require discharge to a care home rather than returning to their own home.

Once a placement is identified the current pattern of discharge is only between Mondays and Thursdays as care homes are reluctant to receive a resident directly from hospital over the weekend. It is anticipated this scheme operating seven days a week will help address this issue.

Data collected from the hospital 'Fit List' one day per week for the first quarter of 2014 show patients waits as follows:

	Packages of care		Residential care	
	Incidents	Waiting	Incidents	Waiting
April	10 incidents	53 days	2 incidents	36 days
May	13 incidents	67 days	4 incidents	47 days
June	15 incidents	65 days	5 incidents	40 days

If we forecast this for a year the likely number of people that would be able to receive this service would be 196, with a potential reduction of bed days lost 308.

Evidence for the impact

These types of assessments already take place at two Independent Living Assessment Flats in sheltered and extra care sheltered housing schemes. Evidence demonstrates that where hospital assessments have been inconclusive in determining a discharge pathway, the majority of people have returned home or moved to sheltered housing schemes following a period of assessment. In designing this pathway, the Kings Fund research into good integration following 'Sam's Story' is being used to ensure best practice in service design and delivery. Currently, rehabilitation is provided with the goal of people returning people to their homes. The admissions criteria are restrictive and only provide services for people with lower level needs. It is mainly older frail adults accessing the service.

The new scheme will provide an appropriate assessment to determine the right accommodation pathway for adults with complex needs, particularly for those whose onward journey would have been a residential setting. Historically, Reading has had a service deficit with assessment facilities for younger adults who often have complex needs. This deficit is reflected across the country resulting in people having to move a long distance from home creating isolation from next of kin and family members. The other outcome has been people moving directly into expensive long-term placements without being given the opportunity to identify the most suitable accommodation. The ethos of this scheme will change to be inclusive of younger adults.

There are similar models operating across the country.

External service is that providers of residential or nursing care report insufficient confidence in the hospital assessment to facilitate hospital discharge on Fridays and at weekends. In many cases, this limits the number of discharge days per week to four. The outcome is that medically stable patients are kept waiting in the hospital setting for community services, and risk being exposed to further infection and deterioration which can have serious consequences.

Investment requirements

Please enter the amount of funding required for this scheme in Part 2, Tab 3. HWB Expenditure Plan

£456,000

Impact of scheme

Please enter details of outcomes anticipated in Part 2, Tab 4. HWB Benefits Plan
Please provide any further information about anticipated outcomes that is not captured in headline metrics below

- Supported by our planned commitment to increase extra care housing provision, we plan to reduce our residential admissions by 19 in 2014/15 and a further 20 in 2015/16.
- Will support reducing the number of patients on the Royal Berkshire Hospital 'Fit To Go List' due to better patient flow –overall for all patients from Reading we have set ourselves a target of five patients to be on the list for 2015/16.
- Support reducing the number of days patients appear on the Royal Berkshire Hospital 'Fit To Go List' – overall for all patients from Reading we have set ourselves a target of achieving no more than five days duration on the on the Fit to Go list for 2015/16.
- Reduction in delayed discharges from acute and non-acute hospitals over the whole week (seven days).
- Increase in effectiveness of enablement (to be monitored by project board following implementation to assess level of impact).

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Feedback loop

What is your approach to measuring the outcomes of this scheme, in order to understand what is and is not working in terms of integrated care in your area?

- Use of data from the Alamac Kitbag on the fit list which will include numbers and length of stay. This data is inputted by each partner in the health and social care system and produced by the Royal Berkshire Hospital and circulated to local authorities on a daily basis
- User satisfaction feedback from the intermediate care questionnaire given to everyone using the scheme. The data will be processed and analysed by Reading Borough Council.
- Complaints and commendations from those using the service.
- The metrics will be monitored via a dashboard at the Reading Integration Board that is currently in development.

What are the key success factors for implementation of this scheme?

- Patient / family "buy in"
- Competent, well trained staff who are able to deliver reablement
- Shared vision and buy in from staff across the health and social care system including the acute sector, primary care, social care and community health
- Dedicated social worker support will provide advice and guidance to enable timely planning and discharge to appropriate accommodation.
- Implementation of a trusted assessment process to enable timely decisions and discharges from the scheme to be made.

Scheme ref no.
BCF 05a
Scheme name
Whole System - Whole Week (Health & Social Care Hub)
What is the strategic objective of this scheme?

This scheme is one element of a suite of three schemes within the "Whole System: Whole Week" programme (BCF05a-c). They are grouped together as they all share the same strategic aims and all are interdependent upon each other to ensure these aims are met.

The project will be composed of 3 interconnected work streams:

A. **Berkshire West Health & Social Care Hub** –

B. **7 day Integrated Neighbourhood Teams** - Multi-disciplinary teams of health and social care staff at a neighbourhood level organised around groups of GP practices.

C. **Increased Access to GP Practices**

The strategic aim of this suite of schemes is to ensure equity of access to services across the whole system for the whole week. This will provide a more positive patient/service user journey and experience of care which is both consistent and efficient. Integrated care provided by neighbourhood teams, centred around GP practices, accessed by all through a single point of access, will ensure seamless accessible care is delivered. Reading residents will feel empowered and supported to live well for longer in their own home. There will be improved communication between the individual, their family, carers, and health and social care professionals responsible for their care.

Care providers within acute care, primary care, the community and in social services will work together, breaking down organisational barriers to deliver patient centric care offering the best patient outcomes. The right care will be provided by the right people at the right time and in the right place.

We will, through our neighbourhood teams, have more opportunity to promote health and wellbeing to people with lower support needs.

These schemes are aimed at contributing to a reduction in delayed transfers of care and increasing the effectiveness of reablement.

Scheme 5a aims to create an effective integrated single point of access for health and social care across West Berkshire, Reading and Wokingham by:

- providing one centralised point of contact for patients, service users and health/social care professionals, available 24/7; and,

- developing a model that provides a simplified processes, a consistent approach, less bureaucracy and less duplication.

Overview of the scheme

Please provide a brief description of what you are proposing to do including:

- What is the model of care and support?
- Which patient cohorts are being targeted?

There are currently around 56 different points of access to care across Berkshire West, all with different arrangements and resources, using different referral criteria for eligibility into specific services. Few of the existing points of access are available 24/7. This creates inconsistency, fragmentation and duplication.

The aim is to create a model of referral and assessment that moves from a fragmented set of health and social care services to a co-ordinated service that is easily accessible through a single point. It will build on and integrate with the newly established Berkshire-wide Health Hub and on the "Berkshire 10" system wide approach to integration.

A Berkshire West Health Hub, hosted by Berkshire Healthcare Trust, our community and mental health provider, has been operating for some time and is demonstrating. efficiency benefits for the staff as well as improving delays in discharge, evidenced by a reducing "Fit To Go list" within the acute sector. The aim will be to replicate some of these gains into the new single point of access health and social care hub.

Detailed work is underway through consultation and engagement with all key stakeholders to scope out, plan and develop an integrated single point of access Health and Social Care Hub across Berkshire West. This will include mapping of existing patient flows with the aim of improving efficiency and productivity. The service will operate throughout the week providing a 7-day service, 24 hours a day.

As part of the detailed scoping work, the Project Board will explore options relating to who will deliver the Integrated Health and Social Care Hub and from where – eg: it could be incorporated into the existing health hub run by BHFT or into one of the existing points of access run by one of the local authorities.

It is important to recognise that the development of an integrated single point of access Health and Social Care Hub will require a significant culture shift to achieve better collaboration, partnership working and integration, not only across local government and the local NHS at all levels but also across and between the three localities in Berkshire West. There will be a need for staff to embrace change and to focus on doing things differently and not just delivering more of the same.

This initiative will align with the frail elderly pathway work, and will be closely interrelated with a number of other BCF schemes.

- The Berkshire West Connecting Care IT solution - true interoperability will

significantly enhance the efficiency and effectiveness of the Hub.

- A 24/7 single point of access for health and social care will support the implementation of neighbourhood working and increased GP access over the week by providing an effective and timely resource for triage, provision of advice, information, support and signposting and so potentially reducing delay in the management of referrals.

It is proposed to target patients and services users most likely to benefit: ie those in high risk groups with complex health and social care needs and with multiple long term conditions, with the intention of reducing the occurrence of additional health problems in this group and supporting them to achieve greater control and ability to manage their health and social care.

The volume of patients that will benefit from this scheme is yet to be determined, as the detailed design of hub has not yet been agreed. However it is anticipated that the 2% with high risk of unplanned admissions will be included. The baseline will be determined from the current activity through the Health Hub, Reading Borough Council and all other main points of entry into the system.

The delivery chain

Please provide evidence of a coherent delivery chain, naming the commissioners and providers involved

The delivery of this scheme will be designed, managed and controlled by a dedicated Integrated Health & Social Care Hub project board, reporting to the Berkshire West Partnership Board and the West of Berkshire Integration Programme Board.

The aim is to establish the Hub by June 2015; details regarding the “Hub” timelines are indicated on the GANTT chart in section 4a)

A key part of the detailed planning will involve the key stakeholders, the Berkshire West Partnership Board and the West of Berkshire Integration Programme Board agreeing the commissioner(s), budget, performance metrics and management structure for the Hub.

The evidence base

Please reference the evidence base which you have drawn on

- to support the selection and design of this scheme
- to drive assumptions about impact and outcomes

A lack of joined-up care has been described by National Voices as a huge frustration for patients, service users and carers. (National Voices 2011). Emerging evidence suggests that developing an integrated single point of access health and social care hub where services are co-located (either virtually or in reality) is more convenient for users, and has the potential to help enable more integrated and timely care (Imison *et al* 2008).

Reviews by The King’s Fund and the Nuffield Trust of the research evidence conclude that significant benefits can arise from the integration of services where these are targeted at those client groups for whom care is currently poorly co-ordinated (Curry and Ham 2010; Goodwin and Smith 2011; Ham *et al* 2011b; Rosen

et al 2011).

The literature confirms that focusing on patients at highest risk leads to better outcomes (Hofmarcher, Oxley and Rusticelli, 2007) and that focusing on improving patient care helps to overcome professional boundaries for staff working in an integrated and collaborative structure (Heenan and Birrell, 2006).

The provision of information and support for patients / carers / members of the public through a single point of contact will create better informed service users. Being informed is a prerequisite to being involved and engaged, and there is a growing consensus that more engaged patients experience better outcomes (Health Education England, 2014).

The establishment of a single point of access for health and social care in conjunction with other transformational improvement schemes is identified as being best practice, as demonstrated by initiatives across the country, eg: NHS North West London, Torbay & Southern Devon Care Trust, Bridgewater Community Health NHS FT. However, many of these initiatives have yet to publish robust, evidence based evaluations of their impact. In addition, as most of the initiatives include a number of different improvement schemes, it is not yet possible to identify with certainty the unique impact of developing a single point of access health and social care hub.

Investment requirements

Please enter the amount of funding required for this scheme in Part 2, Tab 3. HWB Expenditure Plan

Impact of scheme

Please enter details of outcomes anticipated in Part 2, Tab 4. HWB Benefits Plan
Please provide any further information about anticipated outcomes that is not captured in headline metrics below

I

- Improved communication, transmission of information and data sharing within and between health and social care teams across all 3 localities
- Faster response times which should reduce delays in referrals and should expedite discharge by facilitating the co-ordination of timely support and care
- Contributing to enhancing patient and service user satisfaction as the difficulties and frustrations they experience in navigating a complex and un-coordinated health and social care system will be reduced if not removed entirely
- Assist the acute unit in achieving greater efficiencies through improved patient flows

Feedback loop

What is your approach to measuring the outcomes of this scheme, in order to understand what is and is not working in terms of integrated care in your area?

During development of this scheme, the Single Point of Access Health & Social Care Hub project board will undertake ongoing monitoring of progress. As part of implementation, the project board will determine the process for regular assessment, review and evaluation of the Hub.

It is likely to be agreed that providers working within the Integrated Health & Social Care Hub will be required to collect data around service utilisation and service user

satisfaction; in particular from the perspective of whether the new model of service provision makes a difference to those on the receiving end and whether patients and service users report a better, more seamless, experience of care.

Project evaluation will involve both qualitative and quantitative evaluation to ensure that the Hub is operating effectively and is achieving its objectives. Key performance indicators will be agreed during development and will include delivering better outcomes and customer experience for patients and service users and the Hub's contribution to the achievement of any of the targets within the Better Care Fund metrics. Evaluation will be undertaken through analysis of data and satisfaction surveys and recorded on the project dashboard.

The findings from the reviews will be reported to The Health and Well Being Boards in all localities via the Berkshire West Partnership Board and also to the Berkshire West Integration Programme Board (meetings for the remainder of 2014 are scheduled for 18 Sept, 16 Oct, 20 Nov, 18 Dec).

What are the key success factors for implementation of this scheme?

The scoping, planning and development of an integrated single point of access Health and Social Care Hub will take place during 14/15 with the aim of having an agreed model of an integrated Health and Social Care Hub in place and operational by June 2015, although this might be in the form of a pilot across a smaller area initially, to ensure the success of the initiative prior to full roll-out.

Whatever the final design of the hub, there will be a need to:

- Achieve agreement, support and commitment for the scheme from all key stakeholders, including agreement of a project plan. This will include identifying any conflicting organisational priorities / different ways of working between the various organisations, any potential impact on the services required by other providers and any perceptions of professional boundaries that may hinder the project and agreed action to address these
- Agree where/how the Hub is to be established, be that in a virtual or actual location
- Ensure that effective IT systems are in place to support delivery of care via the Hub
- Identify and address any real and perceived barriers to data sharing across the constituent parts of the local health and social care system that might impinge on the development of the Hub
- Ensure appropriate governance processes are in place relevant to the integrated health & social care hub
- Ensure availability of staff in sufficient numbers with the right skills to provide adequate staffing for the hub in response to anticipated no of contacts
- Provide the required education and training to equip the existing and future workforce for this new models of care

Scheme ref no.
5b –
Scheme name
Whole System - Whole Week (7 Day Integrated Neighbourhood Teams)
What is the strategic objective of this scheme?
This scheme is one element of a suite of three schemes within the "Whole System: Whole Week" programme (BCF05a-c). They are grouped together as they all share the same strategic aims and all are interdependent upon each other to ensure these aims are met. The strategic aim of this suite of schemes is to ensure equity of access to services across the whole system for the whole week. This will provide a more positive patient/service user journey and experience of care which is both consistent and efficient. Integrated care provided by neighbourhood teams, centred around GP practices, accessed by all through a single point of access will ensure seamless accessible care is delivered. Reading residents will feel empowered and supported to live well for longer in their own home. There will be improved communication between the individual, their family, carers, and health and social care professionals responsible for their care. Care providers within acute care, primary care, the community and in social services will work together, breaking down organisational barriers to deliver patient centric care offering the best patient outcomes. The right care will be provided by the right people at the right time and in the right place. These schemes are aimed at contributing to the reduction in delayed transfers of care and increasing the effectiveness of reablement. **Scheme 5b** will, through our integrated neighbourhood teams, have more opportunity to promote health and wellbeing to people with lower support need. Creating smaller, geographical areas as operational units, recognising the variances between populations within a district, and creating one team to work together for that community, would enhance the patient experience achieving a more effective and efficient service provision.
Overview of the scheme Please provide a brief description of what you are proposing to do including: - What is the model of care and support? - Which patient cohorts are being targeted?

Neighbourhood Cluster Teams (NCTs) are multidisciplinary teams of health and social care professionals who will be allied to GP clusters or hubs across Reading.

The focus of NCTs is to streamline the approach to case managing care for patients utilising community based multi professional teams to provide joint care planning and co-ordinated assessment of need.

The NCTs will ensure that there is the opportunity to seek input from a range of health and social care specialists in the borough so that any specific care required can be provided early..

The Neighbourhood Cluster Teams NCTs) will integrate health and social care teams across the week to respond to local patient/service user need providing early interventions through care planning. This will reduce the need for repeated assessments by reducing duplication, improving that patient/service user experience by integrating care and reducing fragmentation of health and social services across the economy.

The target population will be those high risk groups with complex health and social care needs and multiple long term conditions, the majority of whom will be those in the top 2% at high risk of unplanned admissions as identified by the GP practices through the National Directed Enhanced Service.

The delivery chain

Please provide evidence of a coherent delivery chain, naming the commissioners and providers involved

The service will be commissioned jointly by CCGs/local authority and provided through integrated teams within Berkshire Healthcare Foundation Trust and Reading Borough Council.

The evidence base

Please reference the evidence base which you have drawn on

- to support the selection and design of this scheme
- to drive assumptions about impact and outcomes

Early in 2013, the Berksshire West health and social Care economy commissioned Capita to undertake a piece of work focusing on demand and capacity modelling. It identified 5 early specific areas of pressure the economy was experiencing:

1) Increased A&E attendances
2) Increase use of Out of Hours provision
3) Increased demand for Ambulances
4) Pressure on A&E capacity
5) Increase demand for non-elective procedures.

17 options to address these pressures were identified. Two of these relate directly to the Neighbourhood working project, namely, “enhanced use of risk stratification to support Multidisciplinary working” and “the creation of the Health and Social Care Coordinators”.

Thus a scheme of case coordination was established in July 2013 across health and social care, working specifically with those of a risk stratification score (RUB) of 3 – 4, i.e a future likelihood of requiring an unplanned admission.

The case co-ordination project has brought health and social care together and has acted as a catalyst to better support service users. The neighbourhood teams scheme will be natural extension of the success we have seen to date.

Investment requirements
Please enter the amount of funding required for this scheme in Part 2, Tab 3. HWB Expenditure Plan

£1,372,000

Impact of scheme
Please enter details of outcomes anticipated in Part 2, Tab 4. HWB Benefits Plan
Please provide any further information about anticipated outcomes that is not captured in headline metrics below

It is envisaged that an increase in impact of neighbourhood cluster teams will be an enabler to support:

- A reduction in delayed transfers of care (impact to be monitored by project board)
- A reduction in demand for residential care placements (impact to be monitored by project board)
- A reduction in unnecessary A&E attendances (impact to be monitored by project board)
- Increased patient satisfaction with care provision (monitored through patient satisfaction surveys carried out by providers)

Feedback loop
What is your approach to measuring the outcomes of this scheme, in order to understand what is and is not working in terms of integrated care in your area?

This scheme will be monitored through provider patient satisfaction surveys.

Contractual reporting between the providers and commissioners will be collated through the dashboard and monitored by the Reading Integration Board.

Key performance indicators will include caseload activity, utilisation of health and social care resource (activity and finance) and monitoring of any impact on admission avoidance, reduction in subsequent caseload, permanent residential admissions and any impact on increasing the effectiveness of reablement through correlation with the 91 day post discharge data with the NHS numbers of those on the neighbourhood cluster casemix.

What are the key success factors for implementation of this scheme?

- Good robust engagement and coproduction with health, social care, housing and voluntary sector
- Workforce development to include generic worker role
- Primary care involvement in designing the definition of the neighbourhoods
- Scoping of suitable accommodation within each neighbourhood area to provide a team base
- Robust information sharing agreements
- Strong leadership to deliver transformational change
- Increasing community resources to deliver new models of working over a 7 day period

Scheme ref no.
5c –
Scheme name
Whole System - Whole Week (Increased Access to GP Practices)
What is the strategic objective of this scheme?

This scheme is one element of a suite of three schemes within the "Whole System: Whole Week" programme (BCF05a-c). They are grouped together as they all share the same strategic aims and all are interdependent upon each other to ensure these aims are met.

The strategic aim of this suite of schemes is to ensure equity of access to services across the whole system for the whole week. This will provide a more positive patient/service user journey and experience of care which is both consistent and efficient. Integrated care provided by neighbourhood teams, centred around GP practices, accessed by all through a single point of access, will ensure seamless accessible care is delivered. Reading residents will feel empowered and supported to live well for longer in their own home. There will be improved communication between the individual, their family, carers, and health and social care professionals responsible for their care.

Care providers within acute care, primary care, the community and in social services will work together, breaking down organisational barriers to deliver patient centric care offering the best patient outcomes. The right care will be provided by the right people at the right time and in the right place.

We will, through our neighbourhood teams, have more opportunity to promote health and wellbeing to people with lower support need.

These schemes are aimed at contributing to the reduction in delayed transfers of care and increasing the effectiveness of reablement.

Scheme 5c specifically is anticipated to further support admission avoidance, reduce delayed transfers of care and provide enhanced care and access in the community so contributing to a reduction in demand for residential care placements.

Overview of the scheme

Please provide a brief description of what you are proposing to do including:

- What is the model of care and support?
- Which patient cohorts are being targeted?

- **What is the model of care and support?**

The model is an expansion of GP service provision beyond core hours (8am - 6.30 pm, Monday – Friday) to offer access into early mornings, evenings and at weekends, particularly Saturday mornings. This builds upon and enhances existing extended hour arrangements that have been commissioned by NHS England.

Practices will offer both routine and urgent appointments during these extended periods, interfacing with other services to support admissions avoidance, reduce type 3 A&E attendances and maximise opportunities for discharge back to GPs. During these hours there will be requirements to ring fence some appointments for patients who have been discharged to access their GP practice (particularly on a Saturday morning) and a requirement to give a priority to patients identified by practices as being at high risk of admission. These will include patients included on the 2% care management registered developed by GPs as part of the national Avoiding Unplanned Admissions Directed Enhanced Service (DES) (see section 7d)

The scheme will provide more opportunity for patients to access GP services to help manage their long term conditions in the community, thereby avoiding unnecessary admissions and/or attendances to A&E.

This increased access will also enable private home care and residential and care home providers to be confident about taking patients on at the weekend as they will be able to speak to a GP if necessary.

Practices are being commissioned to increase extended hour arrangements during 2014-15 under pilot arrangements which will make more early morning, evening and Saturday morning services available. The service to be commissioned from April 2015 will be shaped by the findings of these pilots, and national best practice including emerging results from the Prime Minister's Challenge Fund pilots, together with the audit of in-hours capacity and utilisation currently being undertaken. It will link with neighbourhood cluster working.

- **Which patient cohorts are being targeted?**

All patient cohorts are likely to benefit from increased access, but the scheme is expected to be particularly effective for patients with complex needs, those identified as being at high risk of admission, those who would otherwise attend A&E for type 3 conditions and those discharged from hospital, including A&E.

The delivery chain

Please provide evidence of a coherent delivery chain, naming the commissioners and providers involved

It is anticipated that extended GP hours will be delivered by existing GP providers, working as collaboratively as appropriate, with an interoperable IT solution in place

as soon as possible and if appropriate. The service is likely to be commissioned by the CCGs as a Community Enhanced Service, potentially linking with NHS England around the existing Extended Hours DES.

GP Providers will commence extended hours working once appropriate plans are in place that ensure there is a sustainable workforce, services are being delivered from an appropriate site, and that the model of delivery is an improvement on existing access arrangements and better meets the needs of patients. It is anticipated that this will be from April 2015.

The scheme will be overseen by the Primary Care Programme Board, with the Primary Care Team within the Berkshire West CCG Federation taking responsibility for setting service specifications and monitoring delivery. The Primary Care Programme Board will in turn feed into the Reading Integration Group. It will be for individual GP providers to implement local practice arrangements.

The evidence base

Please reference the evidence base which you have drawn on

- to support the selection and design of this scheme
- to drive assumptions about impact and outcomes

The evidence base around extending GP hours is still emerging and the arrangements will be commissioned as pilots initially with a requirement to collect capacity and utilisation data which will then be triangulated with A&E and Westcall attendance rates and admissions data. What is currently understood is the patient satisfaction rate with opening hours from the National Patient Survey. For Reading CCGs this indicates that the greatest desire is for practices to be open on Saturday and in the evenings.

	% requesting GP access before 8am	% requesting GP access after 6.30pm	% requesting GP access on Saturdays	% requesting GP access on Sundays
North & West Reading CCG	34	74	84	37
South Reading CCG	34	67	76	37

Ring fenced appointments will help patients who have been discharged from a hospital setting to have easier access to their GP practice. The scheme will also ensure that GP practices are available outside of core hours to support patients with the management of their long term conditions in the community, thereby avoiding unplanned admissions.

Investment requirements

Please enter the amount of funding required for this scheme in Part 2, Tab 3. HWB Expenditure Plan

Impact of scheme
Please enter details of outcomes anticipated in Part 2, Tab 4. HWB Benefits Plan
Please provide any further information about anticipated outcomes that is not captured in headline metrics below

Increased Access to GP Practices

It is envisaged that an increase in access to GP practices will be an enabler to support:

- Reducing delayed transfers of care (impact to be monitored during pilot period over winter months and reviewed in March 2015)
- A reduction in demand for residential care placements (impact to be monitored during pilot period over winter months and reviewed in March 2015)
- A reduction in unnecessary A&E attendances (impact to be monitored during pilot period over winter months and reviewed in March 2015)
- Increased patient satisfaction with opening hours (impact to be monitored during pilot period over winter months and reviewed in March 2015)

Feedback loop
What is your approach to measuring the outcomes of this scheme, in order to understand what is and is not working in terms of integrated care in your area?

The scheme will be overseen by the Primary Care Programme Board who will report to the Reading Integration Group.

As part of the providing the service, providers will be required to collect data around capacity, utilisation and patient satisfaction. A&E and Westcall attendances and admission rates will be reviewed, with a particular focus on what happens at times close to when the surgery is offering additional access. In addition to practice monitoring of patient satisfaction, GP Patient Survey data (questions relating to satisfaction with opening times) and Friends and Family data will be reviewed.

What are the key success factors for implementation of this scheme?

- Practice engagement will be key. 27 out of 30 practices in Reading have already expressed interest in and have indicated a willingness to offer additional hours under proposed CCG proposed pilot schemes.
- Key Interdependencies: IT connectivity – the project will link with the Connecting Care workstream to ensure that GPs working through a hub model have access to the necessary clinical information. The Neighbourhood Cluster model will ensure that practices are able to link with other services in the out-of-hours period to meet patient needs.

- The scheme will require robust patient communication.
- Effective co-commissioning arrangements with NHS England to be formalised.

REPORT ON DEMENTIA SERVICE DEVELOPMENT ACROSS THE WEST OF BERKSHIRE

TO: **HEALTH AND WELLBEING BOARD**

DATE: **10 October 2014** **AGENDA ITEM:** **6**

TITLE: **DEMENTIA SERVICES IN BERKSHIRE WEST - UPDATE**

LEADS: **ROSEMARY CROFT / ELIZABETH JOHNSTON** **TEL:** **0118 982 2738**

JOB TITLE: **Berkshire West GP Mental Health Lead, South Reading CCG / Chair, South Reading CCG.**

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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This paper provides an update to the Board on the work in progress in dementia service development locally, which is in support of the National Dementia Strategy and implemented as part of the Long Term Conditions Programme.

1.2 This work has been steered by a Berkshire West Dementia Stakeholders Group, with representation from health commissioners and providers, unitary authorities and voluntary sector partners. Through that group, this paper has had input from all the key partners within the West of Berkshire.

2. RECOMMENDED ACTION

2.1 The Health and Wellbeing Board notes the contents of this update report.

2.2 The Health and Wellbeing partners commit to supporting the continued work on dementia as a priority within Reading.

3. BACKGROUND

3.1 Mental ill health costs some £105 billion each year in England: this includes £21 billion in health and social care costs and £29 billion in losses to business (*The Economic and Social Costs of Mental Health Problems in 2009/10*. London: Centre for Mental Health). It was estimated that the financial cost of dementia to the UK in 2012 was over £23 billion.

3.2 'Dementia' is used to describe a range of conditions which affect the brain and result in an overall impairment of the person's function. The person may experience memory loss, problems with communication, impaired reasoning and difficulties with daily living skills. This can result in changes in behaviour, which can disrupt the ability to live independently and may affect social relationships. Dementia is a progressive and terminal condition, which will in most cases lead to increasing cognitive difficulties and dependence on others. How long the person will live depends upon the type of dementia, their age and their general health, but many will live with the condition for several years.

4. POLICY CONTEXT

National Dementia Strategy

4.1 The National Dementia Strategy (2009) set out a work programme over a five year period to improve dementia care across three main areas - improved detection; earlier diagnosis and intervention; and delivering a higher quality of care. The Revised NHS Operating Framework (2010/11) articulated clear expectations for NHS organisations to be working with partners on implementing the National Dementia Strategy.

4.2 During 2012, the Prime Minister launched the 'Dementia Challenge' which set out an ambitious programme of work to push further and faster in delivering major improvements in dementia care and research by 2015, building on the achievements of the National Dementia Strategy.

4.3 Central to the Challenge is the requirement that, from April 2013, there needs to be a quantified ambition for diagnosis rates across the country. The rates are published annually through the NHS Information Centre and are contained within the NHS Outcomes Framework (domain two). The Dementia Prevalence Calculator Tool enables local areas to account for local factors and establish estimates of their local prevalence rates. According to the tool, the adjusted diagnosis figures for August 2014 are:

North & West Reading CCG – 49.5 of expected prevalence
South Reading CCG – 49.0% of expected prevalence

The diagnosis ambition across Reading is to achieve a rate of 67% by the end of 2015/16.

4.4 There is a national Directly Enhanced Service (DES) scheme encouraging GPs to screen all 'at risk' patients with the aim of identifying more people with possible dementia and referring them to Memory Clinics. The Quality Outcomes Framework (QOF) data for 2013-14 shows the following number of patients on the GP registers:

North & West Reading CCG – 564
South Reading CCG – 467

The NHS Outcomes Framework

4.5 Domain 2 of the NHS Outcomes Framework, published by the Department of Health, identifies three objectives that are of particular relevance in the context of developing dementia care services. These are:

- improving the health-related quality of life for people with long term conditions and their carers;
- increasing the proportion of people who feel supported to manage their condition; and
- the effectiveness of post-diagnosis care in sustaining independence and improving quality of life for people with dementia.

5. THE LOCAL PICTURE

5.1 A number of key improvements for dementia services were proposed at the Dementia and Elderly Care Conference hosted by NHS South Reading CCG on 14 May 2013. The Berkshire West Dementia Stakeholder Group reviewed the list of priorities identified by delegates, and progress updates on these were posted on the South Reading CCG website (http://www.southreadingccg.nhs.uk/you-said-we-did/dementia). The following key areas were identified:

- Communication and access to services;
- Joined up working around training and information;
- Better integration between hospitals, communities and social care;
- Lack of integrated ring-fenced funding for care support, respite care, premises, domiciliary care and training;
- Joined up working across health and social care; and
- Outreach worker for BME community.

5.2 Dementia remains high on local people's agenda. The 'Living well with Dementia ' conference put on by the Earley Charities Group in September 2014 for those with dementia and their carers attracted around 150 people. 30 different organisations attended with information stalls.

5.3 There is already a significant amount of joint working in this area between health agencies, local authorities and the voluntary sector. Updates on work in progress are set out below, by reference to the lead partner organisation where appropriate.

Dementia Challenge bids

5.4 In response to the Prime Minister's Dementia Challenge launched in 2012, 7 proposals were submitted to the Challenge Fund from across Berkshire West. These were lead by the unitary authorities working in partnership with Berkshire Healthcare Foundation and the Clinical Commissioning Groups. Five of the 7 bids were successful in securing funding.

Patient and Carer Information

5.5 This project aimed to give patients with dementia and their carers access to the information they want and need via a variety of media, including a local Dementia Information website, to inform, empower and improve lives. The approach taken was

based on the successful model previously developed for stroke patients in Berkshire West, which involves working closely with service providers, users and carers.

5.6 The resulting website has now been in existence for over a year with positive feedback and visitor volumes. The content includes links to national dementia sites, summaries of local support available, and a video 'Talking about Dementia'. The Dementia Information website is accessible from all of the Berkshire CCG websites, e.g: www.southreadingccg.nhs.uk/long-term-conditions/dementia

Care Home In Reach Team

5.7 The aims of this project were: improved quality of life for people with dementia living in selected residential and nursing homes; improving the skills of the care home staff, building their confidence and professionalism; and improved communication with people with dementia, and involvement of, carers. This includes their involvement with anticipatory planning for End of Life care.

5.8 The Berkshire West project team includes a clinical team lead and 5.5 FTE experienced nurses. There is an equal split between Registered Mental Nurses (RMNs) and Registered General Nurses (RGNs). The team works across the 3 local authority areas in the West of Berkshire but includes a dedicated RMN and RGN for Reading. All of the staff are employed by Berkshire Healthcare NHS Foundation Trust.

5.9 The team began delivering their service in the first wave of identified care homes in May 2013. The team works intensively in 2-3 homes (depending on size) for a period of 3 months and then will move on to a new group of homes. However, links are maintained with the first group of homes which are still visited occasionally and staff there can continue to approach the In-reach team for support. The In-reach staff work alongside the care home staff to model good practice and to observe and identify areas for improvement. The team only goes into homes at the invitation of the manager and the owners.

5.10 A variety of training has been delivered as training is a big part of the team's remit. This includes formal training sessions, workshops and informal teaching "on the floor". Care home staff have also been helped and encouraged to access external training. The team is collecting both quantitative and qualitative data to evidence their effectiveness, and building a collection of case studies to illustrate the work they have achieved.

Cognitive Stimulation Therapy (CST)

5.11 This project aims to extend the current provision of CST and to develop the knowledge and competency of staff working in non-health settings. The project supports the initial delivery of CST followed by Maintenance CST in Day Care and Extra Care settings and is designed to expand the local CST network to deliver continued and expanded CST across the local area.

5.12 This project has been running since July 2013. By delivering formal training to staff working in Day Centres and Extra Care Housing Schemes, and providing them with the

opportunity to observe and participate in established CST courses, the project will ensure participants then have the confidence and capability to run CST in their workplace. This in turn extends best practice across care settings and enables more people with dementia to engage in this proven therapy for longer.

5.13 Training typically starts with a full-day programme of explanatory lectures followed by group workshops and discussion. Trainees then shadow the BHFT led CST (3 providers 5 staff). Two providers have now fully completed the shadowing sessions (3 staff). Continuing dialogue with the providers has been productive in striking the right balance so that participants can more easily manage the training alongside their existing work commitments.

5.14 During December 2013 an evaluation was undertaken with the first cohort of trainees. This demonstrated that the shadowing was effective in complimenting and consolidating the theoretical element of the training. Woodley Age Concern was the first local provider to start marketing maintenance CST sessions, and others are expected to follow shortly.

Domiciliary Care Training

5.15 This project was designed to scope current training provision, identify training needs through a training needs analysis, and then develop a future plan of action to meet identified training needs. There is a variable take up of the dementia training currently available to domiciliary care providers, and this analysis will help CCGs and the local authority to tailor courses based on local need and to target those agencies who wish to become market leaders.

5.16 The project manager has developed a work force questionnaire and has begun her work with Reading providers, although she is expected to address similar issues across Wokingham and West Berkshire in future. This work is overseen by the Berkshire Care Association.

'Berkshire Blue Book'

5.17 The bid to the Dementia Challenge Fund for this project was not successful, but the Berkshire West CCGs decided to proceed and fund it themselves. The Berkshire Blue Book adapts the concept behind Gloucester's 'Living Well handbook' to Berkshire West, and was formally launched at the 'Living Well With Dementia' conference in September 2014. It is a tool intended to enhance user participation and ownership from the outset, and its development has been informed jointly by 'experts by experience' (patients and carers) and 'experts by training' (professionals). The Berkshire Blue Book draws on the online 'Patient and Carer Information' project described above to offer a parallel physical post-diagnosis pack.

5.18 The pack is based on information, input and results from a review of dementia information; qualitative research to elicit patient/carer information needs; and parallel research to identify information considered important by healthcare professionals, by local authorities and by voluntary sector staff.

5.19 The process of review and research also included gathering baseline data for evaluating the impact of the pack on patient/carer's reported quality of life, knowledge/skill and service usage. The impact of the pack will also be measured against unplanned admissions and crises requiring intervention.

Dementia Action Alliance in Reading

5.20 Establishing a local Dementia Action Alliance was another bid which secured Prime Minister's Challenge funding. The aim of this project was to assist in making Reading a dementia-friendly community by developing a local dementia declaration - as outlined by the national Dementia Action Alliance – which major local employers and service providers are then invited to sign. Signing commits the organisation to reviewing and changing its activities as required to improve support to people with dementia.

5.21 The Reading Dementia Action Alliance was launched in March 2014, and "Working to Become Dementia Friendly" status was awarded one month later. The Reading Dementia Action Alliance Steering Group continues to meet quarterly to promote and encourage the Dementia Friendly Community concept, and so support the inclusion of people with dementia and their carers. The Butts Centre in Reading has now acquired dementia-friendly status whilst the Oracle centre is working towards it.

5.22 The Dementia Action Alliance in Reading has also supported the development of contacts, networking and training tools. The aim has been to forge relationships in order to develop sustainability for the future. Through the Alliance, a broad range of local organisations now include committed 'Dementia Friends or 'Dementia Champions'. **'**Times of our Lives' workshops have been rolled out across primary and secondary schools in Reading to support intergenerational dementia awareness raising. In 2013, the Hands-On Company researched, devised and rehearsed 'Times of our Lives' (using drama and puppetry) and created a follow-up CD. An article in the Reading Chronicle about this project then preceded a news story on South Today and a twenty minute studio chat with Drive-time Radio Berkshire. The first workshop was held in September 2013 and continued into the spring and summer terms of 2014. Feedback has been very positive.

Younger People with Dementia

5.23 The needs of younger people with dementia and their carers differ greatly from older people as the pattern, progression and burden of illness are all different. Loss of employment and with it financial insecurity, marital breakdown and impact on children have far reaching effects. Furthermore behavioural and psychological symptoms associated with the dementia when they occur are very difficult to manage within current care provisions for people with dementia which are geared towards people who are much older and physiologically frailer.

5.24 A Younger People With Dementia Group is run by Crossroads Reading in partnership with Woodley Age Concern to offer a combination of workshops and one-to-one sessions which support younger people with a dementia diagnosis. The three Berkshire West local authorities provide funding support to Crossroads for this service whilst the

Woodley Age Concern element receives funding support from the CCGs via the Partnership Development Fund.

5.25 Younger People with Dementia (YWPD) was launched as a registered charity in June 2012 in order to provide support for younger people with dementia (by definition onset of symptoms before the age of 65) and their carers. The main aims were to raise the profile about the different needs of younger people with dementia, specifically in relation to age appropriate activities, to provide social and emotional support and to raise funds through grants to provide age appropriate support.

5.26 The Younger People With Dementia Charity offers alternative community based activities for this group of patients, and an element of day respite which is of benefit to carers. The YPWD Charity is supported from pooled health and social care budgets set up to support carers to access breaks.

Berkshire West CCGs

5.27 As part of the 2013-14 QIPP programme the Berkshire West CCGs prioritised increased investment into their Older People's Mental Health services delivered by Berkshire Healthcare Foundation Trust. This investment is in recognition of the costs associated with both the increase in the number of patients with dementia, and the prescribing issues relating to anti-dementia drugs, which are only effective for people with some types of dementia and not all types.

5.28 Capacity in memory clinics is being increased in line with demand. Prescribing of anti-dementia drugs is extending to those with mild dementia in line with NICE guidance. All memory clinics across Berkshire have seen a rise in referrals. Referrals to memory clinics has increased on average by 15.8% compared with the same period in the previous year. An average of 30 patients are referred to the memory Clinic from Reading each month and 80% of them have been seen within 6 weeks of being referred.

5.29 The Parliamentary All Party report, 'Dementia does not Discriminate' recommended that the ethnicity of those being identified with dementia should be monitored. We have found that the ethnic status of patients attending the memory clinics locally very closely mirrors the ethnic profile of the >65 years population in the area. Ensuring that Nepalese elders have equitable access to services is of particular relevance to Reading, and the Berkshire West GP lead for mental health has met with the Nepali community development workers to see if barriers to care/help with education about dementia can be identified. The Dementia Advisor from the Reading branch of the Alzheimer's Society is also involved with this project.

5.30 Shared care has been introduced between specialists and GPs, enabling suitable patients to transfer to GP care once stabilised on their medication and a care plan is agreed by the clinicians involved.

5.31 The CCGs fund a Reading Dementia Care Advisor post to provide information, advice, guidance and support to those newly diagnosed with dementia, their family and carers. There is also a dedicated post to offer support to people with early onset dementia across the Berkshire West area, funded by the four Berkshire West CCGs collectively.

Age UK Berkshire (Home from Hospital Service)

5.32 A specialist service is available to clients with dementia who are in-patients at the Royal Berkshire Hospital to support their discharge from hospital and return home. The specialist service is an extension of Age UK Berkshire's generic Home from Hospital service run elsewhere in Berkshire, and uses the expertise built up across that broader service. The service also supports clients in Reading who have been admitted to other hospitals, including the Oakwood Unit at Prospect Park and The Willows Intermediate Care facility, and patients at private hospitals receiving NHS elective surgeries. In the first quarter of 2014-15, the Specialist Dementia Home from Hospital service supported 12 people with dementia in Reading.

5.33 This is a service part-funded by the Berkshire West CCGs through the Partnership Development Fund with Reading Borough Council also supporting the service via grant funding. Charitable donations to Age UK Berkshire also help support this service.

Reading Borough Council

Improving the environment of care for people with dementia

5.34 The construction of a dementia friendly garden at The Willows care home in Reading started in November 2013. A conservatory was built and garden areas cleared of paving and overgrown shrubs. Hard landscaping and planting was then followed by the development of a programme of activities by Thrive, which specialises in therapeutic gardening. The garden is used as a best practice example for local care homes, extra care and day care settings. It has also fed into the production of a national dementia friendly environments building design guidance.

Alzheimer's Society

5.35 The Council provides funding support for the Alzheimer's Society's Befriending Service which uses volunteers to visit people with dementia and take part in activities with them. Befriending volunteers are paired with people with dementia, having matched them according to interests. The programme has experienced difficulty in recruiting sufficient volunteers to meet demand, but this has been addressed by the recruitment of a dedicated manager for this aspect of the Alzheimer's Society's service.

5.36 The Alzheimer's Society also runs a weekly drop-in, a monthly Dementia Café and an empowerment group. The latter enables people with dementia to influence and comment on local services.

Carers Support

5.37 The Council also provides funding support to several voluntary and community groups which have services designed to support carers, including carers of those with dementia. Crossroads Reading offers a sitting service or 'at home respite' and holds a

monthly carers support group at Hazelwood. Both Age UK Berkshire and Age UK Reading receive funding support from Reading Borough Council to offer a range of support to elderly people and their carers. Berkshire Carers Service is funded to provide an information advice and support service to all carers.

The Royal Berkshire NHS Foundation Trust (RBHT)

Staff Training

5.38 As part of the Secretary of State's Health Education England Dementia Mandate the RBH has completed the '*Health Education England Provider Organisation Dementia Scoping Survey*'. This relates to the provision of dementia awareness training, based on the national expectation that 100,000 NHS staff were to have received foundation level dementia training by March 2014.

5.39 Dementia awareness training continues to be provided to all Registered Nurses, Allied Health Professionals and Health Care Assistants during Trust Induction. 355 staff received dementia awareness training during their induction period in 2013. Student nurses on placement in elderly care wards are now provided with training in dementia awareness, recognition and management of challenging behaviour, and visuo-perceptual difficulties.

5.40 The second round of Dementia Champion training in RBH in November 2013 was attended by thirty-seven RBHT staff and 14 Student Nurses. There was staff representation from the Urgent, Planned and Networked Care Groups and the day was very well evaluated by attendees.

5.41 Dementia Champion training has continued in 2014 with bi-monthly 90 minute training sessions focusing on communication, recognition and management of challenging behaviour, end of life care, and the carers' perspective. The award winning DVD 'Barbara's Story', which was created by St Thomas and Guys Hospital, was used for the first time at the RBH in the Champion training.

5.42 As a result of the Francis Report, ward-based simulation scenarios have been implemented as a Pilot Study. Dementia care has been incorporated into these scenarios. In addition, the Older People's Mental Health Service delivered at RBHT by BHFT continues to provide staff training on various subjects.

5.43 In November 2013, RBHT sent a representative to the Health Education England gathering of health practitioners, academics, and commissioners to discuss what the learning requirements were for post graduate nurses to improve the level of care received by older people with complex needs. This work has been collated by Health Education North East (HENE). This HENE project is proposing to define what the educational requirements are for post graduate training and how this may be achieved at Foundation, Specialist and Higher Specialist Level (There are almost 500 post graduate courses for nurses relating to caring for older people. However, there are currently no national standards directing the course content.)

Dementia Friendly Wards

5.44 Phase 1 of the 'enhancing the healing environment' work has been completed on four elderly care wards. The new wards incorporate safe flooring, new colour schemes, reduced size of nurses' stations, and space made within the bays for staff to work at. This is to encourage staff to be closer to the patients.

One to One Care Crew

5.45 The Trust is currently in the process of recruiting a team of Health Care Assistants specifically to provide one to one care for patients with cognitive problems. These staff will undergo a special training programme.

Forget-Me-Not Scheme

5.46 This scheme will be rolled out across the Trust. Forget-me-nots are put behind the beds to aid communication, orientation and reassurance.

Delirium Screening

5.47 The Trust will implement training related to Confusion Assessment Method (CAM) screening and delirium recognition.

Berkshire Healthcare Foundation Trust

5.48 The Older People's Mental Health (OPMH) teams that operate within each of the Berkshire West localities (Reading, West Berkshire and Wokingham) deliver a number of services to support people with dementia and their carers. Memory clinic accreditation is being sought for each of the 6 clinics in Berkshire. The details are provided below are specific to West Berkshire but all localities run these courses:

Collaboration with the Young People with Dementia (YPWD) Charity

5.49 There are no dedicated statutory services for younger people with dementia in Berkshire, as there are in other areas of the country, although nationwide provisions are quite variable. BHFT offers assessment for people with dementia of any age through the Memory Clinics and Community Mental Health Teams for the Elderly, but any interventions offered such as the Understanding Dementia Course for Carers and Cognitive Stimulation Therapy for patients are aimed at people in their seventies, eighties and nineties, as these provide the bulk of the referrals. Whilst carers of younger people with dementia have accessed the Understanding Dementia Course, feedback has been that this is not appropriate for them. BHFT (and the Council) have therefore been pleased to partner with the Younger People With Dementia Charity to develop more appropriate provision for this group.

5.50 YPWD employs an Admiral Nurse part-time (3 days per week). This is on a fixed term contract of 18-months according to the funding stream. Admiral Nurses specifically provide intervention - psychological and practical - for carers. Carers of younger people with dementia often have complex needs, because they tend to be juggling many roles,

and over 50% of carers of younger people with dementia suffer from mental health problems.

5.51 The rest of the activities of the charity are related to fundraising, providing information (via website and quarterly newsletter), carer support, social events and networking. The staff working for YPWD work extremely closely and jointly with the BHFT team and are based in the locality memory clinics, accessing relevant supervision and teaching by BHFT staff, are involved in away days and planning of the service both at a strategic level but also individual care plans of patients and are involved in the support and delivery of the younger people with dementia carer and patient education groups.

Prospect Park Hospital

5.52 BHFT were successful in gaining funding of just under £1 million to improve the environments of two wards in Prospect Park Hospital: Rowan, a specialist 20 bedded dementia ward and Oakwood, a community ward which accommodates patients with dementia as a secondary issue. Rowan ward was opened on 7th January 2014 for the transfer of patients. It includes:

- a dedicated cinema room;
- 'Heal Well' bedrooms, which use specialist lighting to recreate a gradual sunrise and sunset feel to eliminate the need for night sedation (where possible) and so discourage the day/night reversal so often found with people who have dementia;
- a 'Garden Room' which has a drinks machine (receiving payment by donations only), and microwave facilities to encourage families to sit with the patient and eat. The aim is to include the family as much as possible in the care of the patient if that is their desire. There have been noticeable positive effects on the patients if a member of the family sits and eats with them.

End of Life Group

5.53 This group is chaired by Dr Luke Solomon and is overseeing a pilot project in a nursing home in Hungerford on advanced care planning. Advance care planning is a sensitive area, but can help improve quality of life for people with dementia and their carers. This project considers a nursing home population of people with dementia and attempts to bring together all parties connected with their care to evaluate the impact of an advance care planning intervention that would be available to emergency services. The pilot is to map the difficulties and benefits of the scheme which is planned to roll out. The advance care plans will be kept in the care notes if a person is in a care home where GPs can access them. The information on Adastra will be accessible by GPs, A&E, in-reach teams, 111 and 999.

5.54 Care Home In-Reach nurses and a CPN have been running the pilot this year, inviting families to be involved in an initial session (with Mandy Coombes), monitoring the time required to complete the form, seeing what can be merged from the Nursing Home's current system and how the information can be input onto Adastra. The forms being used are in two parts: (i) to be completed by those who have mental capacity; and (ii) to be completed on behalf of those who have lost mental capacity. The qualified nursing home staff are being given an understanding of how to complete the form.

Online support for carers of people with dementia

5.55 SHaRON (Support Hope and Recovery Online Network) for carers of people with a mental health condition was launched in June 2014 (during Carers Week), and a version adapted for those caring for someone with dementia is about to be launched. BHFT's first SHaRON was developed for people with eating disorders, and the concept has now been used to offer online support to other groups. SHaRON facilitates peer support plus access to expert support. It is moderated rather than operating on a completely open access model.

6. NEXT STEPS

6.1 Although a great deal has been achieved already, there remain some significant challenges in meeting the needs of growing numbers of people with dementia, nationally and locally. The Berkshire West Dementia Stakeholders Group has identified the following priorities for local development.

a) Sustainability of two of the Dementia Challenge Projects: Dementia Friendly Communities and Domiciliary Care Training.

b) CCGs achieving the 67% target diagnosis rate by end of 2015/16. This represents a significant challenge despite all the work undertaken thus far.

c) The long term sustainability of tailored and age appropriate activities / accommodation for younger people with dementia.

d) End of Life Care – more focus and attention is needed on people with dementia nearing the end of life.

e) The standard of care in many local nursing homes – with both the number of safeguarding reports and the high staff turnover giving cause for concern.

f) Co-ordination of the services in the different areas particularly around hospital discharges and how this may be affecting patients' length of stay in hospital.

Work Plan :Executive Summary

The work plan for dementia in Berkshire West has been constructed to show the priority areas, the intended projects for these areas, and an indicative timeline for the work.

The priority areas have been identified as:

- Dementia Prevalence and GP registers
- Young People with Dementia
- Dementia Clinical Advisers
- Training needs assessments
- Evaluation of dementia challenge investments

The current project list focusses on the assessment of current services with a view to understanding the needs for further investment in services. The outputs of these projects are likely to identify further work for the future.

<table>
<tr><th>Objective</th><th>What</th><th>How</th><th>Resources Required</th><th>Timeline</th><th>Risks</th></tr>
<tr><td colspan="6">Dementia Prevalence</td></tr>
<tr>
<td>Increase the number of patients who are registered as having a diagnosis of Dementia on GP registers. This is to ensure that patients are able to:
• Gain access to information, resources and support
• Demystify and destigmatise the condition
• Maximise your quality of life
• Benefit from treatments
• Plan for the future

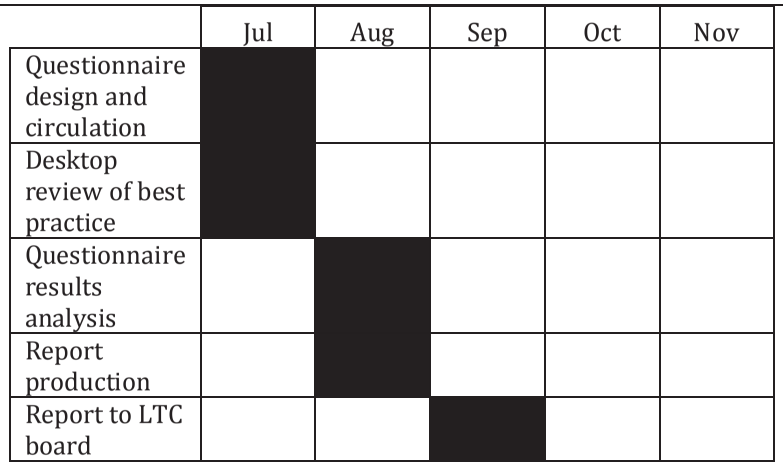
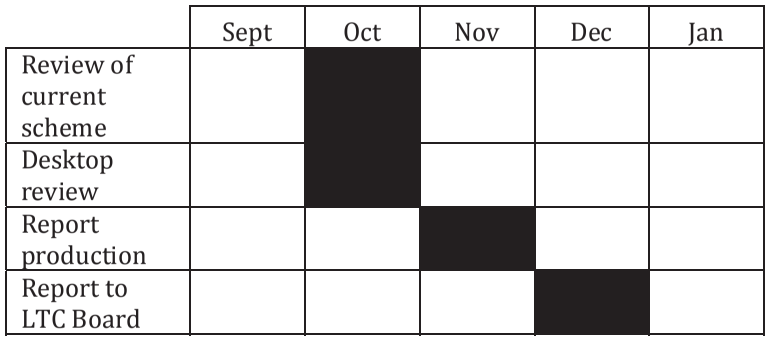
Target = 57%
2014/15. 67%</td>
<td>• Review of current position at Practice level for all CCGs.
• Assessment of next steps including coding issues and educational elements.
• Assessment of validity and achievability of diagnosis target.
• Report back to LTC board</td>
<td>• Informatics support to provide most recent data
• BHFT to advise on memory clinic engagement
• Clinical lead to support clinical interpretation of information.
• Alignment of GP registers with BHFT memory clinic information and RBH CQUIN data.
• Project management to produce review and put in place reporting arrangements. Reporting arrangements should be transitioned to Business as usual to correct board.</td>
<td>Informatics 3 days
Project management = 1 day per week
Ongoing data reporting support?</td>
<td>
<table>
<tr><th></th><th>Jul</th><th>Aug</th><th>Sep</th><th>Oct</th><th>Nov</th></tr>
<tr><td>Review of current position</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Next steps assessment</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Report back to LTC Board with recommendations</td><td></td><td></td><td></td><td></td><td></td></tr>
</table>
</td>
<td>• No QiPP savings
• Ability to influence the target.
• Unclear if anything additional can be done to increase current rates</td>
</tr>
</table>

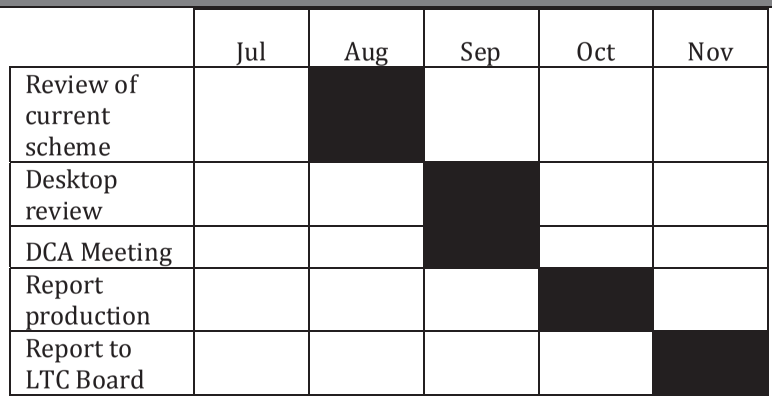
<table>
<tr><td>2015/16</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="6">Young People with Dementia (YPWD)</td></tr>
<tr>
<td>Improve and embed service for younger people with dementia.

Younger people with dementia and their carers frequently fall through the net of health and social care services. They are subject to delays in diagnosis, poor after care and a lack of age-appropriate services.</td>
<td>• Review of business case from BHFT
• Understanding and clarification of current funding arrangements
• Translation of business case into QIPP/investment scheme for LTC board consideration.</td>
<td>• Clinical lead and stakeholder group to ratify business case
• Project management to pull together business case requirements
• Support to bring together YPWD</td>
<td>Project Management oversight 3 day

Project support (consultant) 5 days</td>
<td>
<table>
<tr><th></th><th>Jul</th><th>Aug</th><th>Sep</th><th>Oct</th><th>Nov</th></tr>
<tr><td>BHFT business case review</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>QIPP investment scheme formulated</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Best practice review</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Business case presentation to LTC Board</td><td></td><td></td><td></td><td></td><td></td></tr>
</table>
</td>
<td>• Provision of current service under risk in absence of recurrent funding
• Links to East Berkshire geography may be necessary</td>
</tr>
<tr><td>Training Needs Assessment</td><td></td><td></td><td></td><td></td><td></td></tr>
</table>

<table>
<tr>
<td>To ensure that primary care doctors and clinical staff have sufficient skills and knowledge to manage people with dementia and ensuring good quality services

Training needs also to be assessed in Royal Berkshire Hospital</td>
<td>• Report outlining training needs to include strengths, knowledge gaps, and recommendations for provision of training.
• Report to LTC board outlining analysis of need and recommendations for investment (if needed)</td>
<td>• Structured questionnaire to GP practices. Follow up phone calls ensuring take up
• Desk top analysis of training standards requirements.
• Report production with recommendations for next steps</td>
<td>• Project management oversight 3 days
• Project support 5 days</td>
<td> 
</td>
<td>• Training needs not addressed with potential quality issues in services
•</td>
</tr>
<tr>
<td>Sustainability of training for Domiciliary Care workers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dementia challenge funding in place for care worker training to ensure support services are in place for people with dementia.</td>
<td>• Evaluation of impact and recommendations for further funding.
• Recommendations of further investment and/project work</td>
<td>• Cost/benefit analysis of schemes
• Desktop review of best practice
• Links with Local authority stakeholders</td>
<td>Project management oversight 5 days
Project support 5 days
Informatics support 1 day</td>
<td> 
</td>
<td>• Important scheme does not continue and benefits of service lost.</td>
</tr>
</table>

Dementia Care Advisors					
A dementia support service provides one to one support to people with dementia, carers and family members. The service is unique to personal circumstances and the information and support needed. A dementia support service provides information and practical support to help greater understanding about dementia, and to support	Evaluation of services to include: • Assessment of impact of service against original KPIs • Assessment of capacity of DCAs against demand for services • Assessment of Cost implications of additional DCAS • Feasiblity assessment for DCAs performing primary care assessments	• Links to Alzheimers society re expectations of DCA services. • Best practice review (desktop) • DCA focus group to assess current provision, gaps in current service and requirements for improvement. • Data analysis of available data for services • Review of national guidance	Project management oversight 5 days Project support 10 days		• Service quality issues if there is insufficient resource. • Potential return on investment challenges. • Availability of funding for additional DCAs if necessary

service users with dementia. DCAs are in place locally but need to be reviewed for fitness for purpose, impact assessment and recommendations for enhancement or additional funding. It is also important to assess the feasibility of DCAs undertaking primary care assessments.		for primary care dementia reviews. • Demand/capacity assessment • Business case development where needed			

READING BOROUGH COUNCIL

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

TO:	**Health and Wellbeing Board**		
DATE:	**10th October 2014**	**AGENDA ITEM:**	**7**
TITLE:	**Reading Local safeguarding Children Board Annual Report**		
LEAD COUNCILLOR:	**Cllr Jan Gavin**	**PORTFOLIO:**	**Children's Services**
SERVICE:	**Children's Services**	**WARDS:**	**Boroughwide**
LEAD OFFICER:	**Esther Blake**	**TEL:**	**X73269**
JOB TITLE:	**Business Manager for Reading LSCB and Children's Trust Partnership**	**E-MAIL:**	**Esther.blake@reading.gov.uk**

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The Reading Local Safeguarding Children Board is the key statutory mechanism for agreeing 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).

1.2 This Annual Report is being presented to the Health and Wellbeing Board to ensure Board members are informed about the achievements of the LSCB for the 2013/2014 financial year. The Annual Report has a wide distribution and is sent to key stakeholders and partners so that they can be informed about the work and use the information in planning within their own organisations to keep children and young people safe.

2. RECOMMENDED ACTION

2.1 That the Health and Wellbeing Board note the attached annual report.

3. POLICY CONTEXT

3.1 As required by Working Together 2013, the LSCB Chair is required to publish an annual report on the effectiveness of child safeguarding and promoting welfare of children in Reading.

3.2 In line with this statutory guidance and our recently agreed protocol agreement, the report is presented to the Health and Wellbeing Board for information. It will also be presented to the Children's Trust Board and the Adult Social Care, Children's Services and Education Committee.

4. THE PROPOSAL

4.1 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 demonstrate this. 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 monitoring role of the Board.

4.2 Within the report the LSCB achievements and challenges are listed. For reference these are:

LSCB Achievements

- Hosting arrangements have been put in place for all sub-groups to improve communication links with LSCBs;
- Workshop on Serious Case Review models held March 2014 to consider the range of models available;
- Business planning session was carried out in December 2013 to identify priorities for the 2014-2017 LSCB Business Plan;
- LSCB member development session held with members in October 2013 on leadership and challenge, with a further session for Executive members in June 2014;
- Berkshire West LSCBs and Safeguarding Adults Partnership Board held their annual joint safeguarding conference in September 2013; the theme for the conference was Sexual Abuse;
- Raising awareness of child sexual exploitation amongst young people, parents and the wider community, through a LSCB and Thames Valley Police jointly funded project with performances of 'Chelsea's Choice' in Reading secondary schools.
- Reading safeguarding information updates emailed weekly;
- Child Sexual Exploitation (CSE) operational multi-agency sub-group established to address CSE locally;
- New CSE e-learning course launched for all LSCB partner organisations;
- Developed effective links with CCGs in their first year of operation; including reps for the LSCB and LSCB executive;
- Published threshold criteria and assessment protocol for Children's Services;
- Recruited successfully new lay members
- Berkshire wide lay members meetings held to increase awareness of the role and to network with others across Berkshire;
- Commissioned a presentation on the Serious Case Review of Daniel Pelka which was delivered to the LSCB and made available as PowerPoint for dissemination to all LSCB partners;
- Agreed a protocol between the Thames Valley LSCBs and the Sexual Assault Referral Centre; to improve communication and reporting;
- Task-group set up to take forward the intercollegiate recommendations Tackling FGM in the UK;
- Berkshire Child Protection Procedures have been updated in relation to recent guidance on CSE, missing children and safe staffing;
- A signs of safety model approach has been introduced to the front sheets submitted with each report to the LSCB to ensure achievements and challenges are easily identified, plus impact on children and young people;
- The Youth Cabinet presented issues surrounding mental health at a Board meeting which has led to actions being taken forward across agency, and the LSCB support of their Mental Health charter and campaign.

LSCB Challenges

- Developing an agreed dataset; agencies providing context and commentary to the data;
- Monitor police and GP attendance and reporting to Child Protection Conferences to ensure contribution is effective;
- Voice of the child – this issue is discussed at every Board meeting and impact is requested as part of the front sheet but more work is needed to really hear the child's voice in the work of the LSCB;
- Ensure a section 11 return is completed by the local authority and any other organisations allocated to Reading LSCB by the pan-Berkshire Section 11 panel;
- Improve links with NHS England Local Area Teams and ensure they are fulfilling their Section 11 duties; including providing regular reports on the SARC

4.3 Evidencing the impact of safeguarding work is key to understanding what works and how we can improve. Within this report there are blue boxes which highlight where there is clear positive impact for children and young people in Reading.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 This report contributes to the following Council strategic aims:

- To establish Reading as a learning City and a stimulating and rewarding place to live and visit
- To promote equality, social inclusion and a safe and healthy environment for all

6. COMMUNITY ENGAGEMENT AND INFORMATION

6.1 This report has been written with contributions from all LSCB partners and circulated to the Board. It will be disseminated to all partners, the Health and Wellbeing Board and Children's Trust Board.

7. EQUALITY IMPACT ASSESSMENT

7.1 An Equality Impact Assessment (EIA) has not been carried out for this report however, equality and diversity continues to be a key theme for the LSCB.

8. LEGAL IMPLICATIONS

8.1 There are no legal implications with this report. Working Together to Safeguard Children 2013 requires that the LSCB to produce an annual report and that it be submitted to the Chair of the Health and Wellbeing Board.

9. FINANCIAL IMPLICATIONS

9.1 None

10. BACKGROUND PAPERS

- None

Reading Local Safeguarding Children Board

Annual Report
April 2013 – March 2014

Essential information

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RSCB Coordinator:	Donna Boseley	LSCB@reading.gov.uk 0118 937 4354

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Civic Offices,
Reading, Berkshire, RG1 7AE
Website: www.reading.gov.uk/lscb

Berkshire Local Safeguarding Children Boards
Child Protection Procedures available on line:
http://berks.proceduresonline.com/index.htm

Author: Esther Blake, LSCB Business Manager
Date published: 18th September 2014

If you have any queries about the report please contact Esther Blake at the contact details above. If you require this information in an alternative format or translation, please contact Esther Blake.

Contents

Foreword by Independent Chair

Everyone has a responsibility for safeguarding children and young people. It is vital that all agencies work together to ensure children and young people are safe and achieve good outcomes.

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.

This year has seen a focus on implementing the revised government guidance Working Together to Safeguard Children 2013. This has led to the development of threshold criteria for Children's Services, along with a single assessment form. The Threshold document aims to help practitioners identify a child's level of need and to be familiar with the best way to access the support needed.

Changes in the health service structure came into effect in 2013, with the establishment of Clinical Commissioning Groups and NHS England Local Area Teams. Reading LSCB worked with the new groups to ensure good links were made and safeguarding remained a priority.

A major restructure in currently underway in Thames Valley Probation Trust. The LSCB will work with the Trust to ensure partnership working remains effective and children are safeguarded.

Working Together 2013 requires the Chair of 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.

This Report aims to provide an overview 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. Each agency has been asked to provide its own assessment of performance; these are summarised in the Report, along with contributions from sub-groups which undertake a significant amount of the work of the Board.

The report is presented to the Chief Executive of Reading Borough Council, the Lead Member, 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. It is intended for a wide audience including the professional workforce and local communities.

Stephen Barber, Independent Chair

Executive summary and key messages

The Annual Report provides an insight into the work carried out locally to safeguard children, outlining progress made during 2013/14 and summarising the key priorities and challenges ahead.

Reading LSCB (RSCB) is an effective, strong partnership which continues to work together to ensure the effectiveness of what is done by each person or body represented on the Board and to assess whether they are fulfilling their statutory responsibilities to help, protect and care for children and young people.

We do this by:

- Being an influential, strategic Board that influences and improves sustainable effective performance
- Identifying and prioritising local issues and demands;
- Monitoring and evaluating quality of practice and services including early help, and the experience of children, parents and front line staff are included as an essential source of information;
- Developing further the preventive, proactive and responsive work of the LSCBs in the West of Berkshire as set out in Chapter 3 of Working Together to Safeguard Children 2013;
- Having close working arrangements across pan Berkshire and particularly the three LSCBs (Reading, Wokingham and West Berkshire) with joint sub-groups;
- Offering a constructive challenge to partner agencies and holding each other to account
- Ensuring national and regional developments are incorporated into the work of the LSCB and promote these locally;
- Promoting the safer recruitment and appropriate training of the children's workforce in agencies working with children;
- Commissioning Serious Case Reviews and other reviews and disseminating the learning;
- Having an effective communication strategy to raise awareness of safeguarding and promote the welfare of children.

Key Messages:

The LSCB has identified the following key messages to support effective safeguarding within the Reading borough area.

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.
- Performance information needs to be produced and contextualised to demonstrate the effectiveness of safeguarding within services.
- Information on ethnicity, disability, gender and other equality and diversity issues needs to be used in a strategic context to commission relevant services.

Messages for the children's workforce

- All members of the children's workforce, from all agencies and the voluntary sector, should use safeguarding courses and learning events to keep them up to date with lessons learnt from research and to improve their practice.
- All members of the children's workforce, both paid and voluntary, should be familiar with the role of the LSCB and Berkshire child protection procedures.
  Link: http://berks.proceduresonline.com/index.htm

Messages for Children's Social Care

- All staff should undertake appropriate training in basic adult safeguarding.
- Ensure recruitment and retention rates improve to reduce the need for agency workers.
- Ensure greater awareness of the LADO role.
- Improve greater awareness regarding private fostering and the identification and referral of this group of children and young people.

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.
- 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.

Messages for Thames Valley Probation

- Ensure any safeguarding risks, arising out of the current restructure, are identified and mitigated against.
- Demonstrate that the Multi-Agency Public Protection Arrangements (MAPPA) and the Multi-agency Risk Assessment Conferences (MARAC) protect children from harm and promote children's wellbeing.
- Continue to support the work with children of prisoners or in contact with offenders.

Messages for Berkshire Healthcare NHS Foundation Trust

- Continue the work to ensure looked after children receive appropriate, high quality and timely health services.
- Promote the Think Family approach within adult mental health services.
- Continue engagement with early help services, ensuring health visitors and school nurses understand thresholds for statutory intervention and where to get help for families whose needs do not need a statutory intervention.

Messages for Royal Berkshire Foundation Trust Hospital

- Ensure that appropriate staff undertake Level 3 child protection training.
- Ensure appropriate care is provided to children and young people who present with significant mental health needs (when a tier 4 CAMHS bed is unavailable) and that the paediatric ward staff caring for these children also have the support they need.
- Implement the actions identified from the scoping project on transition services for children and young people.

Messages for Clinical Commissioning Groups

- Complete Section 11 self audits.
- Ensure all commissioned services are monitored to ensure they meet safeguarding standards and share health safeguarding data with LSCBs.
- Promote the need for GP involvement in all aspects of child protection conferences

Messages for NHS England Local Area Team

- Play a full part in LSCB work.
- Complete Section 11 return.
- Ensure that the SARC achieves a quality service and provides performance information to LSCBs regularly.

Messages for schools in Reading

- Continue to complete the annual Section 11 audits.
- Encourage schools to sign up to the Youth Cabinet's Mental health manifesto.
- Ensure all staff have an awareness of emerging issues such as child sexual exploitation and female genital mutilation.
- Ensure all staff are recruited safely.
- Ensure all staff are appropriately trained in safeguarding.

Messages for Adult Social Care

- All staff should undertake appropriate training in children's safeguarding.
- That learning from any adult service reviews, in relation to safeguarding, is shared with the LSCB to determine if similar situations could arise in any children's services.

Local area profile

The population in Reading, estimated at 154,000 is on the whole - young, diverse and dynamic; both in terms of mobility and cultural presentation. Our young people represent the largest group within the community with 35,300 people being under 20yrs old. There is also a large under 5yrs population (11,300 children), and as over 2700 babies are expected to be born each year – a higher than national average figure. Many families move to the area for work and as such the demand for housing options and school places have never been higher.

The challenging characteristics of this population were further understood through the development of our JSNA – the pressure points noted below.
We have –

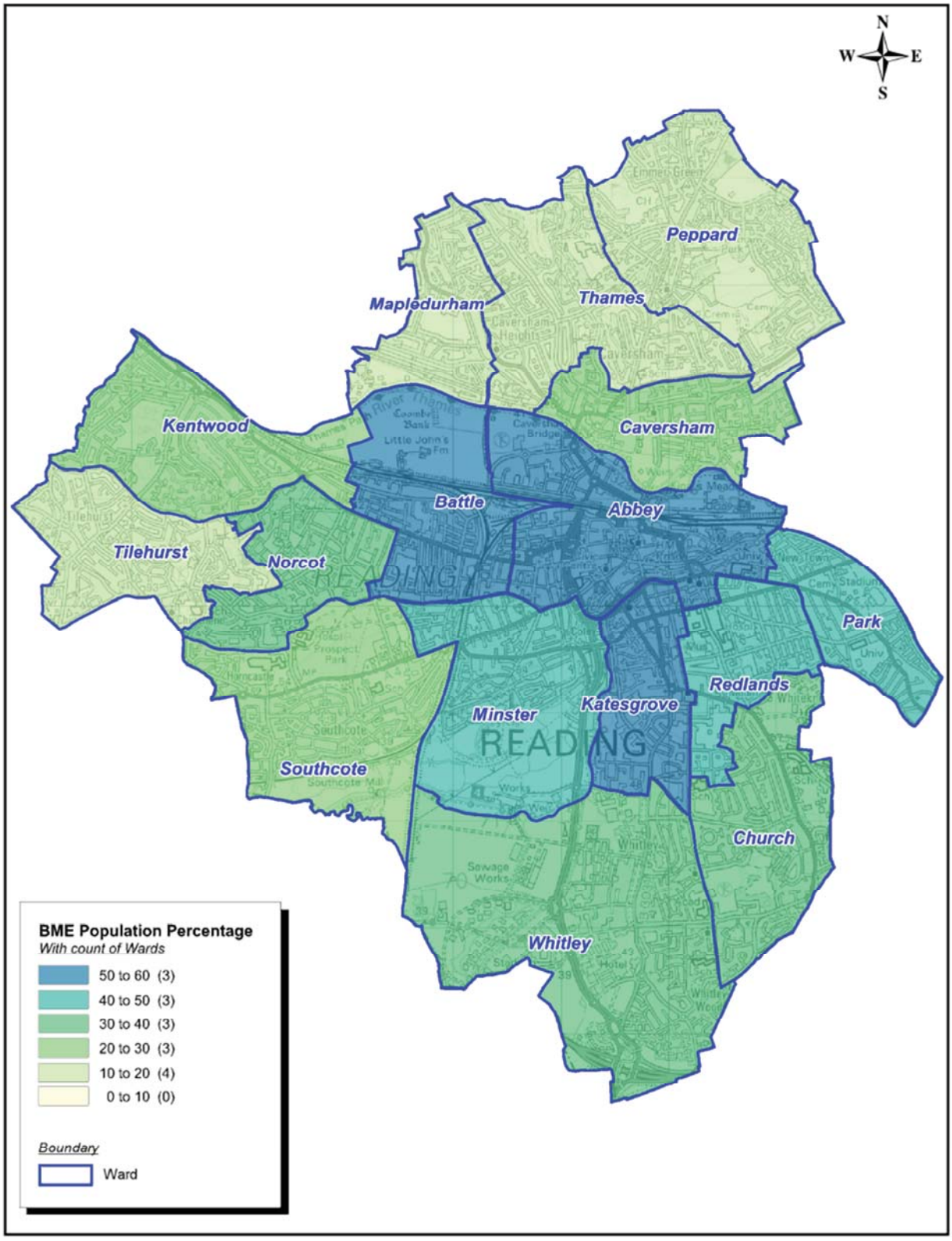
- Overall poorer health than the national average.
- An increase in presenting mental health issues in the adult population.
- Housing demand is projected to increase by 31% over the next 10years.
- 20% of our children living in relative poverty.
- 18% children accessing free school meals which is higher than the national average
- 7% of young people are NEET, which is higher than the national average of 6% and much higher than the regional average of 5.5%.
- 17% of Babies have younger mothers (than average by under 25yrs

Diversity in Reading

Reading's population is the third most diverse in the South East of England. ONS data shows that Black and Minority Ethnic (BME) communities account for some 25% of the total population. The wide-ranging diversity in the local area is illustrated by the fact that over 60 languages in addition to English are spoken by pupils in Reading schools. Reading has a high proportion of children and young people for whom English is an additional language, with the highest proportion living in the East area.

School census data shows a 51% BME population with some schools having 60% of students whose main language is not English. 43% of live births in Reading are to mothers who do not originate from the UK; with continued immigration from Nepal and accession 8 countries, diversity in Reading is likely to increase significantly over time. High levels of diversity in the Reading population do not generally translate into ethnic tension however, with the majority of residents believing that people from different backgrounds get on with each other.

Below is a BME population percentage map of Reading, broken down by Wards, taken from the 2011 census data.



Title: **BME Population by Ward**
Census 2011 Data

Drg.No.:
Produced by GIS & Mapping Services

Date: 04/03/2013 Scale at A4: 1:46000
Ref: 35075\BME Pop by Ward Census 2011 A4P.wor

nlpg

Reading Borough Council
Working better with you

Major factors influencing the work of the LSCB

Changes in partner agency structures
Changes in the health service structure came into effect in 2013, with the establishment of Clinical Commissioning Groups and NHS England Local Area Teams. The LSCB continues to work with the new groups to ensure good links are in place and that safeguarding remains a priority.

A major restructure in currently underway in Thames Valley Probation Trust. From 1st June 2014, Thames Valley Probation Service will be replaced by the National Probation Service and Thames Valley Community Rehabilitation Company. The LSCB will work with the National Probation Service and the Community Rehabilitation Company to ensure partnership working remains effective and children are safeguarded.

Funding
All public sector organisations face resource restrictions with new challenges locally in relation to a rising child population. The LSCB provides regular opportunities for agencies to highlight pressures on safeguarding at meetings.

Child Sexual Exploitation (CSE)
2013 saw an increase in national awareness in relation to sexual abuse, including historical abuse and links to child sexual exploitation. An operational CSE groups has been set up locally to take this work forward, with strong multi-agency support led by Reading Borough Council and Thames Valley Police.

Missing Children
New statutory guidance in relation to missing children (January 2014) provides detail on how Local Authorities and their partners should take to prevent children from going missing and to protect them when they do. A new expectation that a return interview will be completed by an independent person after every missing episode is being responded to locally but will have major resource implications in future. Safe and well checks continue to be completed by Thames Valley Police, and the LSCB carried out a sample to check these were being done appropriately.

Female Genital Mutilation (FGM)
The publication of a report by The Royal College of Midwives entitled Tackling FGM in the UK – Intercollegiate recommendations for identifying, recording and reporting (November 2013) identified key principles and recommendations to safeguard girls at risk of FGM. In response to the recommendations, a local multi-agency task group has been formed and an action plan developed.

Governance and accountability arrangements

Statutory objectives and regulations
Section 13 of the Children Act 2004 requires each local authority to establish a LSCB for their area and specifies the organisations and individuals that should be represented on LSCBs.

The core objectives of the LSCB are as set out in section 14(1) of the Children Act 2004 as follows:

a) to co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in West Berkshire, and
b) to ensure the effectiveness of what is done by each such person or body for that purpose.

The role and function of the LSCB is defined by Working Together to Safeguard Children 2013 and related safeguarding national, regional and local guidance.

Members are reminded of their roles and responsibilities at meetings and during their induction.

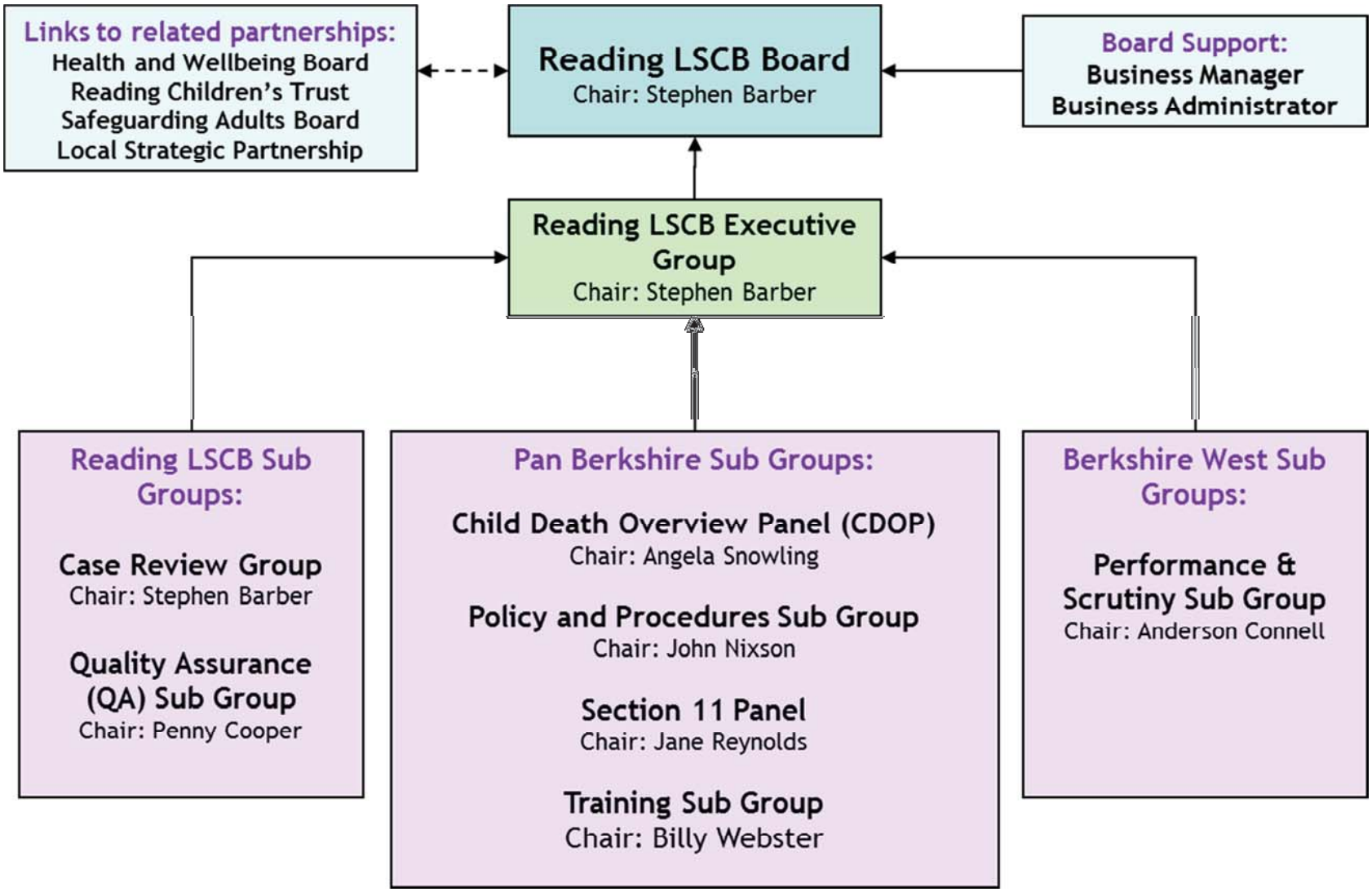
LSCB Chair, accountability and resourcing
Working Together 2013 states that, in order to provide effective scrutiny, the LSCB should be independent. The Reading Chair, Stephen Barber, is independent of partner agencies to allow the LSCB to exercise its local challenge function effectively. The chair has a crucial role in making certain that the LSCB operates effectively and secures an independent voice for the LSCB. Stephen also chairs the West Berkshire and Wokingham LSCBs to support joint working and consistency across agencies. To ensure effective communication between the LSCB and other partnerships the chair also attends the Health & Wellbeing Board annually and works closely with the chair of the West of Berkshire Safeguarding Adult Partnership Board.

In order to meet its objectives, the LSCB has several sub-groups, each of which is accountable to the LSCB. An overview of the work of the sub-groups can be found on page 31.

Links to Reading Children's Trust (RCT) and the Health and Wellbeing Board (H&WB)
Reading LSCB works together with the RCT and H&WB to minimise the duplication of reports and actions; ensure that there are no unhelpful strategic or operational gaps in policies, protocols, services or practice; and to provide constructive challenge to each partnership group or partners when appropriate. A protocol has been agreed this year which sets out the expectations of the relationship and working arrangements between these partnerships, which can be viewed in the key documents section of the LSCB website.

Key senior members of each Board are members, or invited participants, of each other Board which ensures key issues are discussed in the appropriate meeting. Key documents, such as the LSCB Annual Report, are presented to each Board either as part of a consultation or for review, plus any particular issues or concerns raised by one Board for consideration by either or both of the other Boards are scheduled onto the appropriate agenda via the LSCB & RCT Business Manager or Principal Committee Administrator.

Reading Local Safeguarding Children Board Structure

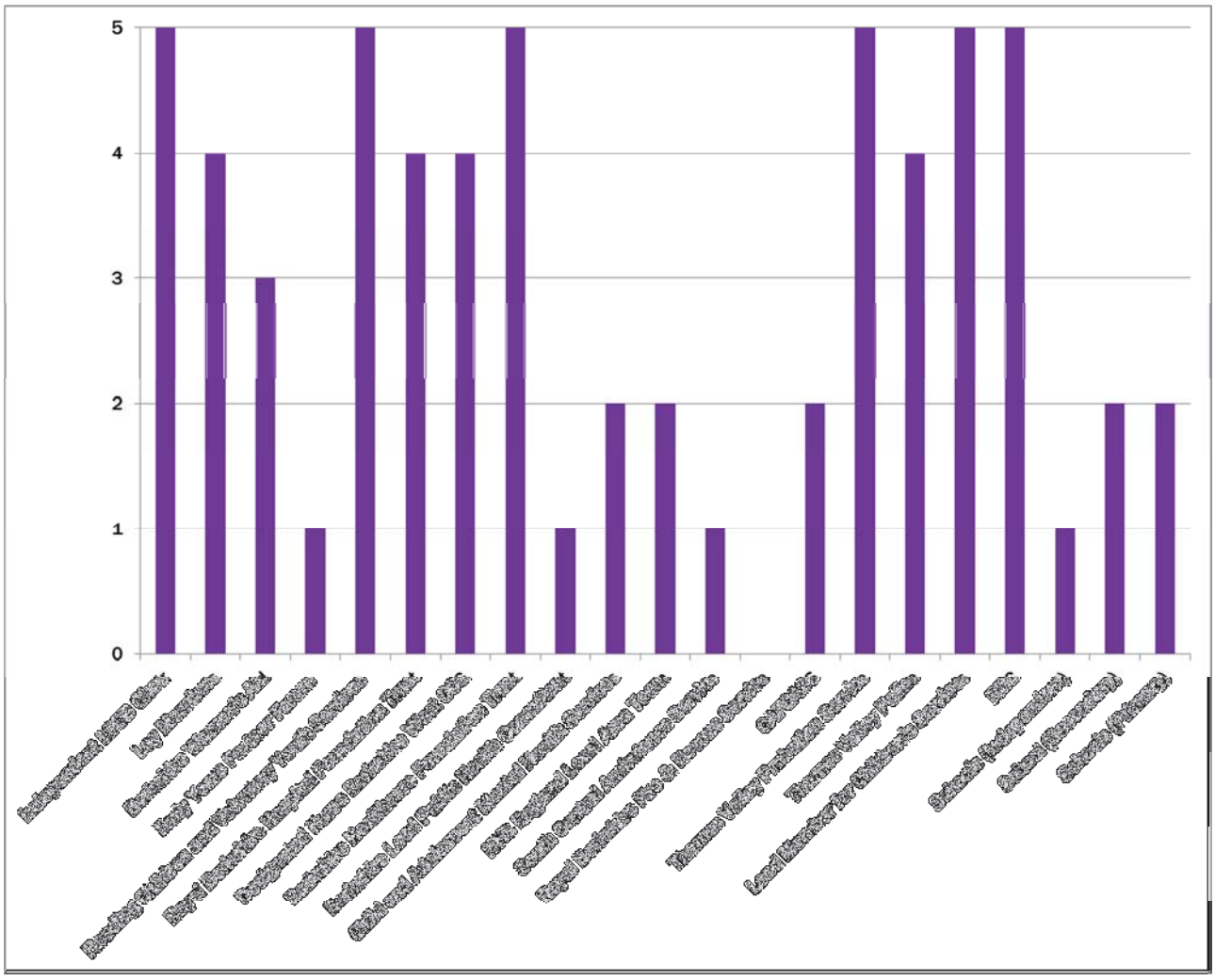


Membership/Attendance

LSCB members have a responsibility to attend all meetings and disseminate relevant information within their agency. Attendance at meetings is monitored to ensure attendance is regular and at an appropriate level. These records are presented to members on an annual basis as part of the LSCB's quality assurance process.

Attendance in Reading is generally good and, if a member is unable to attend, they are asked to send a deputy to ensure all messages are disseminated to each agency. Any lack of agency attendance is addressed directly by the Business Manager or escalated to the Chair.

Attendance figures by agency, based on five meetings held from April 2013–March 2014, are shown below.



In addition, the Designated Doctor and a representative from Adviza attend meetings once a year by arrangement.

Engagement with children and young people

Ensuring that the views of children and young people are heard is an important part of the scrutiny process for Reading LSCB. Below are some of the initiatives that have taken or are continuing to take place.

Children-in Care Council
The Children-in-Care Council have worked with the Independent Reviewing Officer (IRO) team to develop several pieces of work:

- They have developed a review sheet for the IROs to give to young people after their reviews to feedback about the review process – what was good, what was bad, and what not so good. These will be collected on a regular basis, and an overview will be posted online with feedback about what is going to be done as a result on the www.readingyouth.com website.

- They have supported an IRO consultation about the service. 18 young people in-care within Reading participated in the consultation, which included questions about whether they understood the role of the IRO and what they could do better. This has been taken back to the IROs to inform their practice.

- Finally, they are also undertaking work currently with the IRO team to develop a preparation sheet for young people to be used ahead of the review. This will help the young people to think about what they want to talk about in the review and to ensure that any ideas or concerns they have are discussed within the review.

Independent Reviewing Officer (IRO) Service
The IRO's are responsible for chairing Looked After Children reviews and a key element of their work is to ensure the voice of that particular child or young person is heard as part of that process. The Annual IRO Report explains that in the past year, 89% of children over the age of four years participated in some way to their meeting, either through attendance at the meeting (60%), by talking to adults who can convey their wishes and feelings to those attending the review or they can write something. There have also been a number of cases where the IRO has supported the young person in chairing their own review or setting their own agendas. This provides them with a real sense of being heard, being in control and develops transferable skills. Some of those that have chaired their review said of the experience:

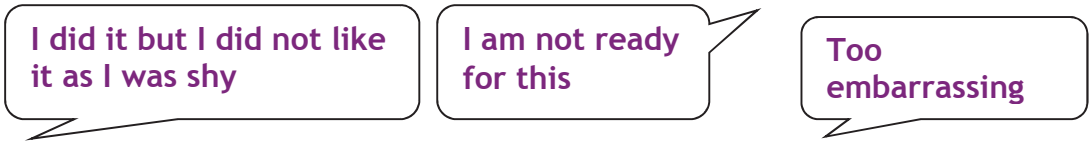
'It was good I loved it they spoke to me they made sure I understand them and yeah perfect'

'Yes I have and it was a lot quicker and I chose what to say in depth regarding my life'

'I have done it and I thought it was fun being in charge of everyone and making sure they are doing what needs to be doing'

'I did this in my last review, it was good to be included in the discussion, because I hate it when people talk about me behind my back'

Not all responses were so positive however, and maybe represent a need for more support for some young people to chair their review:



Impact:
Young people have more control over their own reviews and can ensure that their views and wishes are taken into account.

Youth Cabinet
The Youth Cabinet ran an event in October 2013, to which young people from a range of schools attended. This focussed on the topics of careers guidance, and mental health. The mental health section had a section dedicated to self-harm – the various types of self-harm were discussed, along with where and how to get support. The report from this event has been presented to the Children's Trust and members of the Youth Cabinet attended the LSCB Board meeting in January 2014 to inform a discussion on this topic. This had led to the planned addition of a question on acceptance of the Youth Cabinet manifest to the next round of its Section 11 returns from schools.

The youth-cabinet also discussed and fed back on a leaflet designed for young people to explain the signs of safety approach. As a result, changes were made to the leaflet.

Further information about the Youth Cabinet achievements can be found in the Youth Voice 2013 yearbook via this link: www.readingyouth.com/voice/

Impact:
Three Reading secondary schools have so far signed up to the Young Cabinet Mental Health Treaty. Pupils at these schools will now receive education and support around mental health and emotional wellbeing.

Royal Berkshire NHS Foundation Trust (RBFT)
RBFT have an ongoing participation programme to ensure that services for children and young people reflect their views and needs, plus those of their parents. This includes:

- Parent and child surveys are routinely given out and results are fed back to teams at ward meetings. This has led to improved communication regarding waiting times and a current piece of work on nursing and medical staff giving teenagers the chance to discuss their concerns without their parents present. Changes have also been made in the neonatal intensive care unit including refurbishment of parent spaces, new breast pumps and cots that allow parents more contact with their baby.
- A Youth Forum Task Group has been established to give young people a direct say in their services. This group is working closely with Reading Youth Cabinet.
- The first Patient Lead Assessment of the Clinical Environment (PLACE) has been completed using parents and children. Results are currently embargoed but an action plan will be completed. However one of the initial actions will be to look at age appropriate seating in a number of the areas assessed.

Impact:
Children and parents are able to influence the services they receive and the surroundings in which they receive them.

LSCB Business Plan

The current three year Business Plan 2014-2017 was agreed by members in March 2014. The Plan has multi-agency actions and represents work from most LSCB partners. The priorities addressed in the plan are:

Domestic Abuse - Children are safer because the children's and wider workforce can recognise the signs of domestic abuse

Child's Journey – Effective auditing and reviews make sure that the right child is in receipt of the right service at the right time in order to ensure effective early intervention

Health services will continue to deliver improvements in quality and performance in safeguarding children - Children continue to receive health services in a seamless and timely way

Core Governance and Monitoring - Children are safer in Reading because the LSCB is functioning well, is able to motivate member agencies to full engagement and is able to use all its reporting mechanisms to improve best practice in safeguarding children and young people.

The full Business Plan can be viewed on the LSCB website: www.reading.gov.uk/lscb

Effectiveness of safeguarding arrangements over the past year

LSCB

LSCB Achievements

- Hosting arrangements have been put in place for all sub-groups to improve communication links with LSCBs;
- Workshop on Serious Case Review models held March 2014 to consider the range of models available;
- Business planning session was carried out in December 2013 to identify priorities for the 2014-2017 LSCB Business Plan;
- LSCB member development session held with members in October 2013 on leadership and challenge, with a further session for Executive members in June 2014;
- Berkshire West LSCBs and Safeguarding Adults Partnership Board held their annual joint safeguarding conference in September 2013; the theme for the conference was Sexual Abuse;
- Raising awareness of child sexual exploitation amongst young people, parents and the wider community, through a LSCB and Thames Valley Police jointly funded project with performances of 'Chelsea's Choice' in Reading secondary schools.
- Reading safeguarding information updates emailed weekly;
- Child Sexual Exploitation (CSE) operational multi-agency sub-group established to address CSE locally;
- New CSE e-learning course launched for all LSCB partner organisations;
- Developed effective links with CCGs in their first year of operation; including reps for the LSCB and LSCB executive;
- Published threshold criteria and assessment protocol for Children's Services;
- Recruited successfully new lay members
- Berkshire wide lay members meetings held to increase awareness of the role and to network with others across Berkshire;
- Commissioned a presentation on the Serious Case Review of Daniel Pelka which was delivered to the LSCB and made available as PowerPoint for dissemination to all LSCB partners;
- Agreed a protocol between the Thames Valley LSCBs and the Sexual Assault Referral Centre; to improve communication and reporting;
- Task-group set up to take forward the intercollegiate recommendations Tackling FGM in the UK;
- Berkshire Child Protection Procedures have been updated in relation to recent guidance on CSE, missing children and safe staffing;
- A signs of safety model approach has been introduced to the front sheets submitted with each report to the LSCB to ensure achievements and challenges are easily identified, plus impact on children and young people;
- The Youth Cabinet presented issues surrounding mental health at a Board meeting which has led to actions being taken forward across agency, and the LSCB support of their Mental Health charter and campaign.

LSCB Challenges

- Developing an agreed dataset; agencies providing context and commentary to the data;
- Monitor police and GP attendance and reporting to Child Protection Conferences to ensure contribution is effective;
- Voice of the child – this issue is discussed at every Board meeting and impact is

requested as part of the front sheet but more work is needed to really hear the child's voice in the work of the LSCB;
- Ensure a section 11 return is completed by the local authority and any other organisations allocated to Reading LSCB by the pan-Berkshire Section 11 panel;
- Improve links with NHS England Local Area Teams and ensure they are fulfilling their Section 11 duties; including providing regular reports on the SARC.

Learning from Partnership Review – Child D

In September 2013, Reading LSCB commissioned a Partnership Review regarding Child D, a 15 year old child, who had been referred to Children Services aged 14 years following an allegation of sexual abuse. The Partnership Review focused on the serious concerns of sexual abuse that had remained hidden for several years in a child with emotional and behavioural vulnerabilities and learning difficulties and the complexities of working with uncertainty. The review explored whether sufficient support was offered Child D during her health care, schooling and general parenting which could have avoided the need for the most substantial level of state intervention having to be provided this close to her adulthood.

Summary of learning points

- The key finding has been the need to recognise that children sometimes attempt to alert adults they trust to the fact they are being, or have been abused, by their behaviour rather than verbally. Such behavioural clues are likely to be difficult to interpret, as the possibility of other causation must also be considered. To this end a clear planning process, using the different expertise of investigative and therapeutic agencies, needs to be in place.
- Addressing the variable pattern of cooperation with non-engaging families and young people needs to be explicitly thought through utilising the multi-agency safeguarding planning processes.

Strengths identified:

- Good understanding and use of CAF by Child D's primary school to secure a primary mental health worker and Children's Action Team (CAT) involvement to address Child D's anxieties about transition to secondary school
- Appropriate school support at both primary and secondary school to address Child D's learning difficulties
- Thorough diagnosis and liaison with medical specialists and CAMHS when Child D was admitted to hospital, and positive response from CAMHS to Child D while she was in hospital and written liaison with GP, education and CSC
- A very child centred and generally analytical CSC core assessment that also evidenced managerial oversight and supervision.
- Overall evidence of agencies communicating with each other.

Areas for improvement:

- Differences between the primary and secondary school perceptions of Child D's learning difficulties.
- Poor planning relating to ensuring multiagency expertise to interpret complex behaviours being included in the Core Assessment – this was particularly between CSC and CAMHS.
- Poorly thought out strategies to secure parental engagement, for example insufficient challenge to parents during the Core Assessment and failure to check directly with the neighbours (original referrers) the robustness of their concerns.

- No formal outcome meeting following the lengthy and complex assessment to establish a coherent and meaningful plan.
- Professional differences between CSC, CAMHS and hospital health professionals about how to respond to Child D when her behaviour became extreme following her disclosure of sexual abuse.
- The psychological assessment was conducted at a time when Child D was recovering from her breakdown and which gave a far more pessimistic view of her capabilities than was later to be assessed to be the case.

An action plan based on these recommendations has been created and is being monitored by the Reading Case Review sub-group.

Impact:

- **A bespoke training course for children's social workers on inter-familial child sexual abuse has been delivered and will be re-run later in the year. This course also highlights the importance and ways of working with non-disclosing young people where child sexual abuse is thought to be a factor.**
- **Children's Social Care will ensure that when it is clear that a detailed single assessment is required, a strategy or professionals meeting will be held with the involvement of partners, to plan the assessment. This should ensure the assessment includes multiagency expertise, to the benefit of the child or young person concerned.**

Partner agencies' safeguarding effectiveness

Reading Borough Council (RBC)

RBC has responsibility for a range of statutory duties relating to the safeguarding and protection of children and young people of Reading. RBC is a key partner in delivering services alongside other agencies to promote positive and safe outcomes for children and young people and their families and to promote resilience.

The number of Looked After Children reduced from 225 as at 31/03/2013 to 208 as at 31/03/2014 however nationally Cafcass report a 2 % increase in Care Proceedings as at June 2014 from the previous year.to The number of children on a Child Protection Plan also reduced marginally from 157 as at 31/03/2013 to 153 as at 31/03/2013. This is a reflection of both the impact of the Family Justice Review and working more efficiently and not an indication of a reduced level of work in the system. The Edge of Care Service has been effective in reducing the length of time children are remaining on Child Protection Plans. The number of referrals to the Assessment and Action Team has remained similar to last year and sharper focus will be given to cases stepping up and down the system to target resources most effectively. Single Assessment is well embedded in the Action and Assessment Team and the Signs of Safety Methodology is used across all teams.

Recent agreement for a dedicated Thames Valley Police (TVP) Resource for a Reading only MASH (Multi-Agency Safeguarding Hub) is welcomed and plans can now be progressed for this and determine whether Adult Safeguarding will be included in the MASH. There remains a continued and critical focus on Children in Need and ensuring services are

aligned to ensure this group of children receive an appropriately targeted service within a shrinking budget. The child's journey as they move between services will be a key feature in any developments for RBC and we will proactively engage with partners including the Third Sector to ensure best value in terms in cost and outcomes for families.

Significant multi-agency development alongside RBC is ongoing in respect of Child Sexual Exploitation and Children who go Missing and a jointly chaired panel with TVP is now in operation which considers both these cohorts with a recognition of the possible overlap for some children and young people. Learning will also be incorporated from Oxford and TVP's work on Operation Bullfinch which was set up to tackle CSE.

Work on allegations management by the LADO (Local Authority Designated Officer) has identified the need for awareness raising and training on safeguarding for some Madrassahs in Reading. The LADO and Detective Inspector, CAIU, have set up a working group to produce training leaflets and plan a series of learning events for Autumn 2014.

Teenage Pregnancy continues on a downward trajectory and consideration of using the LARC nurse is firmly embedded in practice especially at the Legal Planning stage of PLO.

Of the 13 Children's Centres under the new Ofsted Inspection 5 are rated as Good, 1 as satisfactory, 3 as Inadequate and 4 have not been inspected yet. Additional capacity through the ADCS sector led improvement programme has been used to review the Children's Centres delivery to inform future work and improvements. RBC has two registered Children's Homes for Children with Disabilities and these are both currently rated as *Good*.

The Adoption and Fostering Service has seen more activity this year and the challenge in finding suitable Foster carers and Adopters reflects the national position and RBC have entered into a South Eastern Consortium to collectively address this more strategically. Ensuring children and young in care people remain within or near Reading remains a priority as well as provision of sufficient and appropriate accommodation. There has been an increase of 6 children residing more than 20 miles from their home address and outside the Local Authority boundary. The features of these young people and their needs will inform future commissioning of placements. Private fostering numbers remain low at 5 and consideration by RSCB needs to be given to awareness raising of all agencies identifying and notifying this vulnerable group.

Domestic abuse is an ongoing issue in Reading, reflected by the fact it is now one of the LSCB priorities in the 2014 Business Plan. The Family Choices Programme has been commissioned through Berkshire Women's Aid for families affected by domestic abuse, offering support to the whole family. Support is provided via group work and 1:1 sessions, looking at parallel themes including - different forms of domestic abuse, the impact abusive relationships have on partners and children, and ways to resolve conflict in a non abusive way.

Referrals to the programme are received from a variety of sources, including Children's Social Care, Solicitors, Probation, GPs and self referrals. 51% of the perpetrators engaging had children subject to Child Protection Plans.

Last year in Reading 70 families were referred to the programme, including 65 children aged 5-18. Of these families, 74% of the victims and 47% of the perpetrators agreed to engage with support. Of the perpetrators engaging with the programme there was only a 1% repeat rate of reporting to the police within the year, which was corroborated through

contact with the victims. Going forward the group work with perpetrators will restart in September this year (currently the work is done on a 1:1 basis), and consider how to increase the rate of engagement with families still further.

Impact:
Feedback from those attending the programme suggests that families find it helpful in a number of ways. Perpetrators have commented on how the work undertaken has had a positive impact on their behaviour, highlighting increases in respect for their partners, with understanding of how to control anger and alternative non abusive ways of behaving. Victims have found the support particularly helpful in overcoming isolation through the opportunity to meet others with similar experiences. Learning how to identify signs and traits of Domestic Abuse has led to participants feeling more able to set appropriate boundaries within their relationship with their partner, and a subsequent improvement in relationships with their children.

A recent Young Carers Survey has taken place against a backdrop of an increase in this cohort and this will inform future service developments to increase the number of carers accessing short breaks. 421 children aged from 5 to 19 years have been identified as young carers in Reading. In 2010 this figure was 90 which represents a 467% increase in the identification of young carers over 3 years.

Impact:
By identifying a young carer we are able to alert any services they are already working with to be mindful of their situation, making them aware of the particular challenges faced by that child or young person. They may have support from services such as Family Workers or Youth Workers but crucially ensuring their school is aware can make the a key difference.

90 young carers are currently able to access the young carers clubs and this allows them to meet other young carers, have time away from being a young carer, be involved in activities and informal education such as cooking, arts and crafts, play, plus sessions on healthy eating, healthy relationships and professionals that come in to talk about a variety of subjects such as the illness that their parents or siblings may have.

Troubled Families has met the Government Target of identifying 345 families and next year's emphasis for this initiative will be on NEETS.

Quality assurance has remained a strong focus and has at its centre the *"lived experience of the child"* as well as embedding "*Signs of Safety* "as a consistent methodology. As at March 31st 2014 the service was rated as Amber against a benchmark of *Good* with no case audits highlighting immediate risk to children.

It is intended to link Performance information more closely with auditing activity in the coming year to target more effectively areas for additional scrutiny and influence multi – agency auditing activity.

RBC have not been further inspected by Ofsted. However, a Peer Review on Safeguarding in January 2103 found *"the ingredients to realise ambition and make further improvements"* present and no children were found to be at risk. Children's Services were seen to be a political and corporate priority with a committed Lead Member. Improvements in recording were recommended especially in how the voice of the child is captured within case records and supervision inconsistencies. A supervision survey has

recently been undertaken in response to this and results are pending. The recommendations from this and the previous Ofsted Inspection have been integrated into the current Service Improvement Plan.

There have been no Serious Case Reviews but a culture of reviewing cases as lessons learnt internally is promoted as good practice.

Statutory complaints to Children's Services saw a small increase of 6 from 77 in 2012/13 to 82 in 2013/14 and work is ongoing to ensure lessons from complaints are incorporated in practice and service development.

Children's Social Care has seen a higher turnover of staff and an increase in Agency Workers and a renewed focus on Recruitment and Retention will be a priority within the next six months as a stable workforce is critical to delivering a quality service and sustainable relationships with families.

The focus on young people who are NEET has continued to have a positive impact in reducing the level to its lowest level in several years. At the same time Reading has been able to keep the percentage of the population 'not known' at the lowest level in the South East. The ending of the pan Berkshire 'Raising Participation Partnership', the level of authority budget reductions and the transfer of statutory responsibility for IAG (Information Advice and Guidance) to individual schools will make it hard to maintain the focus on the 'not known' cohort – by definition the most vulnerable as they are not in education, employment or training.

Impact:
By working to ensure we know who these particularly vulnerable young people are and enabling them to access employment, education or training, this improves their life chances and reduces safeguarding risks.

In line with the Children and Families Bill 2013, by 1st September we will have in place the Local Offer and the Education Health and Care (EHC) Plan with its accompanying statutory requirements. We will also have a common assessment format that is objective lead.

Impact:
The Children and Families Bill radically rethinks the relationship between practitioners and families. It requires professionals to work in partnership as true equals during the process of sharing knowledge, identifying aspirations for the children and families, identifying provision to meet those aspirations and generating SMART outcomes. As a result of the consultation on the current SEN arrangements partners are already working closer together and forums for families have been established.

Key priorities for the coming year:

- Recruitment and Retention
- Implementing budget reductions
- Workforce Strategy
- Embedding the Early Help Strategy
- MASH development
- Foster Carer and Adoptive Parent recruitment

- Strengthening Performance management to include Early Help
- Care Planning and sufficiency
- Joint commissioning
- Partnership working
- Professional Practice
- Maintain focus on those vulnerable young people who are not in education, employment or training
- Implementation of the statutory requirements built into the Children and Families Bill
- Complete and circulate the SEN Action Plan and establish an operations group to carry out the actions.

Children and Family Court Advisory and Support Service (CAFCASS)

CAFCASS Achievements

- The proportion of open public law care cases allocated to an appointed Children's Guardian is currently 100% (against a target of 97%) and this target rate has been achieved in each of the last 12 months in Reading;
- The current timescale for allocation to an appointed Children's Guardian for a public law care application is less than a working day (against a target of 0-3 days on average);
- The current public law care application duration is 36 weeks in Berkshire on average and is the lowest for at least 12 months;
- Proportion of open private law workload allocated to a Family Court Adviser is currently 100% for Berkshire (against a target of 97%);
- Percentage of Section 7 reports that meet the agreed filing times is currently 100% for Berkshire (against a target of 97%);
- Time taken for private law reports to be filed in Berkshire is currently 12.8 weeks on average. This compares to a national average of 11.8 weeks;

CAFCASS Challenges

- Impact of Public Law Outline and the Child Arrangement Programme in Private Law have led to significant structural and operational changes across the area as well as nationally. The LSCB looks to see CAFCASS reach at least the national average for filing private law reports.

Thames Valley Police

Police Achievements

- Unprecedented record low of all crime in Reading, 999 fewer victims year on year.
- Multi agency working on CSE locally. As a result of the excellent partnership arrangements, Reading is now in a strong place to safeguard children and to work to reduce the risk of child sexual exploitation, targeting perpetrators and supporting the victims. Planning in place to combine Operational CSE & missing children meetings to maximise opportunity for risk identification and safeguarding.
- Partnership arrangements have been agreed to allow agencies to better identify and help victims who are repeatedly victims of domestic abuse even though the victims often avoid engaging with the police and other agencies. These arrangements will help

prevent children from being witnesses or suffering from domestic abuse.
- Partners have agreed a new MASH proposal for Reading. Project board being set up to deliver this vision ASAP.

Police Challenges

- Increase in workload due to a rise in number of child protection cases and the need for the police to be involved in all initial child protection conferences.
- Introduction of new, combined, IT system (April 2014) presents short term challenges around reporting, but in longer term will improve data collation and sharing.
- Improvements in risk assessment by police of domestic abuse cases are still needed.
- Recent HMIC inspection of how we manage Child Protection and Child Sexual Exploitation – will be reported on with recommendations later in 2014.

Berkshire West Clinical Commissioning Groups (CCG)

CCG Achievements

- The CCGs have been in existence for 12 months and have ensured safe systems have remained in place during this challenging year;
- A Berkshire West CCG federation has been developed by the four CCGs that span the Berkshire West area to share safeguarding activity;
- In January 2014 the CCGs successfully recruited to the post of named nurse primary care. This new role has been developed to support GPs in their safeguarding work and to encourage the contribution of GPs to the child protection conference process;
- Services commissioned by the CCG are required to complete an annual self-assessment of the organisations safeguarding activities, with an action plan agreed if deficiencies are highlighted;
- A pan-Berkshire Safeguarding Committee has been established and meets four times a year to address safeguarding children and adult issues, to review action plans from, serious case reviews, and share information and learning about safeguarding matters at a senior level;
- The CCG continues its duty to ensure that there is senior representation from the CCG at all LSCB meetings and its sub groups.

CCG Challenges

- Completion of Section 11 audit as commissioners of health services.
- Although the named nurse primary care is now in post to support GPs in their safeguarding work, more work is required to encourage the contribution of GPs to the child protection conference process;

Berkshire Healthcare Foundation Trust (BHFT)

BHFT Achievements

- Training compliance remains above target across the organisation
- Provider of interagency training sessions and forums
- The services continue to develop and embed best practice measures through the Service Improvement Groups (SIGs)

- Communication pathways have been agreed and embedded into practice across both the children's and adult agendas
- Development of regular interagency meetings and on-going links with external agencies
- Widely respected representative and active member of LSCB subcommittees across BHFT; ensuring robust advocacy of BHFT
- Contribution to LSCB Reviews
- Leadership of the Quality Assurance LSCB subgroup ensuring good interagency audits are commissioned as agreed with the LSCB
- Wide usage of the patients views to inform the service delivery
- Increased communication across BHFT; intranet site established and two newsletters published
- On-going monitoring of Section 11 Audit
- Visible and active promoters of dissemination of actions from 4 serious case reviews and integration into practice
- Child Protection clinical supervision policy published and practice standardised
- Domestic abuse policy reviewed, and new lead recruited
- Audit of new case conference report template completed
- All appropriate members of staff have received specialist safeguarding training in addition to mandatory/statutory requirements
- Production of quarterly safeguarding data and the development of safeguarding dashboard agreed and completed March 2014
- Partnership working with Local authorities and LSCB have increased across the team
- Promotion of LADO and a central point of contact within the safeguarding children team to record all LADO enquires
- Supported services and clinicians in external and internal investigations
- Completion of the internal Child protection audit and development of an action plan to ensure the services remains safe and compliant
- Completion of quarterly and annual LAC reports evidencing improving quality and timeliness of health assessments
- Evidence of good safeguarding, record keeping, and interagency working to protect children reported in the CQC review undertaken in February 2014
- LAC audits completed both internal and external. Clear evidence of improving practice with partner agencies increasing compliance to the National Standard.
- An active member of the corporate parenting panel and other safeguarding forums, including FGM and Domestic Abuse
- Implementation across BHFT health for data reporting for the LSCB by introduction of the score card.

BHFT challenges

- Embed and continue good practice
- Increase provision of targeted training
- Ensure targeted training is 85% compliant end March 2015
- Ensure single agency training is 95% compliant in 2015
- Implement a new evaluation outcome tool for internal training
- Continue to be a strong and active representative on the LSCB

Royal Berkshire Foundation Trust Hospital (RBFT)

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. It received a "good" for its Children's Services in the Care Quality Commission review published in June 2014.

Achievements

- The Trust was inspected by the Care Quality Commission in March 2014, published June 2014. The paediatric services were assessed as "good" across all 5 domains of safe, effective, caring, responsive and well led.
- Training – for the previous 3 years 95% of staff had received level 1 child protection training and 72% have received level 2 child protection training.
- Children who are on a child protection plan are now flagged on the RBFT electronic staff record system. There is a plan to flag Looked After children in a similar way to alert staff to these vulnerable children when they present to our departments.
- The RBFT actively listens and engages with children and young people and their families. We have surveys for children admitted to the day wards and attending clinics and views of children are sought through the use of stories and poems.
- The RBFT has a Health for Youth team who are actively engaging with young people from the community to explore and comment on the services that we offer.
- The Royal Berkshire Hospital ensures that there is senior representation on all the LSCB forums and sub groups and actively engages with the LSCB.

Challenges/Priorities

- Level 3 child protection training: 36% of staff had received their level 3 child protection training as of June 2014. It is forecast that 85% will have achieved the level 3 by the end of October 2014.
- There is a national shortage of tier 4 CAMHS beds which has led to children with mental health problems being admitted to the general paediatric ward. This is being explored at a commissioning level. In the meantime, children are assessed and a 1:1 mental health nurse is sourced as needed. There is a senior CAMHS nurse starting work at BHFT who will work with the paediatric ward to support staff to care for these children.
- Transition for all children is a challenge. In light of the Children and Families Act a Trust Wide project on transition will scope the services for children and young people and an action plan will be developed.

NHS England Local Area Team

The Thames Valley Area team has an oversight role across the Buckinghamshire, Oxfordshire and Berkshire NHS System. We work with partners to oversee the quality and safety of the NHS and promote patient and public engagement. The Nursing and Quality Directorate in the Thames Valley Area team holds the responsibility for safeguarding (both adult and children).

Achievements

- The Directorate has worked to ensure that safeguarding has become embedded in all aspects of the Area team's work. Safeguarding is a key element when ensuring the

quality of services, patient safety and patient experience.
- We have worked to ensure safeguarding is included in all Clinical Commissioning Groups business plans.
- We have secured funding for Named GP / other professional model in line with recommendations in the NHS safeguarding Vulnerable people Assurance and accountability framework.
- We work closely with CCG Directors of Nursing and Safeguarding Leads to identify safeguarding themes.
- Quality Assurance Group - this group was developed as a mechanism for the Area Team to share quality intelligence across the clinical and commissioning directorates. Any local issues are escalated to the QAG in a co-ordinated way, rather than working in isolation.
- Working to ensure all local areas have a suicide prevention plan in place.

Priorities for 2014/2015
- Primary care undertake a comprehensive audit of safeguarding training across Primary care
- Work with commissioners to via the Strategic Clinical Network to improve the CAMHS pathway across Berkshire
- Work with key partners to implement the finding from the CSE skills and knowledge audit
- Deliver the Learning Disability pathway programme

Schools

School Achievements
- Most Reading Secondary Schools presented the Chelsea's Choice production to pupils, which has proven highly successful in raising awareness amongst young people of the issues surrounding CSE.
- So far, three Secondary Schools have signed up to the Youth Cabinet mental health treaty (see page 14 for more information).
- A fair access protocol is well established for Secondary Schools across Reading which ensures that pupils who have been, or are at risk of exclusion, or are leaving the pupil referral unit, are quickly allocated an appropriate alternative school place. All the schools have engaged and proactively taken on young people who may otherwise have not been as well received into a new placement.
- The Primary Schools, with the Local Authority, are working to reduce fixed term exclusions (FTE). A new post from September within the Local Authority, the Virtual Head for Children on the Edge of Education, will focus on helping schools particularly with this issue.

Impact:
Since the start of calendar year 2013, the Local Authority behaviour services and equality services teams have been following up each incident of FTE for a child of mixed white black (MWB) heritage or a pupil with repeat FTE. This challenge has seen a significant reduction in the number of such incidents in the vast majority of schools. At the end of December 2013 the rate of MWB pupils was below the representative population rate.

School Challenges

- All schools must complete a Section 11 audit.
- Ensure engagement with the LSCB and attendance at Board meetings via appointed representatives.
- All school staff to be aware of emerging issues such as Child Sexual Exploitation and Female Genital Mutilation plus be mindful of particular family situations such as private fostering arrangements and young carers.

Youth Offending Service (YOS)

YOS Achievements

Performance:

- First Time Entrants to the Criminal Justice system continue to reduce, outperforming the average reduction for England and the SE region
- Re-offending rates have reduced by 8.7% against the corresponding period the previous year. This is significantly better than the average for England (0.4%)
- Reading has sustained the low numbers of custodial sentences for the last four years. A focus on engagement ensures that the opportunity for young people to succeed in completing a community penalty is maximised.

Intervention planning, transitions and workforce development have all been key areas of work within the service with positive results. Reading YOS continues to provide its team members with a positive working environment and a culture of support and learning. The team maintains high levels of staff retention and where vacancies arise, the posts attract high levels of applicants – enabling the YOS to select excellent new practitioners.

Improving the way we work with 'difficult to engage' young people to reduce the use of custody for this group has also been a key theme. This has involved internal and external scrutiny of relevant cases and the development of Engagement Panels to enhance engagement with the critical few, as well as implementation of measures relating to the overall work of the YOS.

YOS Priorities

- Continued focus on the three National Indicators (above)
- Continue to embed a whole family approach to planning and intervention
- Ensuring YOS remain up to date with current practice in Probation following the recent huge changes to the service, both to support service users transitioning between the Probation Services, and to learn from Probation Service's experience of this transition.

Thames Valley Probation Service

Probation Achievements

- All new staff attend Child Safeguarding training and all current staff attend refresher training on a regular basis
- A successful Joint Inspection of safeguarding procedures took place in August 2013 with an action plan in place and completed for any areas requiring improvement.

Probation Challenges

- The Government's Transforming Rehabilitation programme is now taking effect with the forming of two new organisations National Probation Service and Thames Valley Community Rehabilitation Company from 1 June 2014. The two organisations will ensure that safeguarding matters continue to be a priority and both will be represented at LSCBs to maintain the sharing of best practice
- To ensure that both organisations work effectively with the wider local partnership so that children and young people affected by the imprisonment/offending of a parent or carer are supported.

Voluntary Sector – represented by Reading Children and Voluntary Youth Services (RCVYS)

2013/14 has been busy year for RCVYS with regards to safeguarding, and has been dominated by the implementation of the new Disclosure and Barring Scheme (DBS) Disclosure process, and ensuring that as much of the voluntary sector as possible get to know about the changes, and can implement them in their organisation.

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 resources continuing to be stretched, we have reached the day when a programme of face to face training is unfortunately no longer available in Reading. This means that it is now very difficult for VCF sector groups access any safeguarding training at all.
- Reading Early Years Providers' Forum have continued to highlight and campaign for the importance of appropriate and accessible safeguarding training to the Early Years Workforce.
- Not all VCF sector groups have the necessary skills and experience to be able to deliver the appropriate level of training in-house, and the absence of face to face training is a matter of concern moving forward.
- To try to address this issue, RCVYS has continued to work with the RBC Workforce Development Team to offer a further Universal Safeguarding Children Train the Trainer course, with a further 12 people from 10 different organisations being trained to deliver the Berkshire West half-day Universal Safeguarding Children Training, which takes the total number to 43 trainers.
- 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, 17 more people from 13 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 in partnership with Reading Voluntary Action and Barnabas Fellowship of Churches to deliver 8 interactive workshops to support Voluntary Sector Groups in Reading to implement the new Disclosure and Barring Service (DBS) process into their organisations. 127 different individuals attended these workshops and now feel confident in their new responsibilities.
- RCVYS has been selected as an Ambassador for Safe Network, the national safeguarding unit for the VCF Sector, which is run by the NSPCC and Children England.
- RCVYS have continued to have a regular presence on the Child Sexual Exploitation

Meetings which are taking a strategic lead in working towards reducing the prevalence and effects of organised crime against children in the Reading area.

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.
- Endeavour to run a further Universal Safeguarding Children Train the Trainer courses to build the capacity of the local VCF sector to support itself.
- Seek funding to deliver a series of Safeguarding Training courses with other VCF Sector networks to meet the local demand. This is anticipated to include Designated Persons Safeguarding Training, DBS Workshops, and some specialist workshops for specific groups.

Voluntary Sector Challenges

- 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.

Sub Groups and Task Groups

LSCB Sub-Groups undertake significant work to meet the LSCB's responsibilities. Some of these are co-ordinated across Berkshire or Berkshire West.

Child Death Overview Panel – Berkshire

In Berkshire as a whole, there was a 28.8% reduction in reviewed deaths from 80 in 2011/12, to 57 in 2012/13. This reduction in 2012-13 was fully investigated and coincided with a reduction in the numbers of multiple births that year, which are known to carry an increased risk related to low birth weight. It is difficult to attribute causes for the reduction however the panel took consistent action to promote;

- neonatal reviews and thematic risk factor monitoring
- the 'one at a time' message for those undergoing IVF treatment
- a consistent set of recommendations for 'safe sleeping' – which all agencies adopted.

It is pleasing to note a similarly low number of deaths has been sustained in 2013/14 and a total of 59 child deaths have been recorded and 42 reviewed. Of these, 15 deaths occurred in Reading, of which seven deaths have been reviewed in year 2013/2014 and one death reviewed that occurred in 2012/13. An out of area case where death occurred in Reading was also reviewed and lessons learned were shared.

Although child deaths in Reading were statistically higher than the England average in the period 2008/9 - 2011/12, since then there has been a consistent reduction in the number of neonatal deaths - the numbers are however very small. In accordance with the plan a genetic conditions working group has been established to improve awareness of prenatal diagnosis and share the learning from the Bradford community learning project.

There have been five unexpected child deaths requiring rapid response in 2013/14. Three in October; one in December; one in February. An additional rapid response meeting was held unnecessarily in October for an unexpected perinatal death where the child was still under medical supervision, this case is awaiting an inquest later in the year. The October 'cluster' of four rapid responses were analysed at the time and found to be an anomaly, there were no themes. One child had a long term condition, one was the perinatal death described above, two were deaths that occurred in previously well children, and both were considered by the Reading SCR subgroup due to current or previous children's social care involvement but did not reach SCR or partnership review thresholds.

Priorities/challenges for 2014/2015:

- Work on genetic conditions that began in 2013-14 will continue in 2014-15 and an evaluation will inform wider county approaches.
- Reducing rates of neonatal deaths remains a priority. Infections are more common in neonatal deaths where the child is born with a low birth weight and risk factors in the household such as smoking may be contributing factors.
- Accidental deaths and in particular drowning accidents are preventable and the panel recommend use of the Health and Safety Executive swimming pool accident guidance available at http://www.hse.gov.uk/pubns/books/hsg179.htm
- Clarity concerning precedence of Rapid Response and other statutory processes e.g. Sec 47 child protection enquiries and criminal enquiries for all agencies and in particular for frontline practitioners will be addressed with a Berkshire wide review of Rapid Response Guidance that will include new flow charts and check lists to promote consistency.

Performance Group – Reading, West Berkshire and Wokingham

The performance sub group is a multi- agency group with members from Reading, West Berkshire and Wokingham LSCB agencies. The terms of reference are to provide a multi-agency challenge to an agreed set of performance indicators across a range of subject areas. The past year has seen an extensive review take place on defining a new set of performance indicators. This was initially in relation to the Munro review and a new Ofsted performance framework and more recently in relation to the QA framework developed by the south east regional LSCBs and adopted locally.

Towards the end of 2013 Wokingham LSCB requested to join this sub group making it Berkshire West and enabling a greater peer challenge to take place.

Challenges

- Multiple datasets and inadequate data submitted to sub-group for scrutiny. New draft dataset agreed, which will feed into a pan Berkshire dataset.
- Data provided is often without targets or benchmarks and often without commentary; sub-group members are at a loss to know what to make of some data items. It is intended that a new agreed pan Berkshire dataset and guidelines for submission should overcome this challenge.
- Membership of the sub group and attendance of all members to quarterly meetings to enable a wider and effective scrutiny and of data is still a challenge. Approving reviewed TOR and membership should address this challenge.

Policies and Procedures Group – Berkshire

The Berkshire-wide child protection policies and procedures are published online. The Policy and Procedures Group ensures they are regularly updated by reviewing research and central government guidance on the protection of children, along with issues arising from serious case reviews and acting on feedback from workers on the translation of policies, procedures and protocols into practice.

Changes over the past year have included a revised chapter on Safe Recruitment, Selection and Supervision of Staff, a new chapter on Allegations against Staff, Carers and Volunteers and a new chapter Safeguarding Foreign National Children who go Missing. The chapter Missing Child, Adult or Family is currently under review to reflect the new statutory guidance: Children who run away or go missing from home or care January 2014.

The group continue to work closely with TriX who provide the procedures on our behalf. The contract with Tri X for delivery of the on-line procedures was extended for 12 months.

Challenges:

- It did not prove possible during the year to secure representation on the sub-group from Education. This represents a significant vulnerability in the development and take-up of the procedures
- Cross-authority variations - The sub-group acknowledged variations between Threshold and Eligibility criteria for the six authorities, presenting challenges for partners who work across the county.

- Child Sexual Exploitation - The development of a single CSE Indicator Tool across the six authorities has proved to be challenging, with a number of variations proposed. Slough and TVP have worked closely together to develop a suggested draft for further consideration and decision.
- Monitoring use of the on-line procedures - The group identified that previously available data reporting about system uptake had not been sustained. It is very important to be able to identify which professionals are accessing the system as well as any agencies that are not consistently using the resource.

Quality Assurance Sub Group - Reading

The role of the Reading Quality Assurance Group is to support LSCB partners, and the wider Reading Children's Workforce, to continue to improve outcomes for vulnerable children through a selected multi – agency safeguarding audit and reporting programme. The Quality Assurance Group meets every quarter to agree the audit programme and review outcomes from partner and single agency audits.

The audit programme covers key areas of safeguarding; audits carried out include case audits and sample studies. Partner agencies are also asked to contribute and bring to the group audits they have completed in their own agency. Membership of the QA group has seen a drop in attendance by some partners. The chairs of the three quality groups in West Berks, Reading and Wokingham have met twice to develop a core programme of audits, this will not only provide consistency across the three areas but also build capacity by sharing audits across the area, this is particularly relevant for those agencies that sit on all three groups. Recent audits include the health of Looked After Children and pre-birth assessment.

Maintaining membership by all partner agencies and ensuring there is capacity to carry out multi-agency audits are on-going challenges.

Impact:
The health of Looked After Children audit 2013 identified that many of the findings of the previous audit in 2012 had been addressed. This included streamlining the process for notifying and organising a health assessment and ensuring that Health Care Plans are reviewed at LAC Reviews. Both ensure that Looked After Children receive a better and more prompt service and that their health needs are noted in their reviews.

Section 11 Panel – Berkshire

The Section 11 Panel meets regularly to oversee the Section 11 process for all Berkshire statutory and voluntary organisations and to support improvement.

The panel now has an **ongoing** role in improving the self-assessment process for organisations. The panel has a new remit to:

- Receive and evaluate the three year S 11 self-assessment audits
- Monitor progress against the action plans at a mid-year (18 month) point
- Review and improve the process of submission and reporting, so it is more inclusive and enables discussion and learning

- Ensure the self-assessment template is adapted and improved according to policy and local developments, such at the LDD sub group

The panel achieved the following:

- Membership renewed for Thames Valley Police
- Lay member joined panel
- New terms of reference adopted
- New mid term review process agreed and implemented
- New relationships and membership developed for the NHS Local Area Team and the CCGs
- S 11 full self-assessment received on 10 organisations
- Strengthened safer working practices established, for volunteers in a number of organisations
- Supporting organisations' capacity to capture measureable evidence of compliance, which supports CQC and Ofsted readiness
- Introduced a culture of supportive challenge and ongoing development, rather than a one off ,'task done' approach

Challenges

- New commissioning arrangements in health, leading to lack of clarity for best process for tertiary services (eg SARC), primary care, and health providers
- Next step – CCG West have established a full S 11 assessment process for health providers, and are keen to bring evidence of assurance to the panel. Potential for pan Berkshire health sub-group and for consistency across Berkshire.
- LAT to bring own SARC assurance to panel June 2014.
- Ensuring equity and consistency in Section 11 reports from local authorities.

Case Review Group - Reading

The Case Review Group considers any serious incidents and makes recommendations to the LSCB Chair about whether the criteria for a Serious Case Review (SCR) are met. When a SCR is carried out, the Group agrees the review model to be used and manages the SCR process. No SCRs have been conducted in Reading over the past year, however a partnership review was undertaken and the lessons learnt have been widely disseminated to staff and an action plan is in place (see page 18 for more information).

The Case Review Group also meets regularly to review local and national SCRs. A Learning and Improvement Framework sets out how all agencies working with children should reflect on the quality of their services and learn from their own practice and that of others, creating a culture of continuous improvement.

Over the past year, the Case Review Group has considered a number of SCRs carried out in other areas, including several high profile reviews. A presentation on the Daniel Pelka SCR was commissioned by Reading, Wokingham and West Berkshire LSCBs to outline learning from the case, including issues around professional communication and practice issues for all agencies involved. The group continues to identify learning and notifies specific groups of relevant SCRs; for instance the East Sussex SCR (Child G, published December 2013) was sent to all schools to ensure they were aware of lessons learnt and good practice.

Impact:
The Daniel Pelka presentation was delivered to the Reading LSCB at the Board meeting in January 2014. The Board felt that it was moving but also useful and interesting in terms of the lessons to be learnt. Each agency has taken this presentation (with notes) and disseminated it to staff.

Training Group - Berkshire (West and East)

The Training Group is accountable to the six LSCBs across Berkshire and ensures access to appropriate multi-agency training. Universal safeguarding training remains the responsibility of each agency represented on the LSCB.

The LSCB Training Group produces a multi-agency programme designed to cover key safeguarding subjects. Over 50 LSCB multi-agency courses have been provided across Berkshire in 2013-2014 covering a wide variety of subjects, including children with disabilities, safer care for children with parents with mental health, domestic abuse, disguised compliance, e-safety, child sexual exploitation and substance misuse. All of the courses have been in accordance with, and based on, the six LSCB business plans and agreed priorities. The overall evaluation of courses and attendance has been positive. The representation for multi-agency has been maintained; however, the group has raised concerns about some partner agencies' representation on courses.

To ensure training meets the desired objectives and is effective, the courses are quality assured, usually by a member of the Training Sub-Group. To measure the impact, competency questions are asked on the evaluation forms and, on a sample of courses, a follow up telephone call is made to find out what difference the training has made.

The introduction of the Learning and Improvement Framework agreed across Berkshire, and included in the Berkshire Child Protection Procedures, has improved dissemination of learning from reviews; this is now a standing item on each Strategic Training Group agenda, where key messages from reviews in each of the LSCBs can be shared

Achievements to date:

- Observation guidance developed to monitor the quality assurance of training.
- Work undertaken with the Section 11 Panel to identify gaps in agency training or refresher training. Section 11 panels agreed an amendment to the S11 self-assessment tool to request that agencies provide evidence of their training strategies and comments on training compliance in relation to issues of diversity.
- E-learning packages continue to be reviewed but use of these lies with the relevant organisation.
- Kwango e-learning safeguarding training has been updated in line with Working Together 2013.
- Safeguarding Training pathway has been produced, for adults and children's services staff.
- Joint meetings held with Berkshire East and Berkshire West Training Officers to produce the East and West LSCB Training Programmes.
- Managing Allegations identified as a need amongst practitioners and training courses arranged in the East and the West.
- Evaluation of training for LSCB courses and outcome audit completed.
- Review of LSCB Training Sub-Group work plan.
- Launch of CSE e-learning training was agreed by 5 of the 6 Berkshire LSCBs. This has been disseminated and used widely. The remaining LSCB has made suitable alternative arrangements.

Challenges:

- CSE Training Pathway – there has been a challenge in ensuring all relevant agencies are attending the meetings arranged in order to progress this.
- Concerns in relation to partnership participation on the Training Sub-Group have been raised annually and there is still a significant gap in the contribution of some LSCB partners to the group. Work has been carried out to try and improve this but to no avail. The Training Group continues to have no representation from Police, Housing or Probation. Historically and currently, information is received from Probation and TVP and the group have linked with the Section 11 Panel to obtain more information. We understand and acknowledge the resource pressures for services; however, absence of physical representation at the group from these sectors has been a long standing issue. The RiP Ensuring Effective Training a briefing for LSCBs publication identifies the need for LSCBs to evidence within inspection that "*opportunities for learning are effective and properly engage all partners*". This is currently not being achieved by the absence of significant LSCB partner agencies.
- There remains an issue with TVP accessing multi-agency LSCB courses across Berkshire. This has been escalated to the Berkshire LSCB Chairs. Police attendance at multi-agency courses also varies nationally. It is worth noting that the police do provide in-house training, including specialist areas, which they could benefit from opening up to other agencies to improve multi-agency practice.
- Receiving data in a co-ordinated way from the operational team to the strategic group in a timely manner has proved to be a difficulty for the group at times.
- Monitoring of single-agency training is a requirement of the LSCB's and additional resources will need to be identified to ensure this function is carried out sufficiently by the Training Sub-Group.
- Many of the tasks required of the Training Sub-Group are resource intensive, including the Training Needs Analysis and outcome evaluations. Adequate resources need to be identified.
- Some agencies are providing their own specialist single-agency safeguarding training e.g. Local Authorities for their social work teams, Probation and the Police, but these courses are not currently being offered to a multi-agency audience. There could be an opportunity for more co-ordination of these courses if the agencies bring them to the attention of the Training Sub-Group. Otherwise, there is a missed opportunity for all practitioners to learn in a multi-agency context.
- Keeping Safe – new DfE guidance for schools, does not mention the three year refresher period; as the sub-group has agreed this as a standard, members will have to work with schools to ensure this stand is met.

Task and Finish Group - Children with disabilities - Berkshire

The role of this time limited group was to review current guidance for safeguarding disabled children in line with local context for Berkshire and make recommendations to the Berkshire LSCBs to ensure that thresholds for protecting disabled children are rigorously applied. This subgroup has now completed its work, made its final report to the LSCBs and an action plan is in place.

Conclusions

The LSCB has been effective in challenging partner agencies over their roles and responsibilities as members of the LSCB. This has been demonstrated through development sessions held on leadership for all LSCB members and two sessions for executive members, one on challenge and one on SCR models.

Whilst board attendance is good, better consistency in attendance is needed, in particularly through the engagement of the NHS Local Area Team.

Agencies are under significant pressure, with rising numbers of vulnerable children needing services, and the LSCB has a key role ensuring partners continue to work together effectively.

Locally and nationally there has been a significant increase in the workload of Children's Services driven by changes in demography, increased expectations in relation to the quality of services, responses to specific issues (e.g. Child Sexual Exploitation) and a series of high profile child death tragedies. In the local context this has led to a significant increase in workload.

A positive development has been the inclusion of young people attending LSCB meetings. This provides an opportunity for members to hear first-hand the views of young people, for the young people to talk about how services have worked for them, and for LSCB members to consider how to respond to the concerns they raise.

Lay members provide an objective view and bring insight to board meetings. Six- monthly network meetings are held across the Thames Valley area providing an opportunity for them to meet and discuss their role. As part of this, statutory partners attend to give talks on their agency. To date these have included Thames Valley Police, a representative from the CCG and a planned presentation from Probation. As their role has become embedded, lay members are now sitting on and chairing some LSCB sub groups.

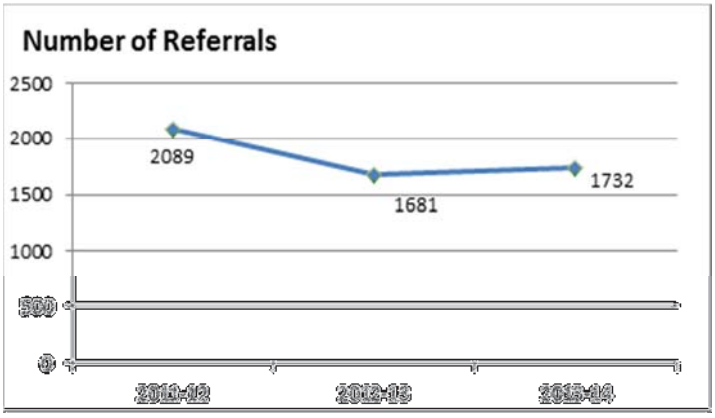
Looking ahead, the challenges that face the LSCB are:

- An increasing number of children with child protection plans and rising numbers of looked after make it crucial that LSCB partners and their agencies work together effectively to address the needs of these vulnerable groups;
- Views of children and young people are taken into account when planning services;
- Continued involvement of young people at LSCB meetings;

Appendix A – Data relating to the child's journey through children's services and three year analysis

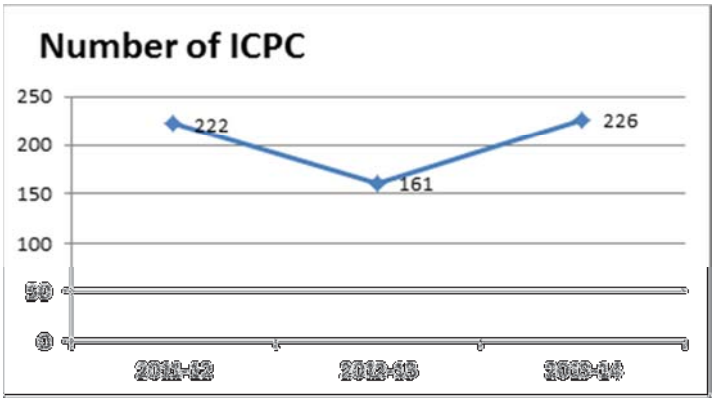
Number of referrals rose in 13/14:

Number of Referrals to CSC	
YEAR	No of Referrals
2011-12	2089
2012-13	1681
2013-14	1732



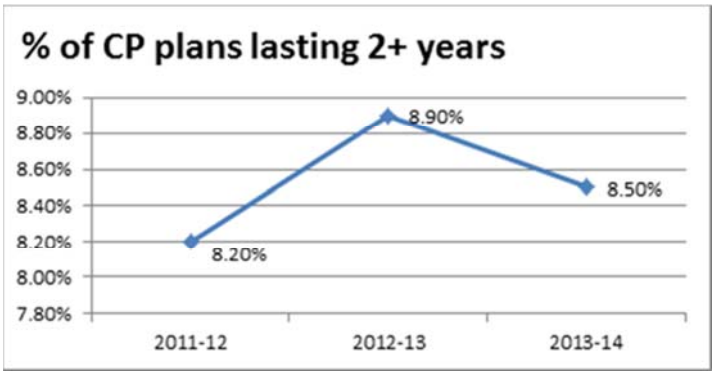
The number of ICPC increased in 2103/14:

ICPC	
YEAR	Number of ICPC
2011-12	222
2012-13	161
2013-14	226



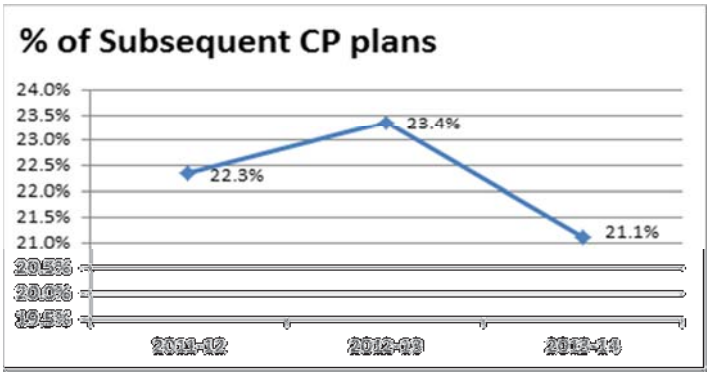
The percentage of CP plans lasting 2 years plus dropped in 2013/14:

CP plans lasting 2 years plus	
YEAR	Percentage
2011-12	8.2
2012-13	8.9
2013-14	8.5



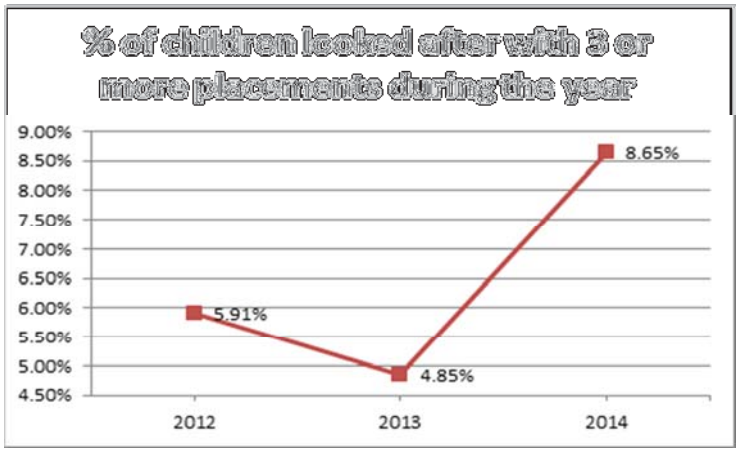
The % of subsequent CP plans decreased in 2013/14:

NI65		
CP Plan for 2nd or Subsequent Time		
YEAR	Number	%
2011-12	46	22.3%
2012-13	39	23.4%
2013-14	42	21.1%



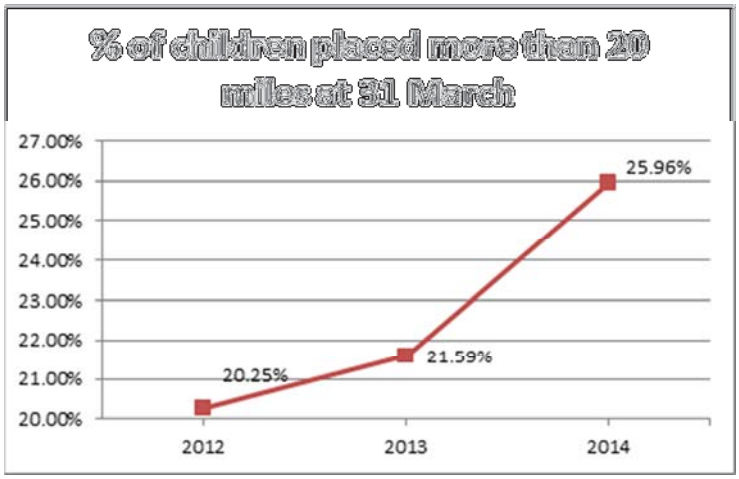
The percentage of three or more Placement moves increased in 2014:

Placement 1 -The percentage of children looked after with three or more placements during the year ending 31 March			
Year	%	No. of children	Total children
2011/12	5.91%	14	237
2012/13	4.85%	11	227
2013/14	8.65%	18	208



The % of children placed more than 20 miles than home address increased in 2013/14:

Placement 3 -The percentage of looked after children at 31 March placed outside LA boundary and more than 20 miles from where they used to live			
Year	%	No. of children	Total children
2012	20.25%	48	237
2013	21.59%	49	227
2014	25.96%	54	208



Appendix B – Training

Safeguarding training is essential to ensure staff and volunteers are kept up to date with legislation and information.

All agencies have a responsibility to provide their staff and volunteers with suitable training that is appropriate to their role.

All training is evaluated, attendees are asked to score their knowledge before and after the event, to measure the change and impact as part of the evaluation process.

Safeguarding Children Training delivered in Reading 2013-2014		
	Number of courses	Total number of delegates
Universal		
Delivered in Council venues	16	277
For Councillors and Lead members	2	30
Targeted Safeguarding		
(as part of the LSCB training programme)	9	181
Designated person training		
New and refresher	2	30
Total	**29**	**518**

Train the Trainer
In addition to the above training we run a Safeguarding Train the Trainer course for Schools, Early Years settings and Voluntary Sector Organisations. The purpose of the Train the Trainer course is to skill Managers and Designated Officers to be able to deliver Universal Safeguarding Children training to staff in their settings.

There is an expectation that anyone attending the Train the Trainer course commit to delivering a minimum of 2 training sessions per year. We then provide ongoing support and annual update meetings for these trainers.

Safeguarding Train the Trainer courses delivered in Reading 2013-2014		
	Number of courses	Total number of delegates
	3	52

All staff across Reading also have unlimited access to free online training:

- Universal Safeguarding Children
- Introduction to Child Sexual Exploitation – launched Jan 2014

Below is the list of LSCB commissioned training courses provided, followed by the course summary.

LSCB Commissioned Courses provided in 2013/14:

Date	Course	Working Together Staff Group	Host Authority
21st May 2013	Safeguarding Disabled Children	Targeted	Wokingham Council
23rd May 2013	Safeguarding Children – A Shared Responsibility	Targeted	West Berkshire Council
11th June 2013	Domestic Violence and Safeguarding Children	Targeted	Reading Borough Council
20th June 2013	Child Development	Targeted	Wokingham Council
9th July 2013	Sexual Exploitation Awareness	Targeted	Reading Borough Council
22nd July 2013	Safeguarding children of substance misusing parents	Targeted	West Berkshire Council
13th September 2013	Physical Abuse	Targeted	West Berkshire Council
19th September 2013	Safeguarding Children – A Shared Responsibility	Targeted	Wokingham Council
10th October 2013	Working with Families Experiencing Domestic Abuse - Advanced	Specialist	Reading Borough Council
11th October 2013	Disguised Compliance	Targeted & Specialist	West Berkshire Council
12th November 2013	Neglect and Emotional Abuse	Targeted	Wokingham Council
21st November 2013	Sexual Exploitation Awareness	Targeted	Reading Borough Council
3rd December 2013	Child Development	Targeted	Reading Borough Council
11th December 2013	Safeguarding Children – A Shared Responsibility	Targeted	West Berkshire Council
14th January 2014	Working with Families Experiencing Domestic Abuse - Advanced	Specialist	Wokingham Council
21st January 2014	Sexual Exploitation Awareness	Targeted	Reading Borough Council
30th January	Sexual Abuse	Targeted	Reading Borough Council
10th February 2014	Safer Care for Children of Parents with Mental Health Issues	Targeted	Reading Borough Council
28th February 2014	Children who display Sexually Harmful Behaviour	Targeted	West Berkshire Council
6th March 2014	Safeguarding Children – A Shared Responsibility	Targeted	Reading Borough Council
11th March 2014	Safer Care for children of parents with Learning Disabilities	Targeted	Wokingham Council

Course Outline:

Course	Aims/Objectives	Trainer/Session Leader
Safeguarding Children – A Shared Responsibility *Group 2 & 3 Staff	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**	Reconstruct
Safeguarding Disabled Children *Group 2 & 3 Staff	To provide participants with the knowledge, skills and support to recognise and know how to act upon indicators that a disabled child's welfare or safety may be at risk	Elizabeth Hay - Reconstruct
Domestic Violence and Safeguarding Children *Group 2 & 3 Staff	This course explores the definition of 'domestic violence', myths and stereotypes. It also looks at the impact of domestic abuse on children and looks at the implications for their safety and wellbeing and the benefits of close inter-agency collaboration. Delegates will also be provided with an overview of strategies for working with families where violence against women, in all its forms, is an issue.	Reconstruct
Working with Families Experiencing Domestic Abuse – Advanced *Group 3, 4 & 5 Staff	This is an advance level training for staff who work directly with families where there are issues of Domestic Abuse and safeguarding children concerns.	Tender
Child Development *Group 2 & 3 Staff	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 is 'normal' development 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	Reconstruct
Sexual Exploitation Awareness *Group 2 & 3 Staff	• 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	Paula Lane and Becky Tyler
Sexual Exploitation Advanced Training *Group 3 & 4 Staff	***This training is currently for identified staff only.*** The aim of this training is to provide those professionals who work directly with victims of Sexual Exploitation to understand good practice, the complexities when working with victims, the issues regarding the identification and disruption of perpetrators and guidance on keeping themselves safe.	Helena Jones - Barnardos
Physical Abuse *Group 2 & 3 Staff	• 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	Reconstruct

Course	Aims/Objectives	Trainer/Session Leader
Safeguarding children of substance misusing parents *Group 2 & 3 Staff	The aim of the course will be to focus on specific skills and processes required to equip practitioners to work more effectively with substance misusing parents and understand the impact of this on their children. • Explore the social, psychological and physical effects of parental drug and alcohol misuse on children both pre birth and post birth • Identify the skills required to engage and work effectively with families where substance misuse is an issue • Information about treatment resources available in your local area	Liz Allison
Neglect and Emotional Abuse *Group 2 & 3 Staff	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	Reconstruct
Sexual Abuse *Group 2 & 3 Staff	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	Reconstruct
Safer Care for Children of Parents with Mental Health Issues *Group 2 & 3 Staff	• 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	Reconstruct
Children who Display Sexually Harmful Behaviour *Group 2 & 3 Staff	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	Reconstruct
Disguised Compliance *Group 2, 3 & 4 Staff	• To gain awareness of the behaviour of avoidant and resistant families specifically disguised compliance and how such behaviour can render the child invisible • To increase understanding regarding the reasons parents may engage in resistant behaviour • To recognise how such circumstances may have a paralysing effect on practitioners, hampering their ability to make judgments, act clearly and follow through on assessments & planning • Exploration of ways of engaging with chaotic families in order to remain child-centred	Via safeguarding solutions

Course	Aims/Objectives	Trainer/Session Leader
Safer Care for children of parents with Learning Disabilities *Group 2 & 3 Staff	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	Reconstruct

Appendix C – Turnaround Families Case Study (October 2013)

A partnership led, whole family approach can have dramatic results. This case study is one example where the right support can mitigate against a number of safeguarding concerns within one family.

"There's light at the end of the tunnel"- One family's ongoing journey on the Turnaround Families programme (Names have been changed)

The Turnbull family have been struggling for many years. Dad, Terry, has a long history of alcohol and substance misuse and Mum, Rachel, had very low moods and self harmed. They have three children living at home; Anna (18 years) who has severe additional needs, Toni (17 years) who is not in education, employment or training and Jack (14 years) who had low school attendance, very low self-esteem and is a young carer.

Over the years they have received support from a long list of services including Education Welfare, Adult and Children's Social Care, Behaviour Support and the Family Worker, Kim, who became their key worker for the Turnaround Families Programme. When they started on the programme they were particularly worried about their 14 year old and the household was in chaos with no fixed routines. The house needed significant repairs and the parents were weighed down with mounting debt. Terry says **"we were in a hole and couldn't get out."**

Kim started by engaging Mum and Dad in 1:1 parenting techniques which is helping them to use consequences with their children. They have established routines and now have a dining table so they can eat meals as a family. Kim has helped Dad to access Drugs Advice Interventions and Skills (DAIS) and he is successfully decreasing his alcohol and substance use. Mum has recently accessed Talking Therapies allowing her to become more confident and has regained a sense of self-esteem. Crucially, she is no longer self harming.

Kim and the youth worker have worked closely together to ensure a coordinated approach for the children and their good relationship with the whole family has been hugely beneficial. Anna is now receiving help from Adult Social Care and is beginning to have a daily routine, improving her quality of life. The respite care has relieved the pressure on the whole family and the household is calmer as a result. Toni is engaging in youth work activities and Adviza to explore education and/or employment options. The youth worker has a very positive relationship with Jack in particular and this has helped to increase school attendance, and therefore the ability to maintain friendships and improve self esteem.

To improve their living standards Kim contacted the housing association and they have agreed to a package of repairs including the roof and new windows and doors. After redecoration, the family will have a home which they can feel comfortable living in. Significant stress has been removed following the parents engagement with Christians Against Poverty. This has given them a way to plan and deal with their debt issues. Terry stated that they are **"not as worried"** and it has **"taken the pressure off. We're not as depressed and not lying awake at night"**. The family have already lost some of their benefits through Welfare Reform with more cuts to come, and this has caused stress and a relapse for both parents. Kim has worked hard to help them to prepare for these cuts and improve their budgeting skills, plus she has arranged for multiple food parcels to be sent to the family to ensure they have been able to eat properly.

The role of the key worker has been instrumental in organising and chasing agencies, making them work better for the family by taking a coordinated approach. On a personal level Kim has encouraged the family to work together and has developed a good relationship with them based on trust. Dad feels Kim has been brilliant by **"advising us not pressuring us"**. Just as important has been the parents' decision to take more responsibility for their situation and working to improve it. They realised that **"you're not going to achieve anything by sitting on your xxxx!"**. Terry has recently put together his first CV as he wants to work and earn a wage and Rachel, with Kim's help, is looking forward to starting literacy and numeracy courses at New Directions.

The family know they are still on a journey and further problems will undoubtedly arise but they are better placed to deal with them. Terry says the TF programme has helped **"a hell of a lot"**, and Rachel feels that this has allowed them to be much closer as a family, there are fewer arguments, they feel more calm, and are **"smiling all the time"**.

Terry and Rachel's advice for others in a similar situation is not to hold back and take the help you need. **"Be straight and honest as you won't get the help unless the key worker knows what your problems are". "We were in a hole and couldn't get out, now we're three quarters of the way out. There's light at the end of the tunnel".**

Appendix D – LSCB Membership at May 2014

Name	Role
Stephen Barber	Independent LSCB Chair –Reading, West Berkshire, and Wokingham
Avril Wilson	Director of Education, Adult and Children's Services - Reading Borough Council
Cllr Janet Gavin	Lead Member for Children's Services
Karen Reeve	Head of Children's Social Care - Reading Borough Council
Bernadette Adams	Service Development Manager - Berkshire Women's Aid
Anderson Connell	Lay Member
Anne Farley	Reading LSCB Lay Member
Anthony Heselton	South Central Ambulance Service
Helen Taylor	RCVYS
Jenny Selim	Designated Nurse, Berkshire West CCG
Kevin McDaniel	Head of Education, RBC
Penny Cooper	Head of Children's Universal Services – Reading, Berkshire. Healthcare Foundation Trust (BFHT)
Ruth Perry	Head Teacher, Caversham Primary School
Chris Lawrence	Early Years Partner Forum Representative
Deborah Glassbrook	Interim Head of Safeguarding and Quality Assurance - Reading Borough Council
Hannah Powell	Senior Probation Officer, Thames Valley Probation
Lise Llewellyn	Berkshire Lead Public Health Consultant
Mel Jarvis	Business and Performance Manager, CAMHS
Kevin Gibbs	Head of Service, CAFCASS
Maninder Hayre	Adviza
Stuart Greenfield	Superintendent, Thames Valley Police
Patricia Pease	Urgent Care Group Director of Nursing, Royal Berkshire Hospital Foundation Trust (RBHFT)
Elizabeth Rhodes	Fire and Rescue Service
Sarah Gee	Head of Housing, Neighbourhoods and Communities - Reading Borough Council
Julie Kerry	Associate Director for Patient Experience, Thames Valley Area Team, NHS South of England

Appendix E – Financial information

The budget is monitored by the Business Manager with the majority of the budget spent on staffing to support the work of the Board.

The LSCB budget 2013-2014 is made up of contributions from the Local Authority, the CCG, Police, Probation, CAFCASS and Berkshire Healthcare NHS Foundation Trust.

Supplies and services include expenditure for the cost of an independent Chair, updates of the child protection procedures and the costs associated with administering the LSCB training programme and the annual conference. This also covers any printing costs for publicity materials and leaflets.

In addition a small amount is spent under premises to cover the hire of meeting rooms, refreshments and venues for LSCB activities and meetings.

Income and Expenditure 2013-2014

INCOME	£
Local Authority	73,000.00
CCG	20,000.00
Police	2,000.00
Probation	895.00
CAFCASS	550.00
Berkshire Healthcare Foundation Trust	1,000.00
TOTAL INCOME	**97,455.00**

EXPENDITURE	£
Employees	48,665.00
Supplies and Services	14,190.00
TOTAL EXPENDITURE	**62,855.00**

Appendix F – Child Health Profile for Reading

Public Health England

Child Health Profile
March 2014

Reading

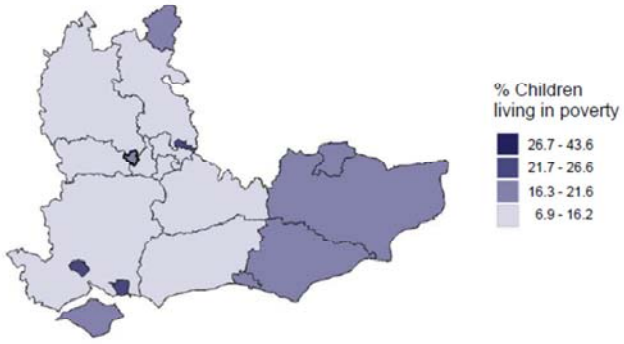
This profile provides a snapshot of child health in this area. It is designed to help the local authority and health services improve the health and wellbeing of children and tackle health inequalities.

The child population in this area

	Local	South East	England
Live births in 2012			
	2,748	107,858	694,241
Children (age 0 to 4 years), 2012			
	12,300 (7.8%)	545,700 (6.3%)	3,393,400 (6.3%)
Children (age 0 to 19 years), 2012			
	38,600 (24.6%)	2,091,900 (24.0%)	12,771,100 (23.9%)
Children (age 0 to 19 years) in 2020 (projected)			
	41,300 (25.6%)	2,233,100 (23.8%)	13,575,900 (23.7%)
School children from minority ethnic groups, 2013			
	7,271 (47.1%)	199,300 (19.3%)	1,740,820 (26.7%)
Children living in poverty (age under 16 years), 2011			
	21.2%	15.1%	20.6%
Life expectancy at birth, 2010-2012			
Boys	78.4	80.3	79.2
Girls	82.7	83.8	83.0

Children living in poverty

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



Contains Ordnance Survey data

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

Key findings

Children and young people under the age of 20 years make up 24.6% of the population of Reading. 47.1% of school children are from a minority ethnic group.

The health and wellbeing 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 21.2% of children aged under 16 years living in poverty. The rate of family homelessness is worse than the England average.

Children in Reading have average levels of obesity: 9.8% of children aged 4-5 years and 18.8% of children aged 10-11 years are classified as obese.

In 2012, 71 children entered the youth justice system for the first time. This is a similar rate when compared to the England average for young people receiving their first reprimand, warning or conviction. The percentage of young people aged 16 to 18 not in education, employment or training is worse than the England average.

In 2011/12, there were 4,503 A&E attendances by children aged 4 years and under. This gives a rate which is lower than the England average. The hospital admission rate for injury in children is lower than the England average, and the admission rate for injury in young people is lower than the England average.

Any enquiries regarding this publication should be sent to info@chimat.org.uk.

Appendix G – List of acronyms

BHFT	Berkshire Healthcare NHS Foundation Trust
BME	Black and Minority Ethnic
CAF	Common Assessment Framework
CAFCASS	Children and Family Court Advisory and Support Service
CAMHS	Child and Adolescent Mental Health Services
CAT	Children's Action Team
CCG	Clinical Commissioning Group
CDOP	Child Death Overview Panel
CIC	Children in Care
CSC	Children's Social Care
CQC	Care Quality Commission
CSE	Child sexual exploitation
DBS	Disclosure and Barring Service
DfE	Department for Education
EHC	Education, Health and care Plan
FGC	Family Group Conference
FGM	Female Genital Mutilation
IRO	Independent Reviewing Officer
JSNA	Joint Strategic Needs Assessment
LAC	Looked After Child
LADO	Local Authority Designated Officer
LDD	Learning Difficulties and Disabilities
LSCB	Local Safeguarding Children Board
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-Agency Risk Assessment Conference
MASH	Multi-Agency Safeguarding Hub
NEET	Not in Employment, Education or Training
ONS	Office of National Statistics
RBC	Reading Borough Council
RBFT	Royal Berkshire NHS Foundation Trust
RCVYS	Reading Children and Voluntary Youth Services
RSCB	Reading Safeguarding Children Board
SAPB	Safeguarding Adults Partnership Board
SARC	Sexual Assault Referral Centre
SCR	Serious Case Review
SEN	Special Educational Needs
TVP	Thames Valley Police
VCF	Voluntary, Community and Faith
YOT	Youth Offending Team

READING BOROUGH COUNCIL

REPORT BY MANAGING DIRECTOR

TO:	**Health and Wellbeing Board**		
DATE:	**10 October 2014**	**AGENDA ITEM: 9**	
TITLE:	**Health and Wellbeing Strategy Action Plan**		
LEAD COUNCILLOR:	**Councillor Hoskin**	**PORTFOLIO:**	**Health**
SERVICE:	**Public Health**	**WARDS:**	**Borough-Wide**
LEAD OFFICER:	**Asmat Nisa**	**TEL:**	**0118 937 3657**
JOB TITLE:	**Consultant in Public Health - Reading**	**E-MAIL:**	**asmat.nisa@reading.gov.uk**

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This report updates the Board on the Health and Wellbeing Strategy activity delivered and progressed through 2013/14 and 2014/15 to date. The action plan captures and reports on delivery of activity from partners contributing to the plan.

1.2 Appendices with this report:

- A summary of Health and Wellbeing Strategy Goals and Objectives (Appendix 1)
- The updated Health and Wellbeing action plan for 2014/15 (Appendix 2);

2. RECOMMENDED ACTION

2.1 To note the progress of activity that contributed to the delivery of Health and Wellbeing Strategy to date, as set out in Appendix 1.

2.2 To agree the proposed process for developing a baseline action plan for 2015/16, as set out in paragraphs 4.2 to 4.5, to be presented to the Board in April 2015.

2.3 To agree the reviewed process for keeping the action plan updated, as set out in paragraphs 4.6 and 4.7.

3. POLICY CONTEXT

3.1 The Reading Health and Wellbeing Board has been working collaboratively with Health and Wellbeing partners since it was established in response to our statutory obligation. The Board is responsible for ensuring effective delivery of programmes and initiatives, which impact on health, across the Borough and this work is influenced by the jointly produced Health and Wellbeing Strategy for Reading.

3.2 The Health and Wellbeing Strategy was developed in 2013 and is due to be refreshed in 2016.

4. HEALTH AND WELLBEING STRATEGY AND ACTION PLAN

4.1 Following feedback from the last board and subsequent discussions with health partners and other contributors to the delivery of the strategy, the action plan for 2014/15 has been reviewed and progress updates collated on all activity in 2013/14 and 2014/15 to date (see Appendix 1).

4.2 Public Health proposes to review lessons learnt to date and develop a framework for the development of an improved baseline action plan for 2015/16.

4.3 It is proposed that the Public Health team hold a workshop with partners contributing to the health and wellbeing agenda, to ensure that the action plan for 2015/16 focuses on and captures, key deliverables from all partners that contribute to the delivery of the Health and Wellbeing Strategy 2013-2016. Key outcome measures will also be included in the action plan for 2015/16, following feedback from partners, to ensure the impact is clearly demonstrated.

4.4 The action plan for 2015/16 will be expanded to include contributions from other partners, including Healthwatch, voluntary sector providers and provider organisations.

4.5 Baseline action plan for 2015/16 to be presented to the Board in April 2015.

4.6 Public Health will monitor and track progress to the strategy and the delivery of activity. Partners will be asked to regularly review activity that they have put themselves forward as being accountable for, and provide progress updates that will be collated and reported to the Health and Wellbeing Board every six months. Usually requests will be issued electronically, but where there is an opportunity to review progress at regular meetings that have already been planned, public health will ask for the action plan to be added to the agenda, for example at regular quarterly update meetings with CCG partners.

4.7 The Public Health team has worked with partners to ensure key contacts for monitoring activity of each area have been identified. Partners have been asked to advise of any changes.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The Health and Wellbeing Strategy and action plan will impact on the strategic aim of promoting equality, social inclusion and a safe and healthy environment for all.

6. COMMUNITY ENGAGEMENT AND INFORMATION

6.1 Our ongoing commitment to working with other local health services, partners, communities and local people in the work we do reflects how important we believe engagement in developing local health services is.

7. EQUALITY IMPACT ASSESSMENT

7.1 No equality impact assessment has been undertaken for this report.

8. LEGAL IMPLICATIONS

8.1 There are no legal implications associated with this report.

9. FINANCIAL IMPLICATIONS

9.1 The financial implications of the Strategy must be contained within current resources for all partners. For the Public Health team, this is absorbed within the ring fenced grant from the Department of Health. The Department of Health grant for Reading is £8.212 million for 2014/15 and will remain the same for 2015/16.

10. BACKGROUND PAPERS

10.1 Health and Wellbeing Strategy 2013 - 2016:
http://www.reading.gov.uk/documents/Health_Social_Care/Public_Health/25013/ReadingHealthandWellbeingStrategy.pdf

Our vision – A healthier Reading

Communities and agencies working together to make the most efficient use of available resources to improve life expectancy, reduce health inequalities and improve health and wellbeing across the life course

Goal One – Promote and protect the health of all communities particularly those disadvantaged

- **Objective 1 –** Protect health and reduce the burden of communicable diseases by targeting services more effectively
- **Objective 2 -** Ensure effective support is available to vulnerable and BME groups to protect their own health.
- **Objective 3 –** Increase awareness and uptake of Immunisation and Screening programmes

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

- **Objective 1 –** Ensure high quality maternity services, family support, childcare and early years education is accessible to all
- **Objective 2 –** Reduce inequalities in early development of physical and emotional health, education, language and social skills
- **Objective 3 -** Improve identification and reduce the effects of domestic violence on emotional wellbeing for the whole family

Goal Three – Reduce the impact of long term conditions with approaches focused on specific groups

- **Objective 1 -** Assist and support ability to self-care in all adults and young people with existing long term conditions
- **Objective 2 -** Ensure high quality long term condition services are available to all including those with a learning disability
- **Objective 3 -** Build on and strengthen the quality and amount of support available to adult and young carers in Reading

Goal Four – Promote health-enabling behaviours & lifestyle tailored to the differing needs of communities

- **Objective 1 –** Improve tobacco control and reduce harm due to alcohol and drug misuse in Reading
- **Objective 2 –** Enhance support and target causes of lifestyle choices impacting health for adults and children
- **Objective 3 –** Reduce the prevalence, social and health impacts of obesity in Reading including targeting key causes

Health and Wellbeing Action Plan 2014/15							
Goa	**Obj**	**What Do We Want To Achieve**	**What Will We Do**	**Key delivery partners**	**RAG Status**	**Progress Update (Includes progress made in 2013/14)**	**Next Steps**
1	1.1	Assess the need, demand and service provision for sexual health services across Reading and identify gaps (Extended).	Undertake a sexual health needs assessment	Public Health	Green	Needs assessment completed. Outcomes used to inform content of Integrated Sexual Health Services specification.	Complete Sexual Health Services tender process.
1	1.1	Increase HIV testing and HIV prevention awareness within BME communities	Commission a community based HIV needs assessment to map Reading based African community groups and to assess the acceptability and feasibility of approaches to increase HIV testing	Public Health/Adult Social Care	Green	Community Health Action Trust commissioned. Project Undertaken.	Finalise and circulate project write up and recommendations.
1	1.1		Enhanced testing in primary care	Public Health	Green	Piloted enhanced testing. Report produced and recommendations provided to the CCG.	No further action in primary care, as enhanced testing was considered not to be best use of resources. However, other methods of increasing uptake to be considered.
1	1.1	To reduce transmission of HIV & reduce late diagnosis	Increase awareness and information about HIV and HIV services (including eligibility, confidentiality, treatment and what it means to live with HIV); and promote preventative services	Public Health, NHS England, voluntary orgs (Secondary Care Blood Donation Service)	Amber	Community Health Action Trust project commissioned and undertaken. Reading sex workers HIV awareness campaign delivered and independently evaluated. Scope and detail of HIV services clearly described within the integrated sexual health service specification.	Develop Sexual Health IT Platform for promotion and dissemintaion of information.
1	1.1		Increase opportunity to and uptake of HIV testing and disseminate information about opportunities for testing to targeted/vulnerable groups	Public Health, Adult Social Care	Amber	As above.	Develop Sexual Health IT Platform for promotion and dissemintaion of information.
1	1.1		Extend opportunities for accessible confidential testing for HIV, and ensure information is available and accessible in a range of formats appropriate to at-risk HIV groups. Care planning, diabetes/care homes. Directory of signposting services to support self care.	PDSN Network, Adult Social Care, Public Health	Amber	As above.	Develop Sexual Health IT Platform for promotion and dissemintaion of information.

Health and Wellbeing Action Plan 2014/15

Goa	Obj	What Do We Want To Achieve	What Will We Do	Key delivery partners	RAG Status	Progress Update (Includes progress made in 2013/14)	Next Steps
1	1.1	To provide high quality care/treatment	Primary Community Prevention	Secondary care/Hospital	Green	Over 90 professionals and volunteers working in drug and alcohol treatment services have been trained to carry out point-of-care tests for Hepatitis C and HIV, focussing on increasing the proportion of injecting drug users that receive a test. Asian Blood Borne Virus (BBV) project raises awareness of BBVs and tackles stigma and discrimination by providing regular workshops for South Asian communities and testing for Hepatitis C and HIV at clinics set up across Reading. Two workshops updating on latest BBV research were provided to all trainees in both projects.	The new drug and alcohol treatment provider, commissioned by Reading DAAT will continue to support the BBV Champions project and deliver targeted testing. Two workshops to be delivered every year updating all trainees in both projects on latest BBV research.
1	1.2	Respond to local needs for vulnerable people	Safe Place scheme in the town Centre providing support of people with a learning disability	Community Safety, Adult Social Care	Green	The Safe Place scheme to provide support for people with a Learning Disability has been put in place.	Further promotion of the Safe Place scheme for service users and providers.
1	1.2		Anti-Social Behaviour Risk assessment leads to enhanced response for vulnerable people and communities	Community Safety, Housing, Neighbourhoods and Community Services	Green	Police anti-social behaviour risk assessment has been introduced across the whole of Thames Valley Area. This inlcudes an assessment of vulnerable people and communities.	The policy and procedure for tackling anti-social behaviour is being reviewed to co-incide with the implementation of the new anti-social behaviour legislation, which goes live on 20th October 2014.
1	1.2	Improve living conditions for vulnerable and disabled residents	Reduce the number of Category 1 hazards under the Housing Health & Safety Rating System, to improve living conditions.	Regulatory Services	Green	54 properties were made free of category 1 hazards across private sector housing.	Continue to monitor and take action if Category 1 hazards are identified in properties.
1	1.2		Undertake enforcement action for overcrowding in private sector housing	Regulatory Services	Green	Officers inspect properties both as a result of service requests and during proactive inspections and both formal and informal action is taken to deal with overcrowding.	Ongoing.
1	1.2	Provide better access to information on how to protect own health.	Develop better information pathways to support travelling communities	Housing, Neighbourhoods and Community Services	Amber	Unauthorised Encampment Procedure has been drafted.	Gypsy, Roma and Traveller Achievement Network meetings are utilised to provide service overviews and referral mechanisms, but this still needs to be formalised. Identlfy health lead officer to collate information relating to services available across Reading.

Health and Wellbeing Action Plan 2014/15

Goa	Obj	What Do We Want To Achieve	What Will We Do	Key delivery partners	RAG Status	Progress Update (Includes progress made in 2013/14)	Next Steps
1	1.2		Develop better information pathways to support BME communities	All Health and Wellbeing Partners	Green	Information pathways have been established through providers of commissioned health and wellbeing services, Council services and partner organisations including Reading Voluntary Action, online through our Reading Services Guide and the Council's website, via local forums and community events and the local media.	Opportunities will be explored on an ongoing basis and new pathways adopted as appropriate.
1	1.2	Protect the vulnerable from aggressive doorstep selling, rogue traders and scams	Support the National Scams Hub and provide advice to victims. Provide a rapid response and full investigation of doorstep selling offences.	Regulatory Services	Green	Set up the service and put in place a process on approaching potential victims effectively. List of potential victims is received from National Scams Hub montly.	Developing a strategy on working with neighbouring boroughs and police to visit potential victims and support or refer them to the appropriate agency and take enforcement action against fraudsters.
1	1.2		Provision of Grants & Loans (inc Disabled Facilities Grants)	Regulatory Services	Green	Provided through Home Improvement Agency who have a vetted list of contractors.	Ongoing.
1	1.3	Increase take up of screening and immunisation	Review screening checks for communicable diseases, e.g. tuberculosis & measles, chlamydia, flu	Commissioned by PHE Area Team and Public Health, provided by Primary Care	Green	The Chlamydia screening specification reviewed and updated. Public Health team supported delivery of flu campaign. Flu vouchers provided to eligible staff.	Pilot 'dual testing' for Chlamydia. Work in partnership to deliver the flu campaign.
1	1.3		GP Practice targets for health checks are achieved and a wide range of community interventions ensure access to health checks though alternative settings	Public Health	Amber	Target for eligible population offered health checks was met with 25.6% of eligible population offered a health check to date. Completed health checks were close to the target of 50% with 47.7% completed.	Ongoing review of options for improving uptake of NHS Health Checks offered by GP practices and additional access to health checks beyond GP setting.
1	1.3		Develop targeted improvements to increase uptake of screening in people with a learning disability	Reading Learning Disability Partnership Board, Adult Social Care	Amber	Being Healthy sub group of the Learning Disability Partnership Board have worked with People With Learning Disabilities, Healthwatch and Berkshire Healthcare Foundation Trust to increase uptake.	Build targets into the new disability strategy currently being developed.
1	1.3	Increase uptake of cervical, bowel and breast screening screening in low take up areas of Reading	Provide support and oversee local screening programmes	Cervical & breast screening commissioned by Area Team/PHE, bowel screening commissioned by PHE, all three screenings provided by Primary Care	Amber	Bowel screening campaign carried out by South Reading and North and West Reading Clinical Commissioning Groups during 2013/14 with some success. For North & West Reading CCG there was a increase in screening from 55.5% to 61.9%.	New local initiatives to be considered to take this forward in conjunction with Public Health England as appropriate.
1	1.3	Increase the consistent up take of immunisations across Reading to ensure national coverage targets are achieved	Provide advice to PHE Immunisation leads as appropriate to ensure effective evidence based interventions are developed to meet local needs	Commissioned by NHS, provided by Public Health, CCGs	Green	See progress below.	No further steps.

Health and Wellbeing Action Plan 2014/15

Goa	Obj	What Do We Want To Achieve	What Will We Do	Key delivery partners	RAG Status	Progress Update (Includes progress made in 2013/14)	Next Steps
1	1.3		Work with health visitors to improve year 1 immunisation targets	Commissioned by NHS England, provided by primary care	Green	Successful pilot in 2013/14 for year 1 immunisations. North & West Reading CCG achieved the 95% target. South Reading CCG achieved 94.5%; target missed in South Reading by 0.5%. CCGs recommended to commissioner (NHS England) to work directly with the provider, Berkshire Healthcare Foundation Trust.	No further steps.
1	1.3	To promote MMR vaccine uptake - Develop to increased uptake of MMR	Scrutinise vaccine uptake results and provide leadership. Campaign - Primary Health/Children Centres/Health Visitors	Commissioned by Public Health England, provided by Berkshire Healthcare Foundation Trust and GP practices	Green	MMR catch up campaign in Reading successfully implemented between February and May 2014.	Immunization working group discussing next steps at Berkshire and Thames Valley level.
2	2.1	Improve maternity pathways and parenting support for all family types.	Participate in the maternity working group and work jointly with the midwifery team.	Early Help	Green	78% of referrals have accessed Children's centre provision as of Q1 of 2014/15.	Continue to monitor access of referrals. Set up matenity services in South and East Reading Children's Centres programmes.
2	2.1	Increase the availability and accessibility of antenatal education opportunities	Review and scope out existing provision of antenatal education from statutory and voluntary providers. Provide input and detail to commissioners (NHS England).	Early Help	Amber	Project has been planned up to implementation with appropriate support from Children's Centres, CCGs and BHFT.	Project management resource identification to start implementation.
2	2.1		Educating new parents on appropriate use of A &E and how to manage common childhood ailments	Commissioned by CCGs, supported by Public Health, Children's Directorate	Green	Childhood illnesses booklet developed. See CCG website: http://www.nwreadingccg.nhs.uk/images/publications/Your-Health/NWR_Common_childhood-illnesses.pdf	Childhood illnesses booklet to be widely circulated. Roadshow with messages targeted at families and use of NHS services scheduled for October 2014. South Reading CCG to run a minor ailments clinic from November 2014 to April 2015 to manage A&E demand and educate families on appropriate use of NHS services.
2	2.1	Increase access to good quality & affordable childcare.	Provide 15 hours free early education childcare to all two year olds meeting the free school meals criteria	Early Years & Extended Schools	Amber	222 new places funded during the year to meet actual demand from families.	Grow supply towards 850 places through all types of settings including schools. Activate broad market advertising as eligibility increases to 40% of families from 20%.
2	2.1	Improve quality of provision in private, voluntary and independent sector		Early Years & Extended Schools	Green	National policy has removed this remit from local authorities, Focus is on OfSTED judgements only now.	Develop robust system to support those settings rated less than good and signpost of appropriate training and services to support excellence.
2	2.1	Provision of childcare for older children aged five and over	Joint working - engagement with schools.	Early Years & Extended Schools	Green	26 After school clubs run by schools. Reading Borough Council filling the gap with 3 more where market is not developing.	Push further into non established areas and help schools develop 8am-6pm services to support working families.

Health and Wellbeing Action Plan 2014/15							
Goal	**Obj**	**What Do We Want To Achieve**	**What Will We Do**	**Key delivery partners**	**RAG Status**	**Progress Update (Includes progress made in 2013/14)**	**Next Steps**
2	2.2	To engage with single plan, local offer, joint commissioning, personal budgets.	Provide impartial support to parents seeking assessment for children with special educational needs or disabilities through the parent partnership service	SEN team	Green	Extremely busy Parent Partnership service has seen an increase in staffing to meet demand.	National changes will increase demand further. Department for Education three year funding to be used for further resources.
2	2.2		Influence decisions for the SEN panel for support children aged 0-5 with SEN	SEN team	Amber	Significant change in Special Education Needs world has required review of the whole system and the role of the panel. Local Offer and the new Education, Health and Care plan process are in place.	New system in place with more school to school moderation. Review of Action Plan planned including admission arrangements and the role of the SEN panel in those decisions.
2	2.2	Reduce speech and language inequality	Implement the language strategy and deliver supported projects	Early Years & Extended Schools	Amber	Core contract in place and service being used. Focus of Local Authority resources on other areas of Special Education Needs have meant few, additional projects underway.	SEN Action Plan review and a new contract basis for academic year 15/16 onwards.
2	2.2		Provide access to speech and language therapies within the Early Years settings	Early Years & Extended Schools	Green	Existing contract well utilised and providing services.	Continue to monitor and ensure quality of service delivered until end of contract period.
2	2.2		Improve access for BME groups to early speech and language intervention	Early Help, Adult Social Care	Amber	Existing contract for speech and language support to targeted children was extended, however, this was not specifically targeted at BME children.	No immediate plans for speech and language intervention targeted specifically at BME groups due to resource constraints.
2	2.2	Increase the prevalence of breastfeeding across all areas of Reading but with a particular focus on the low rate wards	Support the Unicef Baby Friendly Initiative to achieve UNICEF accreditation. Breastfeeding network commissioned to work with breastfeeding volunteers locally.	Public Health / Berkshire Healthcare Foundation Trust	Green	Baby Friendly Initiative (BFI) delivered in Berkshire and completed Level 3 UNICEF accreditation in October 2014. Breastfeeding Network delivering well evidenced outcomes.	Confirm future BFI funding arrangements and outcomes.
2	2.2		Continued implementation of the Breastfeeding Peer Support Project	Commissioned by NHS England, provided by BHFT, Public Health, Breastfeeding Network	Green	Successful implementation of the project, reporting to Public Health department shows good uptake.	Identify future funding arrangements to ensure the service can continue.
2	2.2		Promote breastfeeding in collaboration with key stakeholders	Commissioned by NHS England & and provided by BHFT	Green	Worked collaboratively with Berkshire Healthcare Foundation Trust to promote breastfeeding.	Continue to work with Berkshire Healthcare Foundation Trust to promote breastfeeding. Develop new ways of reaching the target population. Awareness campaign scheduled for March 2015 to coincide with breastfeeding week.
2	2.2	Improved Oral Health in the <5s	Mid term evaluation of the Brushing for Life project. Continued Implementation of the Brushing for Life intervention	Public Health / BHFT	Green	Public Health continue to provide toothbrushes to children centres through Brushing for Life.	Complete Brushing for Life evaluation to access outcomes and value for money.
2	2.2	Reduce the prevalence of unplanned teenage pregnancies	Continued implementation of designated young people friendly drop-in clinics and promotion of the Young people's health website (JUICE).	Public Health	Green	JUICE points provision available across sites in Reading. JUICE points provision included within sexual health services specification.	Ensure new sexual health provision delivers effective young peoples services that are easy to access (JUICE).

Health and Wellbeing Action Plan 2014/15							
Goa	**Obj**	**What Do We Want To Achieve**	**What Will We Do**	**Key delivery partners**	**RAG Status**	**Progress Update (Includes progress made in 2013/14)**	**Next Steps**
2	2.2	Better access for parent to health and wellbeing information and support	Improve/develop use of technologies to get information to parents on H&WB information & support including Mental Health Issues	Early Help	Green	Bid in place to resource developing peri-natal support in Children's Centre.	Locate resource to implement bid.
2	2.2		Children's Centres as a 'hub' to access support to children & families (L 5 years)	Early Help, CCGs	Amber	Family and professional consultation completed. Ongoing discussion corporately about model to use consistently in Reading.	Finalise the model with corporate colleagues for wider discussion.
2	2.3	Increase the number of victims of domestic abuse identified and referred by GP. Needs to cover whole health professional	Implement the IRIS project as a Pilot in 12 of the Reading practices (6 in each CCG). Higher referral rates to police & early help services.	Public Health, Berkshire Women's Aid	Amber	11 Practices recruited to project, 13 expressions of interest. 10 practices receiving training each quarter. 9 Practices referring to the advocate educator. 22 referrals received. 2 referrals to MARAC from Primary care. Public Health funding secured to continue the pilot into year 2, agreed a full evaluation will be completed at pilot end.	Further Training for GPs, more practices to be recruited and pathways for referral developed.
2	2.3		Review Domestic Violence commissioning strategy	Housing, Neighbourhoods and Community Services	Green	Priorities agreed, draft strategy to be completed in Autumn, will then need to be approved for consultation.	Draft strategy to be completed and approved for consultation. Outcomes family choice project.
3	3.1	Implement projects within the scope of the Long Term Conditions board to enhance and improve LTC services and support	Patient education programmes - talking health and web based. Moderated online network	Long Term Conditions programme board, CCG, Adult Social Care	Green	Diabetes website, talking health service for people with long term conditions and moderated online network (SHARON and Young Sharon programme) are all in place.	Develop website for respiratory diseases. Quality improvement project is also planned.
3	3.1		Chronic Fatigue Syndrome service - create a community CF/ ME Service	Long Term Conditions programme board, CCG, Adult Social Care	Green	An integrated Chronic Fatigue Syndrome service has been put in place with Berkshire Healthcare Foundation Trust.	Completed.
3	3.1		Diabetes Education, commission and implement structured patient education programmes for both Type 1 and Type 2	Long Term Conditions programme board, CCG, Adult Social Care	Green	Programmes have been put in place. Monthly highlight reports are submitted to Long Term Conditions programme board.	Ongoing.
3	3.1		Epilepsy, establish an epilepsy nurse specialist post. Develop Website	Long Term Conditions programme board, CCG, Adult Social Care	Green	Epilepsy nurse specialist post has been established.	Further work in neurology, to include development of a strategy, headache review and parkinsons disease review.

Health and Wellbeing Action Plan 2014/15

Goa	Obj	What Do We Want To Achieve	What Will We Do	Key delivery partners	RAG Status	Progress Update (Includes progress made in 2013/14)	Next Steps
3	3.1		Care home in reach services - Dementia	Long Term Conditions programme board, CCG, Adult Social Care	Green	Improvements to care of people with dementia have been delivered in 3 care homes in Reading by training care staff and working alongside them to model good practice. A dementia friendly garden has been constructed at The Willows Care Home in Reading.	Report on Dementia Service Development Across the West of Berkshire to be presented to the Health and Wellbeing Board in October 2014. Continue to work closely with care homes and support them in delivering improvements to care of people with dementia.
3	3.1		Older people's mental health	Long Term Conditions programme board, CCG, Adult Social Care	Amber	RBC Mental Health staff have been seconded to BHFT, Frail Elderly Care Pathway is being developed to support older people to remain well for longer, Enhanced Support to Care Homes has worked with a number of care homes on good practice modelling, the Discharge to Assess are being developed with a view to having operational to cover the winter.	Dedicated Mental Health Project Manager is now in place and is currently developing a benefit analysis of Mental Health Integration.
3	3.1	Facilitate access to appropriate treatment(s) and support in managing long term conditions independently	Offer preventive health checks in community locations to adults aged 40-74 who are at risk of developing vascular disease. Target specific groups better.	Public Health	Green	Community based NHS Health Check programme for 2013/14 completed. Offered in workplaces (RBC, local school), education (Reading Community Learning Centre) and at community group events.	Review community NHS Health Checks programme for 2014/15. Identify barriers to health checks and work collaboratively with partners to identify solutions.
3	3.1	Co-Production with patient participation groups	For pathway & support	Adult Social Care	Green	Links established with patient participation groups, led by GP surgeries.	Ongoing.
3	3.1	Support the work of the Home Improvement Agency	Enable the ability for people to remain living in their own homes by reducing accidents in the home	Regulatory Services	Green	Through the provision of the Home Improvement Agency contract cicra 3,000 customers were assisted through grants, minor adaptations and handihelp services.	Ongoing.
3	3.2	Increase public say in support available	Deliver activity within the Learning Disability Plan - A Big Voice. 2014 end date. Refresh of Learning Disabilities plan ongoing	Adult Social Care	Amber	Consultation event has taken place regarding priorities for inclusion in the Learning Disability Big Plan. The Learning Disability Big Plan was signed off at the Partnership Board.	Develop a new Disability Strategy on the basis of the Learning Disability Big Plan.
3	3.2	Increase engagement for planning Long Term Conditions (LTC) services for those with learning disabilities	Support the Reading Learning Disability Partnership Board to engage with LTC projects	Adult Social Care	Amber	Plan is being developed to assess what role the Reading Learning Disability Partnership Board can play in achieving this.	Long term conditions projects to include impact on people with learning disabilities. Plans to be established to assess what role the Reading Learning Disability Partnership Board can play in achieving this.
3	3.2		Access to services for people with learning disabilities. Health & Social Care Joint Assessment	Adult Social Care	Amber	Joint Health & Social Care Assessment not yet established but a Workforce Development Workstream has been developed addressing issues across the West of Berkshire across key partners.	Join Health & Social Care assessment to be delivered as part of the Berkshire West Integration project.
3	3.2		LD Liaison Nurse in Royal Berkshire Foundation Trust	Adult Social Care	Green	The Liason nurse role continues to work well. The nurse is active in many health forums.	Ongoing.

Health and Wellbeing Action Plan 2014/15							
Goa	**Obj**	**What Do We Want To Achieve**	**What Will We Do**	**Key delivery partners**	**RAG Status**	**Progress Update (Includes progress made in 2013/14)**	**Next Steps**
3	3.2		Learning Disabilities Health Checks	Adult Social Care	Amber	Health Passport was launched in spring 2014.	Strategies for increasing uptake are being developed by the Learning Disability Partnership Board in conjuction with the roll out of the Health Passport.
3	3.2		Identify those who do not access services who we should target	Adult Social Care	Amber	Reading Services Guide has been developed to enable residents better access to information about services.	Develop Information and Advice Strategy that will increase awareness of services.
3	3.3	Strengthen the quality of support provided for carers in Reading.	Review National Carers Strategy against local provision. Plan in plan & resource in place across West Berkshire. Now needs to be implemented.	Adult Social Care	Amber	National Carers Strategy review has been delayed, hence Berkshire West work delayed as well. A Carers Collaborative commissioning group comprising is in the process of scoping the development of joint Carers Strategy.	Identify resource to carry out local data analysis once the National Carers Strategy has been reviewed by Department for Health.
3	3.3	Increase take up of service from marginalised groups.	Deliver activity within the Reading Carers Action Plan. Including: Reading Carers Communication. Gaps identified.	Carers Steering Group, Adult Social Care	Green	Berkshire West Carers Information Advice and Support contract is in place with targets to reach hidden carers. Updated Reading Carers Information Pack has been published: http://www.reading.gov.uk/documents/27827/Reading-CIPfv14-May2014.pdf	Monitor contract on a quarterly basis. Refresh the Reading Carers Information Pack every 6 months. Reading Carers Action Plan will be updated as part of the local update of National Carers Strategy
3	3.3	Support carers of adults with long term conditions – including young carers - to access support services and identify other services which can ease the burden of caring	Respite opportunities. Some respite available. Lack of capacity. Strict criteria needs to be met.	PDSN Network, Adult Social Care	Green	A range of carer breaks services have been commissioned from pooled health and social care budgets.	Review what has been commissioned and plan for recommissioning. Needs to be refreshed in line with Better Care Fund.
3	3.3	Service provision and needs are better matched.	Review future commissioning plans against the needs of carers	Carers Steering Group, Adult Social Care	Green	We have involved carers in the reference group for development of our market position statement.	Develop detailed commissioning strategies for the market position statement.
3	3.3		Support for carers in a wider sense. E.g.; support at home etc.	Carers Steering Group, Adult Social Care	Green	Maintained the Carers Steering Group to seek and respond to feedback on the appropriateness of service provision.	Ongoing.
3	3.3		Development of the sector to provide community capacity.	Adult Social Care	Green	Market development was supported within business and usual.	In 2014/15 the following two specific projects will be looking to increase capacity: Quality and Diversity of Services project and Information, Advice, Advocacy and Prevention project within the Care Act implementation programme.
4	4.1	Detect and take action against illegal tobacco suppliers	Implement/enhance the Berkshire-wide Tobacco Control Plan	Regulatory Services	Green	Intelligence led approach to taking enforcement action. On completion of the operation press release provided.	Ongoing.
4	4.1	Detect and take action against illegal alcohol consumption/supply	Identify areas where there is known underage drinking for targeted intelligence led enforcement response.	Regulatory Services	Green	Intelligence led through Community Alcohol Partnership and police. Test purchasing has been carried out with 1 fail.	Licensing review for the shop that failed test purchasing.

Health and Wellbeing Action Plan 2014/15

Goa	Obj	What Do We Want To Achieve	What Will We Do	Key delivery partners	RAG Status	Progress Update (Includes progress made in 2013/14)	Next Steps
4	4.1	Detect illegal and potentially unsafe alcohol products, illicit tobacco and NPS	Intelligence led enforcement visits	Regulatory Services	Green	Carried out enforcement action on 6 premises with counterfiet alcohol products, 157 bottles were seized in total.	Prosecute one of the shops with counterfiet alcohol products, issue formal warnings to the other 5. Work with Home Office on research into NPS. Looking into what Trading Standards can do to restrict the sale.
4	4.1	Ensure businesses are complying with marketing requirements of tobacco products including display bans and plain packaging.	Intelligence led enforcement visits	Regulatory Services	Green	Carried out action to ensure businesses comply with display bans.	Carry out action to confirm plain packaging is complied with, provided this comes into effect on national level.
4	4.1	Reduction in drug related deaths	Establish notification pathways and family support mechanisms, and identify appropriate intervention, prevention and training activities.	DAAT, Adult Social Care	Amber	A system has been put in place to collate information about all potential drug related deaths (DRDs) in Reading. This is an agreed procedure with the Coroner. Where the deceased was known to services a comprehensive report is collated and forwarded to the coroner asap for the inquest. DAAT collates updates and outcome DRD group was set up in Reading, with attendance from West Berkshire. This meeting was chaired by the Chair of Reading User Forum (RUF).	Enhanced harm reduction and relapse prevention measures have been written into service specification for our new provider who will commence 1st Oct 14. DAAT to manage performance. New provider is keen to work with the DAAT to roll out take home Naloxone training for service users and carers. Work on ensuring risk of overdose on prison release with new provider. DRD meeting Terms of Reference and membership to be reviewed as RUF Chair has now retired. Action plan to be refreshed.
4	4.1	Reduction in drink and drug related harm/injury	Run First Stop Bus in the Town Centre	Regulatory Services	Green	First Stop Bus is positioned in the Town Centre every Friday and Saturday night. Approximately 300 people have been treated so far. 80% required medical attention, of those 70% required an ambulance. A&E noticed reduction of alcohol related incidents.	Continue with the current service, expand to include day time uses such as health checks. Work with third parties including Reading University to develop further uses for the bus.
4	4.1		Better links with Reading University to build activity & capacity in these areas.	Regulatory Services / Public Health	Green	Links with Reading University and Thames Valley University have been established. Volunteers have begun signing up for the First Stop Bus service. Currently discussing how volunteers could contribute to improving health in deprived communities.	Roll out a programme of activities.
4	4.1	Reduce alcohol consumption in young people	Introduce Community Alcohol Partnerships across Reading	Regulatory Services	Green	Maintained existing Community Alcohol Partnerships areas in Tilehurst and Cavensham.	Additonal resource secured to roll out across Reading.
4	4.1	Provide national and local information to smokers on a Smoke free homes and cars campaign	Provide information to smokers via doctors surgeries, pharmacies libraries and work place newsletters on smoke free homes and cars main messages	Regulatory Services, Tobacco Control Alliance Coordinator	Amber	Updated Tobacco Control plan and responded to consultation on smoking in cars.	Agree action plan and provide information to smokers in line with the action plan.

Health and Wellbeing Action Plan 2014/15							
Goa	Obj	What Do We Want To Achieve	What Will We Do	Key delivery partners	RAG Status	Progress Update (Includes progress made in 2013/14)	Next Steps
4	4.1	Secondary School pupils smoking and drinking habits survey	Survey as many 11-18 year olds in full time education in Reading on their smoking and drinking habits.	Regulatory Services, Tobacco Control Alliance Coordinator	Amber	No coordinator resource was available to carry out the survey in 2013/14. Survey has now been planned and is due to be carried out in 1 secondary school in October 2014.	Secure agreement with other secondary schools and carry out the survey
4	4.1	Peer mentoring of year 10 pupils in secondary schools-to provide stop smoking support to those in year 10 or younger	Following smoking survey report, provide as required a peer mentoring programme for Reading Secondary schools. Provide mentor training and refresher training through the year	Regulatory Services, Tobacco Control Alliance Coordinator	Red	The survey is still being carried out, therefore peer mentoring has been delayed.	Peer monitoring to take place once the survey has been completed.
4	4.1	Better intelligence sharing between Tobacco Control Alliance Partners	Share intelligence regarding illegal tobacco and non compliance of tobacco related legislation between Police, HMRC, Unitary Authority, Public Health and Royal Berkshire Fire and Rescue Service	Regulatory Services, Tobacco Control Alliance Coordinator	Green	Established links and a process to share intelligence with partners.	Intellingence to be shared on ongoing basis.
4	4.2	Increased active travel	Deliver a programme of personalised travel planning, incentives, fare discounts and concessionary fares, workplace challenges, cycle training, new infrastructure and reallocating road space	Transport Team, Environment, Culture and Sport	Green	A three-month long consultation was undertaken on the draft Cycling Strategy, adopted as Council policy in March 2014: http://www.reading.gov.uk/council/strategies-plans-and-policies/TransportStrategy/ltp-3-sub-strategies/. Funding was secured through the Local Sustainable Transport Fund (LSTF) to deliver a project based around 'Active Neighbourhoods' and 'Interactive Online Networks'. The LSTF Outputs Report 2013/14 was submitted to the DfT. More information on the LSTF programme can be found in the Committee Library under Traffic Management Sub-Committee: http://www.reading.gov.uk/meetings.	All areas of the LSTF programme continue to progress well, including the planned delivery of the pedestrian and cycle bridge, increasing the number of cycle parking facilities, the launch of ReadyBike, and the delivery of training and sessions supporting active travel. Additional revenue funding has been secured for the delivery of active travel measures in 2015/16. Ongoing promotion of active travel, including Freshers Fayre and UoR Green Week in the Autumn. The recruitment of a fixed term Walking Coordinator with the aim of promoting health walks. To continue progressing key infrastructure projects deliverd as part of the LSTF programme and the Local Transport Plan and supporting strategies.
4	4.2	Beat the Street initiative	Complete an evaluation to measure and review success.	Commissioned by CCG's, supported by Public Health	Green	Reading wide Beat the Street programme commssioned by CCGs and with support from Public Health and Transport.	Complete an evaluation of Beat the Street programme as delivered in May/June 2014.
4	4.2	Access to wider workforce, community, peer support role	Review Health Trainer Service and Activity	Public Health	Green	Review completed. Contract was not extended as outcomes were not as strong as expected.	Review service model and approach and agree next step with Berkshire-wide partners.

Health and Wellbeing Action Plan 2014/15							
Goa	**Obj**	**What Do We Want To Achieve**	**What Will We Do**	**Key delivery partners**	**RAG Status**	**Progress Update (Includes progress made in 2013/14)**	**Next Steps**
4	4.2	Key pathways for risk factors e.g. diabetes, obesity, coronary heart disease etc.	Develop /renew pathways	Public Health	Green	Stakeholder event held In October 2014 to identify and share Best Practice for prevention diabetes to identify the current service provision and referral pathways. Analysis of options for renewing obesity treatment pathways.	West & East Berkshire to work collaboratively on a diabetes strategy, sharing data and protocols for Best Practice. Identify and engage service provisions across Berkshire who contribute to prevention/early intervention work on diabetes, idenfity opportunities to collaborate and if there are any gaps. Commission Eat 4 Health to provide additional service. Raise awareness of risk factors for diabetes through a Pharmacy based campaign. Berkshire-wide workshop to be held on treatment pathways for obesity.
4	4.3	Improved access to good quality information and advice on nutrition	Promote good quality information and advice on nutrition through our childrens' centres	Early Help	Green	Range of provision and sessions available in Childrens' Centres to provide information and advice on nutrition	Understand impact.
4	4.3		Provide family learning for cooking on a budget and healthy eating	New Directions, Environment, Culture and Sport	Green	The following corses were delivered: x3 'Lets Get Cooking' courses - Teaching Adults to cook Healthy meals x2 'Packed Lunches' courses - Healthy Lunches for children x3 Cooking at an Easy Pace - Teaching Adults to cook on a budget	Further courses funded by Public Health to be completed in the academic year. Evaluate success of classes to secure further funding.
4	4.3		Introduce Eat Well Get Well initiatives such as British Health Foundation Healthy hearts scheme to tackle obesity	Regulatory Services / Public Health	Amber	Applied for funding to enable delivery of Eat Well Get Well intiatives, however, no funding secured to date.	Explore further options for funding and continue to deliver other physical activity and healthy weight programmes, such as Let's Get Going, Beat the Street, Eat4Health, Walking Programmes, free swimming for children.
4	4.3	Ensure a minimum of 90% Reception Children and Year 6 children are weighed and measured each year.	Continued implementation of the National Child Measurement Programme	Public Health, BHFT	Amber	Reading measured 68.3% of children in reception and 91.8% of children in year 6. Suggested target 95%. Berkshire wide unitary authorities fell below target, this is being addressed by matrix lead.	To continue running the National Child Measurement Programme in Reading schools. Plan to send out results letters to parents in 2014/15 school year as recommended by Public Health England.
4	4.3	Increase access to specialised healthy weight interventions for primary school children	Continued implementation of the Lets Get Going Project in 2 Reading Primary Schools (Katesgrove and Newtown)	Public Health Berkshire Youth - Lets Get Going Co-ordinator	Green	Let's Get Going (LGG) rolled out to a further 5 schools, identified due to their high levels of childhood obesity as identified through the National Child Measurement Programme.	LGG contract has been extended for one year with extended provision due to partnership work with John Madejski Academy feeder schools. Anticipated 10-12 courses to be run in 2014/15.

Health and Wellbeing Action Plan 2014/15

Goa	Obj	What Do We Want To Achieve	What Will We Do	Key delivery partners	RAG Status	Progress Update (Includes progress made in 2013/14)	Next Steps
4	4.3	Develop a joint obesity strategy and action plan for Reading (to include adults and children and maternal obesity)	Scope out the existing services commissioned across Reading that translate as "assets" in a strategy and action plan to reduce obesity in adults and children in Reading and identify gaps and needs.	Public Health	Amber	Scoping event and activity completed, steering group set up. Draft strategy written and being edited prior to consultation.	Develop action plan to meet identified needs. Sign off Healthy Weight Strategy and work with partners to deliver, track and monitor activity.
4	4.3	Increase access and availability of specialist healthy lifestyle courses (exercise and nutrition)	Continued promotion and implementation of Eat for Health Programme with the opportunity being extended to include adolescents.	Public Health	Green	Eat 4 Health contract retendered across Berkshire West.	Work with new provider (Solutions for Health) to promote and monitor uptake of classes. Assess potential need for additonal classes for pre diabetes patients.
4	4.3	Increase access to physical activity programmes	GAP Analysis & mapping	Public Health / Environment, Culture and Sport	Green	Healthy weight stakeholder workshop delivered September 2013. Healthy weight startegy group established; mapping and gapping commenced	Extend Let's Get Going offer to a further 5-7 schools (academic year 14/15). Recruit to Reading Walks Co-Ordinator Post (funding confirmed).
4	4.3	Increase take up of Your Reading Passport (a discount and library card)	Review operation of current scheme and investigate alternative options.	Environment, Culture and Sport	Amber	Commenced the scoping and assessing of alternative options.	Complete scoping and assessment of options. Prepare a paper for CMT in October 2014.

DRAFT

Pharmaceutical Needs Assessment

Reading Borough Council

2014

Public Health Services for Berkshire
Six Local Authorities working together for the health and wellbeing of residents in Berkshire

Pharmaceutical Needs Assessment
Reading Borough Council
2014

Contents

Introduction

What is Pharmaceutical Needs Assessment (PNA)?

PNA is the statement for the needs of pharmaceutical services of the population in a specific area. It sets out a statement of the pharmaceutical services which are currently provided, together with when and where these are available to a given population.

From 1 April 2013 every Health and Wellbeing Board (HWB) in England has a statutory responsibility to keep an up to date statement of the PNA.

This PNA describes the needs of the population of Reading Borough Council and is different from the previous PNA which was West Berkshire focussed. This PNA will also give a view across Berkshire as people move between Local Authorities for work and health care.

Purpose of PNA :

The PNA has several purposes:

- To provide a clear picture of community pharmacy services currently provided
- To provide a good understanding of population needs and where pharmacy services could assist in improving health and well being and reducing inequalities
- To deliver a process of consultation with local stakeholders and the public to agree priorities
- An assessment of existing pharmaceutical services and recommendations to address any identified gaps if appropriate and taking into account future needs
- It will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements.
- It will inform interested parties of the pharmaceutical needs in Berkshire and enable work to plan, develop and deliver pharmaceutical services for the population.
- It will influence commissioning decisions by local commissioning bodies including local authorities (public health services from community pharmacies), NHS England and Clinical Commissioning Groups (CCGs) in the potential role of pharmacy in service redesign.

Background: Statutory Requirements

Section 126 of the NHS Act 2006 places an obligation on NHS England to put arrangements in place so that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied to persons. This section of the Act also describes the types of healthcare professionals who are authorised to order drugs, medicines and listed appliances on an NHS prescription.

The first PNAs were published by NHS Primary Care Trusts (PCTs) according to the requirements in the 2006 Act. NHS Berkshire West & East published their first PNA in 2010.

The Health and Social Care Act 2012 amended the NHS Act 2006. The 2012 Act established the Health and Wellbeing Boards (HWBs) and transferred to them the responsibility to publish and keep up to date a statement of the needs for pharmaceutical services of the population in its area, with effect from 1 April 2013.

The 2012 Act also amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for HWBs in relation to Joint Strategic Needs Assessments (JSNAs). The preparation and consultation on the PNA should take account of the JSNA and other relevant local strategies in order to prevent duplication of work and multiple consultations with health groups, patients and the public.

The development of PNAs is a separate duty to that of developing JSNAs. As a separate statutory requirement, PNAs cannot be subsumed as part of these other documents.

The PNA must be published by the HWB by April 2015 and will have a maximum lifetime of three years. The PNA will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements. Such decisions are appealable to the NHS Litigation Authority's Family Health Services Appeal Unit (FHSAU) and decisions made on appeal can be challenged through the courts.

PNAs will also inform the commissioning of enhanced services from pharmacies by NHS England and the commissioning of services from pharmacies by the local authority and other local commissioners for example, CCGs.

The 2013 Regulations 5 list those persons and organisations that the HWB must consult. This list includes:

- Any relevant local pharmaceutical committee (LPC) for the HWB area.
- Any local medical committee (LMC) for the HWB area.
- Any persons on the pharmaceutical lists and any dispensing GP practices in the HWB area.

- Any local Healthwatch organisation for the HWB area, and any other patient, consumer and community group which in the opinion of the HWB has an interest in the provision of pharmaceutical services in its area.
- Any NHS trust or NHS foundation trust in the HWB area.
- NHS England.
- Any neighbouring HWB.

Definition of Pharmaceutical services

The pharmaceutical services to be included in the pharmaceutical needs assessment are defined by the reference to the regulations governing pharmaceutical services provided by community pharmacies, dispensing doctors and appliance contractors.

Pharmaceutical services are provided through the National Pharmacy Contract which has three tiers:

- Essential Services
- Advanced services – currently Medicines Use Reviews and Appliance Use Reviews
- Locally commissioned services (Enhanced Services)

Essential Services- set out in 2013 NHS Pharmaceutical Services Regulations 2013 include:

- Dispensing
- Dispensing appliances
- Repeat dispensing
- Disposal of unwanted / waste drugs
- Public Health (Promotion of healthy lifestyles)
- Signposting
- Support for self care
- Clinical governance

All contractors must provide full range of essential services.

Advanced Services- set out in 2013 NHS Pharmaceutical Services Regulations 2013 include:

- Medicines Use Review and Prescription Intervention (MURs)
- New medicine service (funded only in 2014/15 long term decision awaited)
- Appliance Use Reviews (AURs)
- Stoma Appliance Customisation Services (SACs)

Enhanced Services set out in Directions made subsequent to the NHS Pharmaceutical Services Regulations 2013 include:

- Anticoagulant monitoring service
- Care home service
- Disease specific medicines management service
- Gluten free food supply service
- Home delivery service
- Language access service
- Medication review service
- Medicines assessment and compliance support service
- Minor ailments service
- Needle syringe exchange service
- On demand availability of specialist drugs service
- Out of hours service
- Patient group directions service
- Prescriber support service
- Schools service
- Screening service
- Stop smoking service
- Supervised administration service
- Supplementary prescribing services

Whilst the National Pharmacy Contract is held and managed by the NHS England, local Thames Valley Area Team and can only be used by NHS England, local commissioners such as Reading Borough Council and the 2 CCGs can commission local services using other contracts to address additional needs.

Process for developing the PNA

The PNA is a key tool for identifying what is needed at a local level to support the commissioning intentions for pharmaceutical services and other services that could be delivered by community pharmacies.

The scope will include recommendations for action to meet the current needs of Reading and across Berkshire highlighting any areas of current provision which could be improved and potential areas for development that could assist the HWB in its duty to improve the health of population and reduce inequalities.

A key part of the process for this PNA is to summarise the health needs of the local population using the joint strategic needs assessments of the findings of the HWB board.

The PNA has five main objectives:

1. Identifying local needs
2. Mapping current provision
3. Consultations with partners, patients and the public

4. Obtaining clinical input from Clinical Commissioning Groups (CCGs) and the Local Pharmaceutical Committee
5. Identifying services that are not currently provided or need to be improved in the local area.

The PNA summarises the national vision for community pharmacy also summarises the key priorities in the Health and Wellbeing Strategy which details the local priorities for our community.

Principles of Development

The PNA will be published on the Reading Borough Council website once agreed and is a public facing document communicating to both an NHS and a non-NHS audience.

The key stages involved in the development of this PNA were:

- Survey of public to ascertain views on services - web and paper based surveys
- Survey of community pharmacies to map current service provision
- Public Consultation on the initial findings and draft PNA
- Agreement of final PNA by the Reading Health and Wellbeing Board

The process for the development of the PNA was agreed with the HWB Board. A small task and finish group was set up to over see the development of the PNA Member included.

- Director of Public Health
- Medicines Management – CCG
- NHS England pharmaceutical commissioner
- Representative from the Local Pharmaceutical Committee
- Public Health Informatics Advisor

During the consultation the following stakeholders will be included in addition to the public consultation:

- The Local Authorities within Berkshire
- The Clinical Commissioning Groups in Berkshire
- The Local Pharmaceutical Committee (LPC)
- The Local Medical Committee (LMC)
- The persons on the pharmaceutical list (pharmacy contractors) and its dispensing doctors list
- Health watch
- NHS Foundation Trusts in Berkshire

National Pharmacy Commissioning

Commissioning Arrangements

NHS England is the only organisation that can commission NHS Pharmaceutical Services through the National Pharmacy Contract.

They are therefore responsible for managing and performance monitoring the Community Pharmacy Contractual Framework. This is a regulatory framework based on the Terms of Service set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013.

Pharmaceutical Services are those services set out in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013:

- Essential services - set out in Part 2, Schedule 4 of the Regulations
- Advanced services - set out in the Directions
- Enhanced services - set out in the Directions

There are four ways in which pharmaceutical services are commissioned:

NHS England:
- Sets legal framework for system, including regulations for pharmacy
- Secures funding from HM Treasury
- Determines NHS reimbursement price of medicines & appliances

NHS England area team (AT):
- securing continuously improving quality from the services commissioned, including community pharmacy enhanced services

Local Authority:
- Provision of Public Health services in line with local Health and Wellbeing Strategy

CCGs:
- Locally commissioned in line with local needs and CCG strategy

This ensures that the public have access to comprehensive pharmaceutical services.

Local Professional Networks

In addition as part the National changes in the NHS in 2013 Local Professional Networks (LPNs) for pharmacy, optometry and dentistry were established within each AT. They are intended to provide clinical input into the operation of the AT and local commissioning decisions.

In general they:

- support the implementation of national strategy and policy at a local level
- work with other key stakeholders on the development and delivery of local priorities, which may go beyond the scope of primary care commissioning providing local clinical leadership

The specific functions of the Pharmacy LPN include:

- supporting LAs with the development of the Pharmaceutical Needs Assessment (PNA)
- considering new programmes of work around self-care and long term conditions management in community pharmacy to achieve Outcome 2 of the NHS Outcomes Framework
- working with CCGs and others on medicines optimisation
- 'holding the ring' on services commissioned locally by LAs and CCGs, highlighting inappropriate gaps or overlaps (*PSNC Pharmacy Commissioning 2013*).

Contribution of Pharmacy

Pharmacists play a key role in providing quality healthcare. They are experts in medicines and will use their clinical expertise, together with their practical knowledge, to ensure the safe supply and use of medicines by the public. There are more than 1.6 million visits a day to pharmacies in Great Britain (*General Pharmaceutical Council Annual Report 2012/13*).

A pharmacist has to have undertaken a four year degree and have worked for at least a year under the supervision of an experienced and qualified pharmacist and be registered with the General Pharmaceutical Council (GPhC). Pharmacists work in a variety of settings including in a hospital or community pharmacy such as a supermarket or high street pharmacy. See NHS Choices at http://www.nhs.uk/Pages/HomePage.aspx for your local ones.

In December 2013 NHS England held a Call to Action for community pharmacy that aimed through local debate, to shape local strategies for community pharmacy and to inform NHS England's strategic framework for commissioning community pharmacy (http://www.england.nhs.uk/wp-content/uploads/2013/12/community-pharmacy-cta.pdf).

The aim was to uncover how best to develop high quality, efficient services in a community pharmacy setting that can improve patient outcomes delivered by pharmacists and their teams.

Pressures on primary care as a whole are increasing and the vision is for Community pharmacy to play a full role in the NHS transformational agenda by:

- providing a range of clinical and public health services that will deliver improved health and consistently high quality;
- playing a stronger role in the management of long term conditions;
- playing a significant role in a new approach to urgent and emergency care and access to general practice;
- providing services that will contribute more to out of hospital care; and
- supporting the delivery of improved efficiencies across a range of services.

The Call to Action consultation has now finished and the response is awaited from the department of Health.

National Outcomes Frameworks

Pharmacy has a key role in supporting the achievement of the NHS Outcomes Framework, which measures the success of the NHS in improving the health of the population

NHS Outcomes Framework

Domain 1	Preventing people from dying prematurely
Domain 2	Enhancing quality of life for people with long-term conditions
Domain 3	Helping people to recover from episodes of ill health or following injury
Domain 4	Ensuring people have a positive experience of care
Domain 5	Treating and caring for people in a safe environment and protecting them from avoidable harm

And similarly contributes to the success against the Public Health Outcomes Framework.

Public Health Outcomes Framework

Domain 1	Life expectancy and healthy life expectancy
Domain 2	Tackling the wider determinants of Health
Domain 3	Health Improvement
Domain 4	Health Protection
Domain 5	Healthcare and preventing premature mortality

Control of Market Entry

The regulations that govern the provision of pharmacy places an obligation on NHS England to put arrangements in place so that drugs, medicines and listed appliances ordered via NHS prescriptions can be supplied to persons.

It is not possible for a community pharmacy to be set up without agreement from NHS England. From 1 April 2013, pharmaceutical lists are maintained by NHS England and so applications for new, additional or relocated premises must be made to the local NHS England Area Team.

NHS England must ensure that they have arrangements in place for:

- the provision of proper and sufficient drugs, medicines and listed appliances which are ordered on NHS prescriptions by doctors;
- the provision of proper and sufficient drugs, medicines which are ordered on NHS prescriptions by dentists;
- the provision of proper and sufficient drugs, medicines and listed appliances which are ordered on NHS prescriptions by other specified descriptions of healthcare professionals; and
- such other services that may be prescribed.

In April 2013 there was a change in how pharmacy applications are controlled. Applications for inclusion in pharmaceutical lists are now considered by NHS England (through their Area Teams) and the 'market entry test' is now an assessment against the pharmaceutical needs assessment. The exemptions introduced in 2005 have been removed (other than the exception for distance selling pharmacies) (*Regulations under the Health and Social Care Act 2012: Market entry by means of Pharmaceutical Needs Assessments - Medicines, Pharmacy and Industry – Pharmacy Team).*

The market entry test now assesses whether an application offers to:

- meet an identified current or future need or needs;
- meet identified current or future improvements or better access to pharmaceutical services; or
- provide unforeseen benefits, i.e. applications that offer to meet a need that is not identified in a PNA but which NHS England is satisfied would lead to significant benefits to people living in the relevant HWB area (*Policy for determining applications received for new or additional premises under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013*).

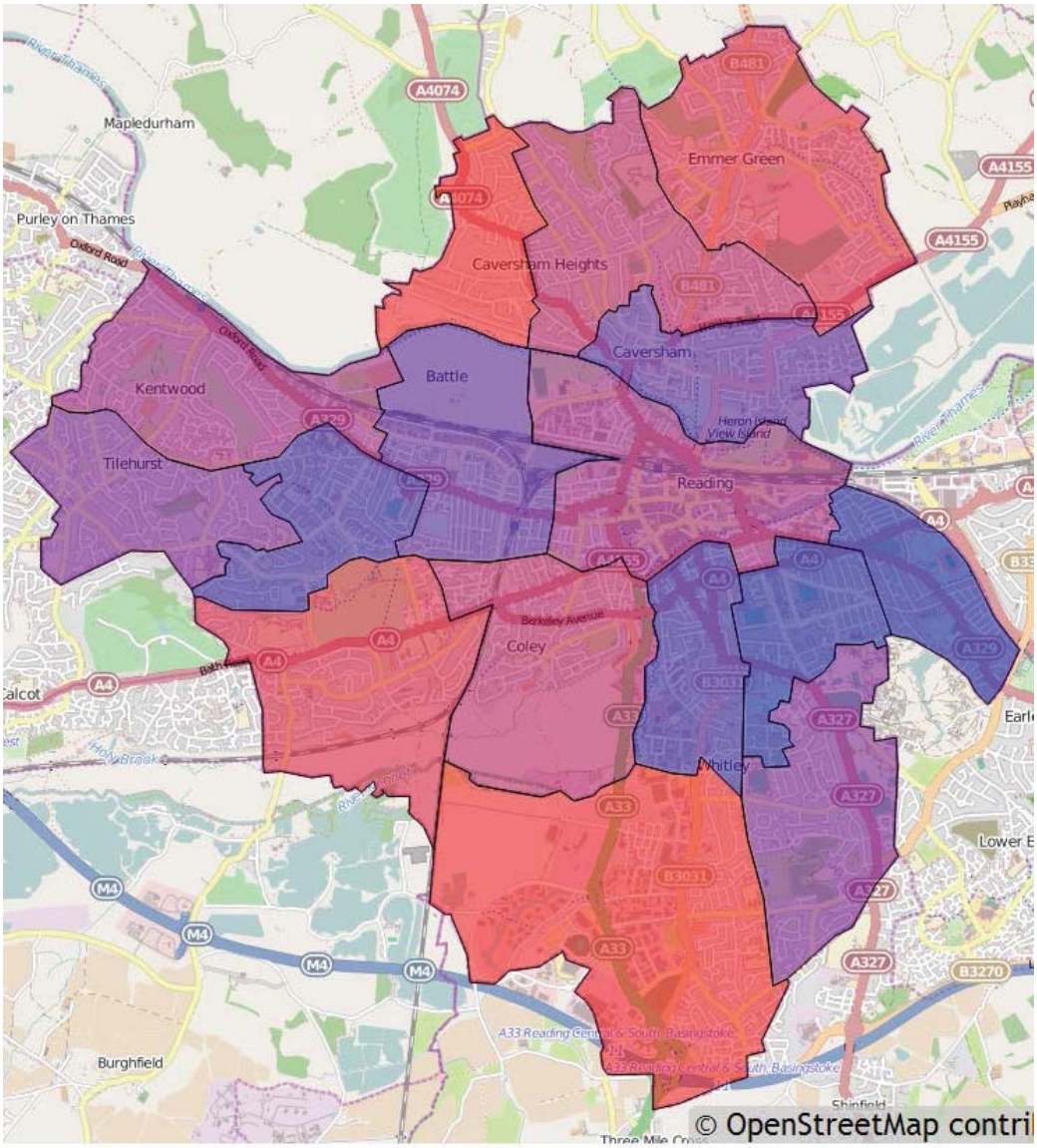
The change in the market entry test means that it is no longer necessary to have exemptions to the test for the large out of town retail developments, the one stop primary medical centres, or the pharmacies undertaking to provide pharmaceutical services for at least 100 hours per week. These exemptions therefore cannot be used by an applicant (although existing pharmacies and those granted under the exemption continue). The regulations make it clear that 100 hour pharmacies granted under old exemptions cannot apply to reduce their hours.

The only exemption that now exists is for distance selling pharmacies as it is argued they provide a national service and so their contribution cannot be measured adequately by a local pharmacy needs assessment.

Geography Covered by Reading PNA

Each PNA has to define its geographic scope. This year the Reading PNA is following the boundaries of the Local Authority, as is each PNA for the Berkshire Local Authorities. The services are mapped for each Local Authority and a composite picture is given for Berkshire. Results are also compared for Local Authorities against the whole of Berkshire. Appendix 1 shows a map of the pharmacies in Reading PNA.

Figure 1: Map of Reading showing ward boundaries



The wards in Reading include:

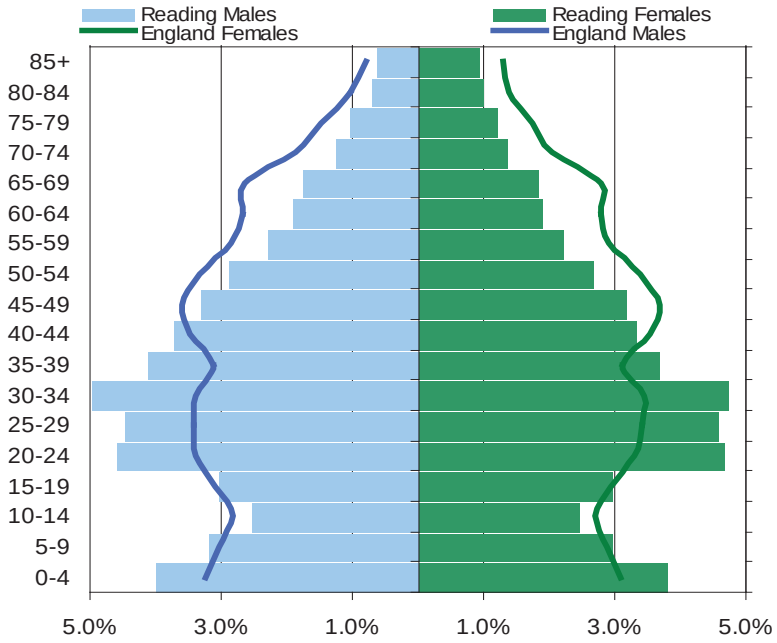
Abbey	Minster	Tilehurst
Battle	Norcot	Whitley
Caversham	Park	
Church	Peppard	
Katesgrove	Redlands	
Kentwood	Southcote	

Reading Borough Demographics

The population of Reading is now 159,247.

Reading has population structure that is very different to the national average. It has a much larger population of young adults and very young children. The older population is also much smaller than the national average.

Figure 2: Reading Borough Council's Population pyramid, compared to the national profile



Source: Annual Mid-Year Population Estimates for the UK, Office for National Statistics 2014

The registered population differs to resident as this is the number of people registered with GP practices based in Reading.

Figure 3: Resident and registered population of Reading Borough Council and other Berkshire Local Authorities

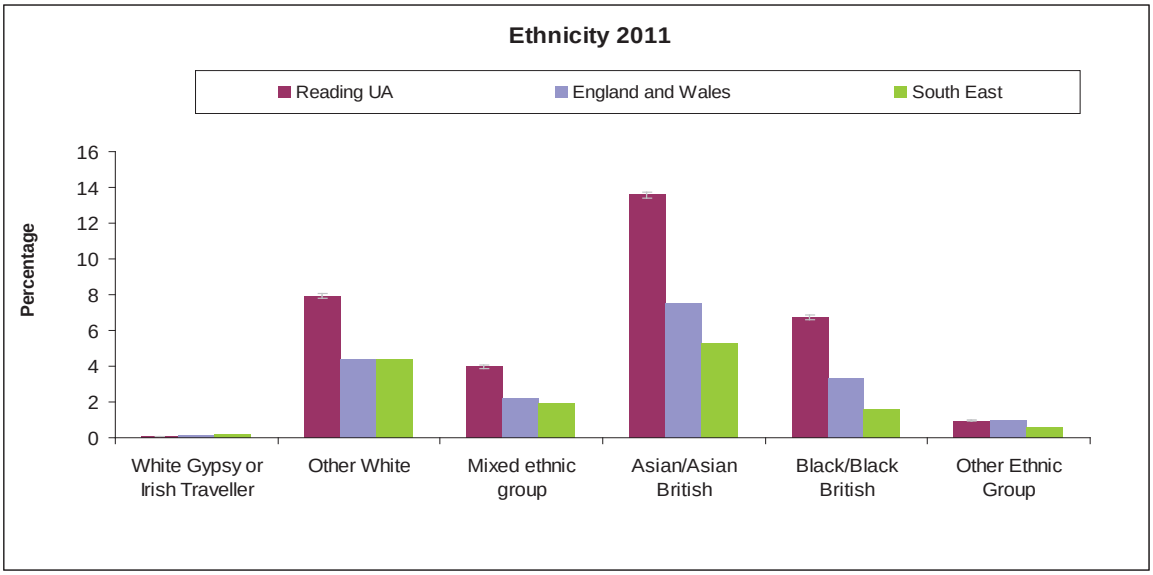
Local Authority	Resident population	Registered population
Reading	**159,247**	**205,209**
Bracknell Forest	116,567	110,216
Slough	143,024	145,848
West Berkshire	155,392	148,126
Windsor & Maidenhead	146,335	165,936
Wokingham	157,866	156,123

Source: Office for National Statistics (2014)

Ethnicity

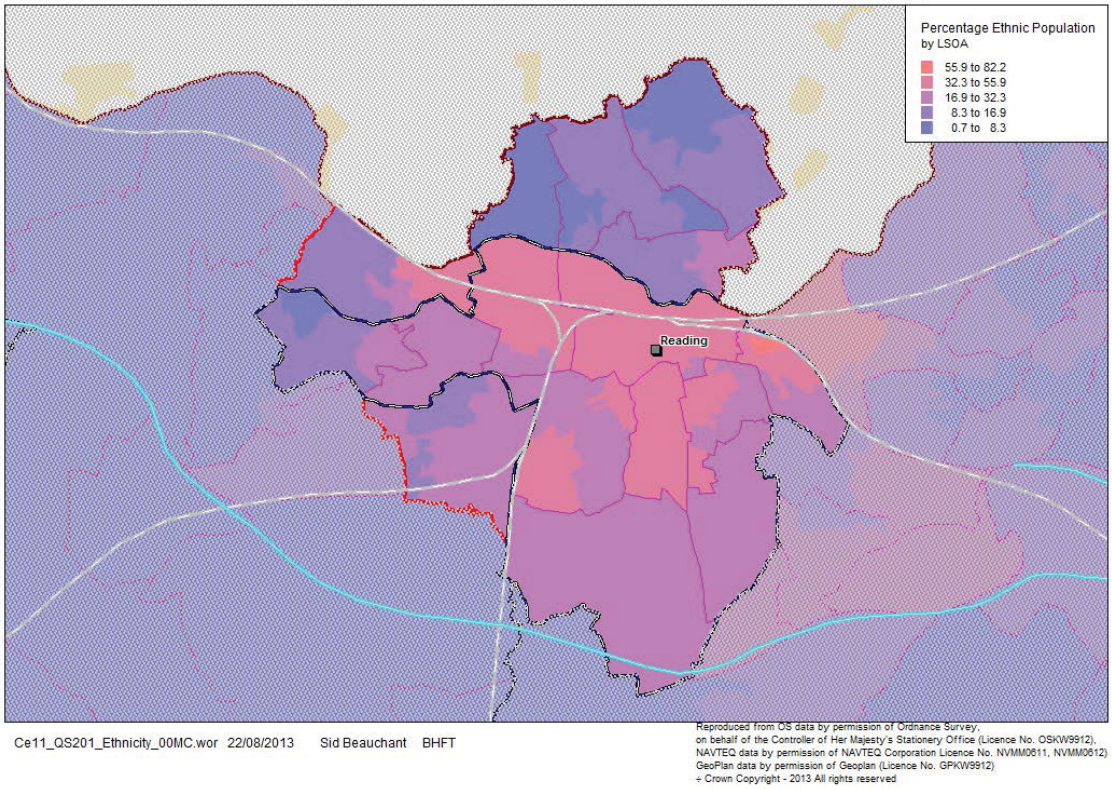
The 2011 Census indicates that the largest ethnic category in Reading is White British (66.79%). The next largest is Asian or Asian British representing nearly 14% of the population. 14.8% (9,256) of households contain multiple ethnic groups compared to 8.9% nationally. With the exception of people who classify themselves as 'Other White', there is a higher proportion of people from all ethnic minority groups living in Reading, than there are nationally and in the South East Region.

Figure 4: Ethnic Origin of non-White British resident population in Reading



Source: Office for National Statistics (2011)

Figure 5: Ethnic minority population in Reading shown at a Lower Super Output Area



Source: Office for National Statistics (2011)

Life Expectancy

Life expectancy for men and women in Reading is lower than the national average.

Figure 6: Life Expectancy for men and women in Reading Borough Council and other Berkshire Local Authorities (2010-12)

Local Authority	Males	Females
Reading	78.4	82.7
Bracknell Forest	80.8	84.0
Slough	78.5	82.7
West Berkshire	80.8	84.6
Windsor and Maidenhead	81.1	84.6
Wokingham	81.6	84.5

Source: Office for National Statistics (2014)

Children

Children in poverty

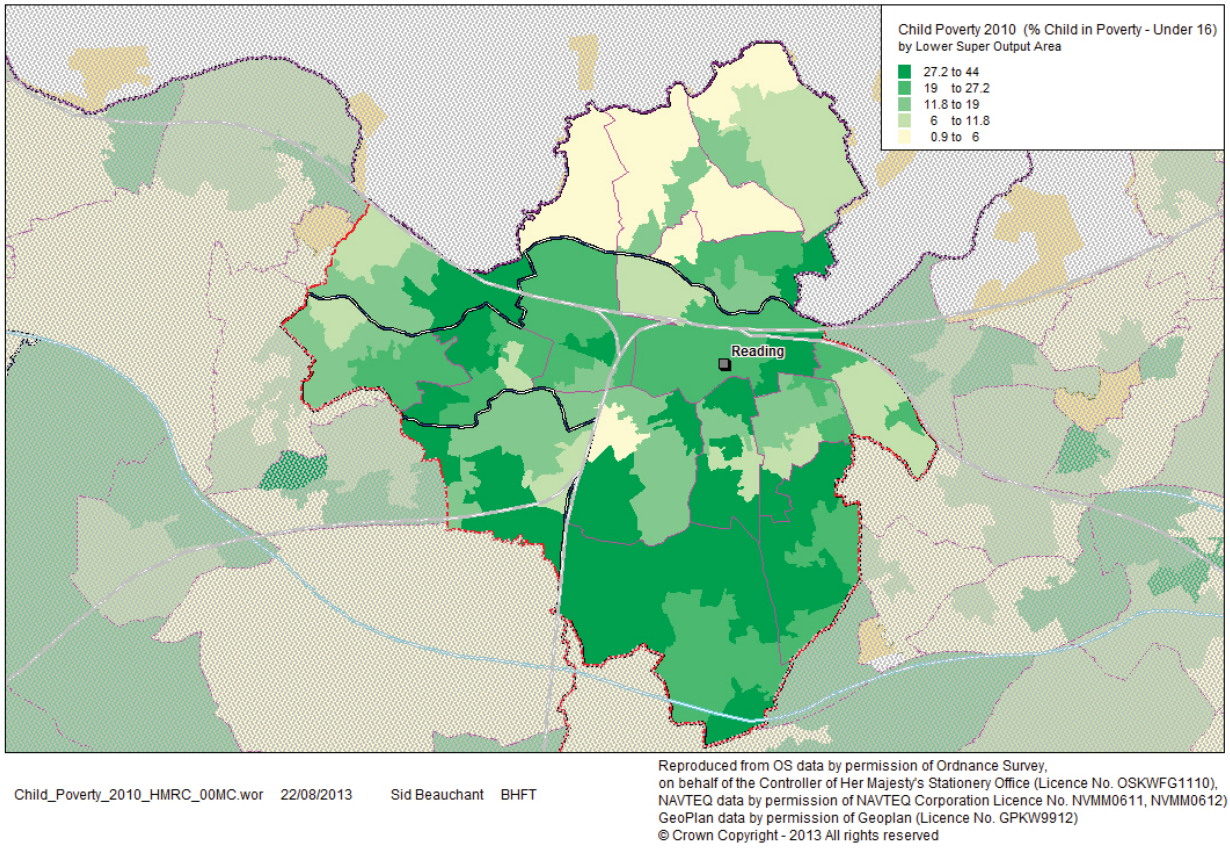
Child poverty and deprivation can be measured in a number of different ways. Figure 7 shows the percentage of children (dependent children under the age of 20), who live in households where income is less than 60% of average household income. This is termed as living in 'relative poverty'. Figure 7 also shows the Income of Deprivation Affecting Children Index score (IDACI score), which measures the proportion of under 16s living in low income households. A higher score indicates higher levels of child deprivation in an area.

Figure 7: Level of Child Poverty in the Reading and other Berkshire Local Authorities (2010-12)

Local Authority	% of Children in "Poverty"	IDACI score
Reading	20.7%	0.21
Bracknell Forest	11.7%	0.11
Slough	22.2%	0.26
West Berkshire	10.8%	0.10
Windsor & Maidenhead	9.4%	0.09
Wokingham	6.9%	0.06

Source: HM Revenue and Customs (2011) and Department for Communities and Local Government (2010)

Figure 8: Map to show level of Child Poverty in Reading at a Lower Super Output Area (2010)



Source: Department for Communities and Local Government (2010)

Teenage pregnancies

Figure 9: Under 18 conceptions and conception rates in Reading and other Berkshire Local Authorities (3 year aggregates: 2010-2012)

Area of usual residence	Number of Conceptions	Conception rate per 1,000 women in age group	Percentage of conceptions leading to abortion
Reading	260	36.9	47.3
Bracknell Forest	127	18.4	57.5
Slough	196	25.3	64.8
West Berkshire	217	23.0	48.8
Windsor and Maidenhead	117	14.5	70.9
Wokingham	122	13.8	46.7

Source: Office for National Statistics (2014)

Educational Attainment

Figure 10: Percentage achieving 5+ A*-C GCSE grades, including English and mathematics

Area	%
Reading	**63.6**
Bracknell Forest	63.4
Slough	71.4
West Berkshire	61.3
Windsor and Maidenhead	68.3
Wokingham	70.6

Source: Department for Education (2012/13)

Figure 11: Key Stage 2 results – Percentage achieving level 4 or above by Local Authority

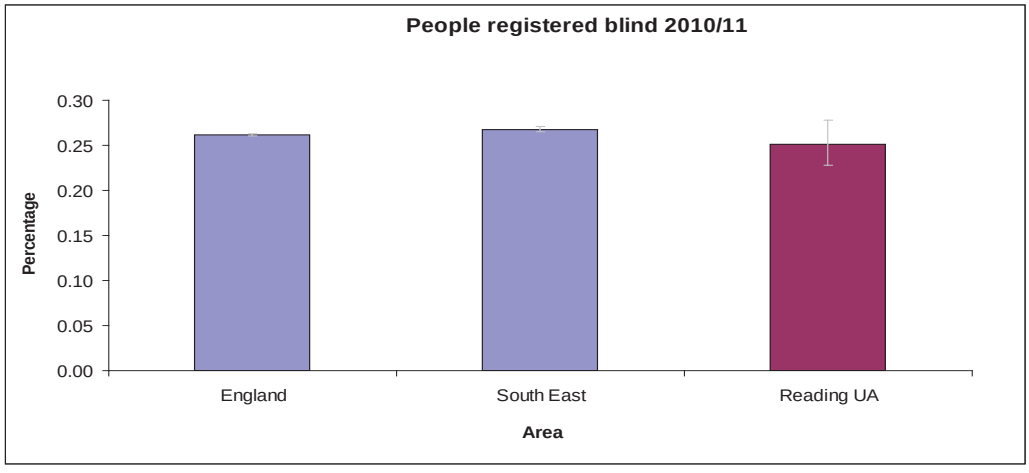
Area	%
Reading	**69**
Bracknell Forest	78
Slough	74
West Berkshire	77
Windsor and Maidenhead	79
Wokingham	81

Source: Department for Education (2013)

Physical disability and sensory impairment

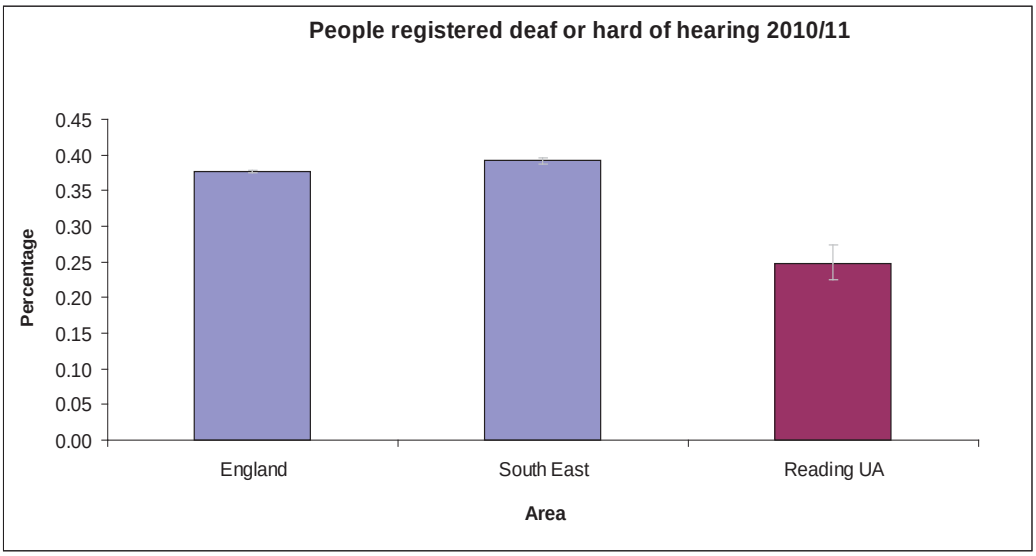
Figures 12 and 13 show the number of people registered as being blind, partially sighted, deaf or hard of hearing as a proportion of the total population. Similar levels of people in Reading are registered as blind, compared with the national average. Fewer people are registered as being hard of hearing or deaf compared to the national average. It is worth noting that registration is voluntary, so there may be people who are blind or partially sighted that have chosen not to be on the register or who are unaware of it.

Figure 12: Percentage of people registered as blind in Reading (2010/11)



Source: Health and Social Care Information Centre (2011)

Figure 13: Percentage of people registered as deaf or hard of hearing in Reading



Source: Health and Social Care Information Centre (2011)

The Projecting Adult Needs and Services Information website uses population projections to estimate how many people aged 18 to 64 will have a visual or hearing impairment from 2012 to 2020. Around 3,050 adults in the Reading Borough are estimated to have moderate or severe hearing impairment in 2012 with 24 estimated to have a profound hearing impairment. These figures are expected to rise to around 3,250 and 27 by 2020. 67 adults are estimated to have a serious visual impairment. The same system also projects how many people aged 18 to 64 will have a physical disability from 2012 to 2020. Around 7,100 people in Reading are estimated to have a moderate physical disability in 2012 with 1,920 estimated to have a serious physical disability. These figures are expected to rise to around 7,250 and 2,000 by 2020.

Provision of unpaid care

7.9% of Reading's population stated that they provided unpaid care to a family member, friend or neighbour in the 2011 Census. Figure 14 provides a breakdown to show the levels of unpaid care provided.

Figure 14: Percentage of people providing unpaid care in Reading and other Berkshire Local Authorities (Census 2011)

Local Authority	All categories: Provision of unpaid care	Provides no unpaid care	Provides 1 to 19 hours unpaid care a week	Provides 20 to 49 hours unpaid care a week	Provides 50 or more hours unpaid care a week
Reading	**155,698**	**143,383**	**8,074**	**1,642**	**2,599**
Bracknell Forest	113,205	103,531	6,719	1,098	1,857
Slough	140,205	128,579	7,058	1,977	2,591
West Berkshire	153,822	139,534	10,313	1,466	2,509
Windsor and Maidenhead	144,560	131,325	9,604	1,432	2,199
Wokingham	154,380	140,478	10,190	1,397	2,315

Source: Office for National Statistics (2012)

Reading Needs Assessment

Reading at a glance

The health of people in Reading is varied compared with the England average. Deprivation is lower than average, however about 6,400 children live in poverty.

Life expectancy for both men and women is similar to the England average. Life expectancy is 8.5 years lower for men and 7.0 years lower for women in the most deprived areas of Reading than in the least deprived areas.

Over the last 10 years, all cause mortality rates have fallen. The early death rate from heart disease and stroke has fallen but is worse than the England average.

In Year 6, 19.6% of children are classified as obese. The level of teenage pregnancy is worse than the England average. Levels of alcohol-specific hospital stays among those under 18, breastfeeding and smoking in pregnancy are better than the England average.

The estimated level of adult obesity is better than the England average. The rate of sexually transmitted infections is worse than the England average. Rates of road injuries and deaths and hospital stays for alcohol related harm are better than the England average.

Life Expectancy

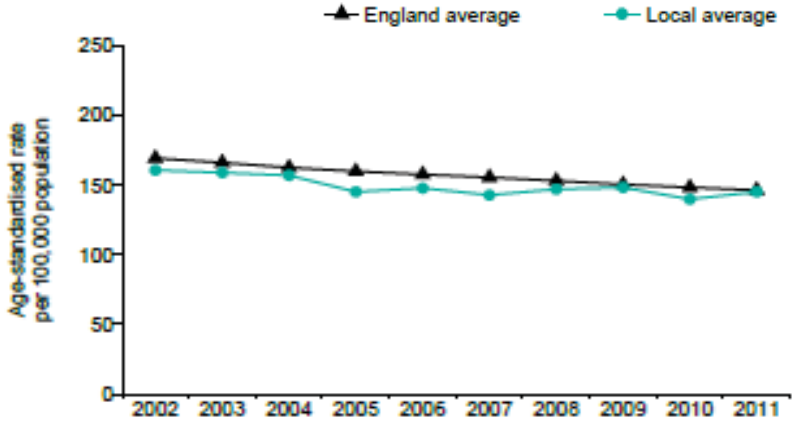
Life expectancy at birth is lower for both males and females at birth than the national average. This is significantly lower for males in Reading.

In line with its neighbours the three common causes of early death (deaths before aged 75 years) are cancer, heart disease and stroke, and lung disease.

Cancer

Cancer is the single largest cause of early preventable deaths (145 per 100,000 population) 815 deaths in Reading between 2008 and 2010 were cancer related (*APHO Local health profile, 2013*).

Figure 15: Rate of deaths from cancer for people aged under 75 in Reading (2002-2011)



Source: Association of Public Health Observatories, 2014 Local Health Profile

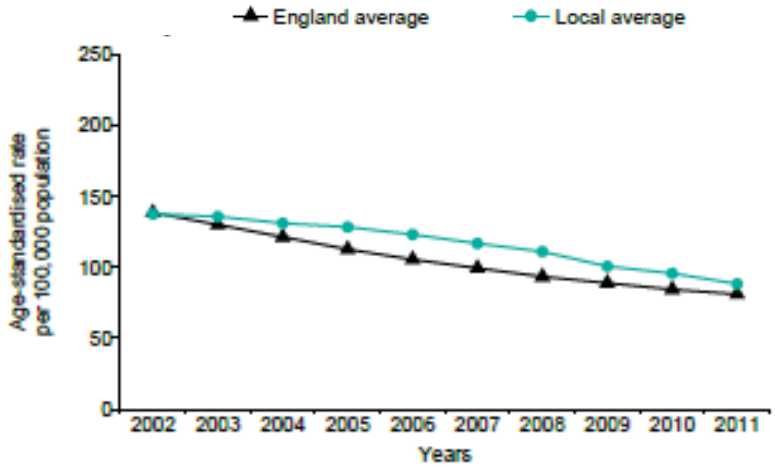
There is a significant focus on the prevention and early diagnosis of cancer as well as more rapid treatment in line with national standards. Screening has reduced deaths for some cancers. Cancer is more survivable if people are aware of symptoms and present to health services at an earlier stage of the disease.

In Reading screening uptake is lower than the national average in both breast and cervical screening, however uptake of the bowel cancer screening, a newer programme, has not delivered against the national target of 60% uptake (uptake in North West Reading CCG is 56% since the start of programme and 44% in South Reading CCG area).

Heart disease and stroke

Heart disease mortality is reducing, but it still is the second leading cause of early death causing 88 deaths per 100,000 in Reading.

Figure 16: Rate of deaths from heart disease and stroke for people aged under 75 in Reading (2002-2011)



Source: Association of Public Health Observatories, 2014 Local Health Profile

The development of cardiovascular disease (CVD) is linked to lifestyle factors such as risky behaviours such as excessive smoking, drinking, poor diet and physical inactivity (*Department of Health, 2013*).

In Reading at least 50 in every 100,000 deaths from CVD for people aged less than 75 years are preventable. This is higher than the national average and similar Local Authorities. An increase in local awareness and uptake of NHS Health Checks programme for eligible population of 40 – 74 year olds would at least in part address this issue.

Long term Conditions

A significant proportion of the population in the Reading Borough will be living with a long term condition. The table below shows the estimated prevalence of the Reading population with the following long term conditions: Coronary Heart Disease (CHD), Coronary Obstructive Pulmonary Disease (COPD), Cardiovascular Disease (CVD), Hypertension and Stroke in comparison with National average.

Figure 17: Prevalence of long term conditions for people aged 16 and over in Reading (2011)

	CHD	COPD	CVD	Hypertension	Stroke
Reading	3.85%	3.42%	9.01%	24.69%	1.74%
England	5.80%	3.64%	11.76%	30.54%	2.55%

Source: Public Health England (2012)

Lifestyle

Smoking

Smoking has long been known to be a major risk factor in many diseases including cardiovascular disease, respiratory diseases and many cancers.

Tobacco use is the single most preventable cause of death in the England – killing over 80,000 people per year. This is greater than the combined total of preventable deaths caused by obesity, alcohol, traffic accidents, illegal drugs and HIV infections (*Action on Smoking and Health, 2013*).

Smoking prevalence in Reading is higher than the national average - 20% of the population smoke and approximately 280 per 100,000 people aged over 35 years will die due to smoking related illnesses. In addition 1,100 people will be admitted to hospital with smoking related illnesses *(Local Tobacco Control Profile 2013*).

Alcohol

Alcohol consumption above these recommended levels is associated with numerous health and social problems. This includes several types of cancer, gastrointestinal and cardiovascular conditions as well as psychiatric and neurological conditions. The social effects of alcohol have been associated with road accidents, domestic violence, antisocial behaviour, crime, poor productivity and child neglect.

Modelled figures show Reading to have higher levels of increasing risk higher risk and binge drinking. Whilst Reading has significantly higher number of violent crimes than the national average, violent crime estimated to be due to alcohol has seen a fall in Reading and this reduction was at its most dramatic between 2011 and 2012 when it fell to under 8 crimes per every 1,000 people.

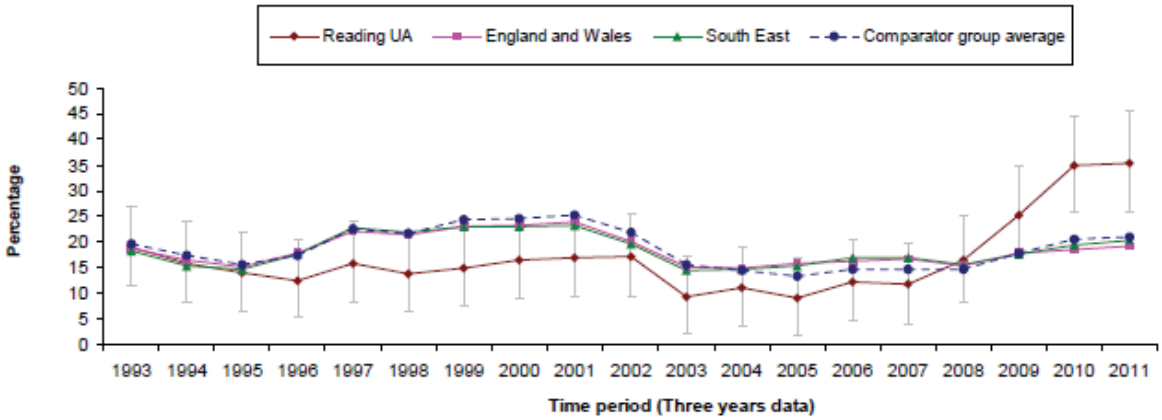
Communicable disease

- **Sexually transmitted disease** - Reading has significantly higher notifications of sexually transmitted diseases than the England average.
- **HIV** - In 2012, there were 324 residents accessing HIV related care in Reading and less than 10 people were newly diagnosed with HIV. Significant numbers of people among them were diagnosed late.
- **Blood-borne Viruses (BBVs)** - In 2012, there were 38 hepatitis B virus cases (acute and chronic) and significantly lower than in the previous years (44 in 2010). Hepatitis C is a major Public Health problem with estimates of large numbers of undiagnosed infections, the majority of which are in current or former injecting drug users. Reading has significantly higher numbers of drug misusers.
- **Tuberculosis** - There were 42 cases of Tuberculosis (TB) among Reading residents in 2012 with an incidence rate of 27 per 100,000 population. Three quarters of TB cases were born outside of the UK. The quality of TB services is high.

Older population

'Excess Winter Death' data show the number of deaths in winter (December to March) compared with non-winter months. Reading has in the past three years seen increasing number of excess winter deaths, and the recent figures show that the numbers are significantly above the national average.

Figure 18: Excess Winter Deaths in Reading (1993 to 2010)



Source: Public Health England (2012)

Flu Vaccination

Public Health England's report *Excess Winter Mortality 2012-13* concluded that excess deaths were found predominantly in the elderly and in deaths coded as resulting from respiratory causes. Their analysis showed influenza to be a major explanatory factor.

Flu immunisation is a Public Health programme that aims to reduce the mortality and morbidity form the influenza virus each year. Whilst targets are almost achieved in the older age groups, there are gaps in the programme aimed at children and those with long term conditions and at higher risk.

Figure 19: Seasonal flu immunisation uptake in Reading (2012/13)

Area	Aged 65 years and over	Aged 6 months to 64 years in clinical risk groups	Pregnant women
Target uptake	75%	70%	70%
Reading	75.4%	56.2%	42.7%
North & West Reading CCG	*77%*		
South Reading CCG	*73%*		
Berkshire West	75.9%	56.4%	48.3%

Source: IMMFORM, Jan 2013. All figures are derived from data as extracted from records on GP systems or as submitted by GP practices or former Primary Care Trusts.

Monitoring against the Public Health Outcomes Framework (PHOF)

The Public Health Outcomes Framework includes over 60 indicators, which measure key aspects of public health within a Local Authority area. In August 2014, Reading Borough was seen to be "significantly worse" than the England figures on the following measures:

0.1ii	Life Expectancy at birth (Male)
0.1ii	Life Expectancy at 65 (Male)
0.2iv	Gap in life expectancy at birth between each LA and England (Male)
1.01i	Children in poverty (under 20)
1.01ii	Children in poverty (under 16s)
1.02ii	School readiness - % of Year 1 pupils achieving the expected level in the phonics screening check
1.02ii	School readiness - % of Year 1 pupils with FSM status achieving the expected level in the phonics screening check
1.05	16-8 year olds not in education, employment or training (NEET)
1.17	Fuel poverty
2.04	Under 18 conceptions
2.04	Under 16 conceptions
2.20i	Breast cancer screening coverage
2.20ii	Cervical cancer screening coverage
2.21vii	Access to Diabetic Eye Screening
3.05ii	Incidence of TB
4.02	Tooth decay in children aged 5
4.03	Mortality rate from causes considered preventable (Male)
4.08	Mortality from communicable disease (All people, Male, Female)
4.15iii	Excess Winter Deaths (3 years, all ages)

The PHOF uses Berkshire West figures for all of the immunisation indicators, so these cannot be directly attributed to Reading. Most of Berkshire West's childhood immunisation figures are significantly better than the England average and meet the national target.

Local Commissioning Strategies

Reading Health and Wellbeing Strategy

Working in partnership the Reading Health and Wellbeing Board published its first Health and Wellbeing Strategy. The vision of the Board is for:

A healthier Reading with communities and agencies working together to make the most efficient use of available resources, to improve life expectancy, reduce health inequalities and improve health and wellbeing across the life course.

The Strategy recognises that health is impacted by many aspects of normal daily living for example, where you live, your links with your community and your experience of loneliness. Working with and through communities underpins the approaches in the Health and Wellbeing Strategy.

The key health needs identified in the Strategy are:

Children:

- low child immunisation numbers in Reading
- under 18 conceptions are significantly more than the England average
- There are significantly more children living in poverty that the England average
- There are 4 times the number of children on child protection plans that the South East average

Adults

- Tuberculosis rates have remained stable at high levels in Reading - over double the national average
- Acute sexually transmitted illnesses are 50% above the England average
- Drug misuse is 50% higher than England average
- Rates of violent crime are higher than the England average
- Increasing rates of diabetes and other long term conditions

Older adults

- Reading has higher than expected numbers of winter deaths (more people are dying in winter than in the warmer months), which may be related to the relatively high number of older homes,
- Lower than targeted numbers of older people having a seasonal flu vaccine

Figure 20: Goals of the Health and Wellbeing Strategy in Reading

CCG Strategy

The Operational Plans for North & West Reading CCG and South Reading CCG are attached at Appendix 2 and Appendix 3 respectively.

Current Pharmacy Provision

Core Pharmaceutical services are provided through the National Pharmacy Contract which has three tiers:

- Essential Services
- Advanced services
- Enhanced Services

This contract is managed by NHS England (Thames Valley Area Team locally)

However in addition community pharmacy can be commissioned by

- CCGs - local commissioned services to support local needs and service transformation
- Local authorities - locally commissioned services to support local needs

There are currently 33 community pharmacies in Reading and 162 across Berkshire. These provide the essential services and a range of advanced and enhanced services. The types of business vary from multiple store organisations to independent contractors. There are three 100 hour pharmacies in Reading.

Pharmacy of course is also available at our Hospital sites across Berkshire: There are pharmacies at Wexham Park Hospital, Royal Berkshire Hospital and Frimley Park Hospital. These are open to 6pm on weekdays and limited hours at weekends. However, they only dispense hospital prescriptions and will not do Standard Operating Procedure FP10 Prescriptions. They do not sell any products and do not offer any additional services to the public.

<u>Essential Services</u>

The following services form the core service provision required of all 33 Reading pharmacies as specified by the NHS Community Pharmacy Contract 2005.

- **Dispensing** - Supply of medicines and devices ordered through NHS prescriptions together with information and advice to enable safe and effective use by patients. This also includes the use of electronic RX (electronic prescriptions). Community pharmacies support people with disabilities who may be unable to cope with the day-to-day activity of taking their prescribed medicines.
- **Repeat dispensing** – Management of repeat medication in partnership with the patient and prescriber.
- **Disposal of unwanted medicines** – acceptance, by community pharmacies, of unwanted medicines which require safe disposal from households and individuals.

- **Signposting** - The provision of information to people visiting the pharmacy, who require further support, advice or treatment which cannot be provided by the pharmacy.
- **Public Health promotion** – Opportunistic one to one advice given on healthy lifestyle topics such as smoking cessation.
- **Support for self care** - Opportunistic advice and support to enable people to care for themselves or other family members.
- **Clinical governance** – Requirements include use of standard operating procedures, ensuring compliance with the Disability Discrimination Act and following quality frameworks to ensure safe delivery of services

Advanced Services

Currently the only Advanced Services which are commissioned nationally are Medicine Use Review (MUR), Appliance Use Review (AUR) and Prescription Intervention Service. The MUR and AUR services provided by pharmacists are to help patients in the use of their medication and appliances. A MUR includes what each medicine is used for, side effects and if the patient has any problem taking them. The Prescription Intervention Service is in essence the same as the MUR service, but conducted on an ad hoc basis, when a significant problem with a patient's medication is highlighted during the dispensing process.

Enhanced Services

The following enhanced services that are currently commissioned, as at August 2014 by:

Public Health within the council:

- **Supervised consumption** - This service requires the pharmacist to supervise the consumption of opiate substitute prescribed medicines at the point of dispensing in the pharmacy so ensuring that the dose has been administered to the patient.
- **Needle exchange** - The pharmacy provides access to sterile needles and syringes, and sharps containers for return of used equipment. The aim of the service is to reduce the risk of blood borne infections that are prevalent in people who inject drugs.
- **Chlamydia Screening** – Pharmacists supply Chlamydia Screening Postal Kits to any person aged between 15 and 24 upon request and will opportunistically offer Chlamydia Screening Postal Kits to young people attending the pharmacy who may be sexually active. This service aims to improve access to Chlamydia screening and so reduce the prevalence of Chlamydia.
- **Emergency Hormonal Contraception** - Pharmacists supply Emergency Hormonal Contraception (EHC) also known as the 'morning after pill', when appropriate to patients in line with the requirements of a locally agreed Patient Group Direction (PGD).

- **Smoking Cessation Services** – Working with the main provider of Smoking cessation services pharmacies provide a range of support including medication to people who want to give up smoking.
- **NHS Health Checks** - Pharmacies are commissioned to deliver NHS health checks to anyone aged 40 – 74, who does not have an existing cardiovascular condition. This provides the individual with an assessment of their risk on developing heart disease and allows signposting to GP follow up or health promotion services e.g. weight reduction / smoking cessation

The CCGs within Berkshire:

- **Palliative Care Urgent Drugs Scheme** - making available locally a list of medication that may be required urgently for palliative care patients. A number of pharmacies ensure they keep the items in stock and can be accessed out of hours if required.

Advice to care homes is not available through community pharmacy but is provided by the medicines management teams in each CCG. This service provides support to staff within care homes, over and above the Dispensing Essential Service, to ensure the proper and effective ordering of drugs and appliances and their clinical and cost effective use, their safe storage, supply and administration and proper record keeping. This service is to improve patient safety within the care home and to ensure the safe storage, supply and administration of medicines.

NHS England:

- **Flu Immunisation** - A pilot scheme was developed to increase flu vaccination availability in high risk groups through community pharmacy. In 2014 this scheme is being extended across Berkshire.

Private Services**:**

Some pharmacies offer private services, which are not commissioned, but are available to customers for additional payment e.g. diabetes screening.

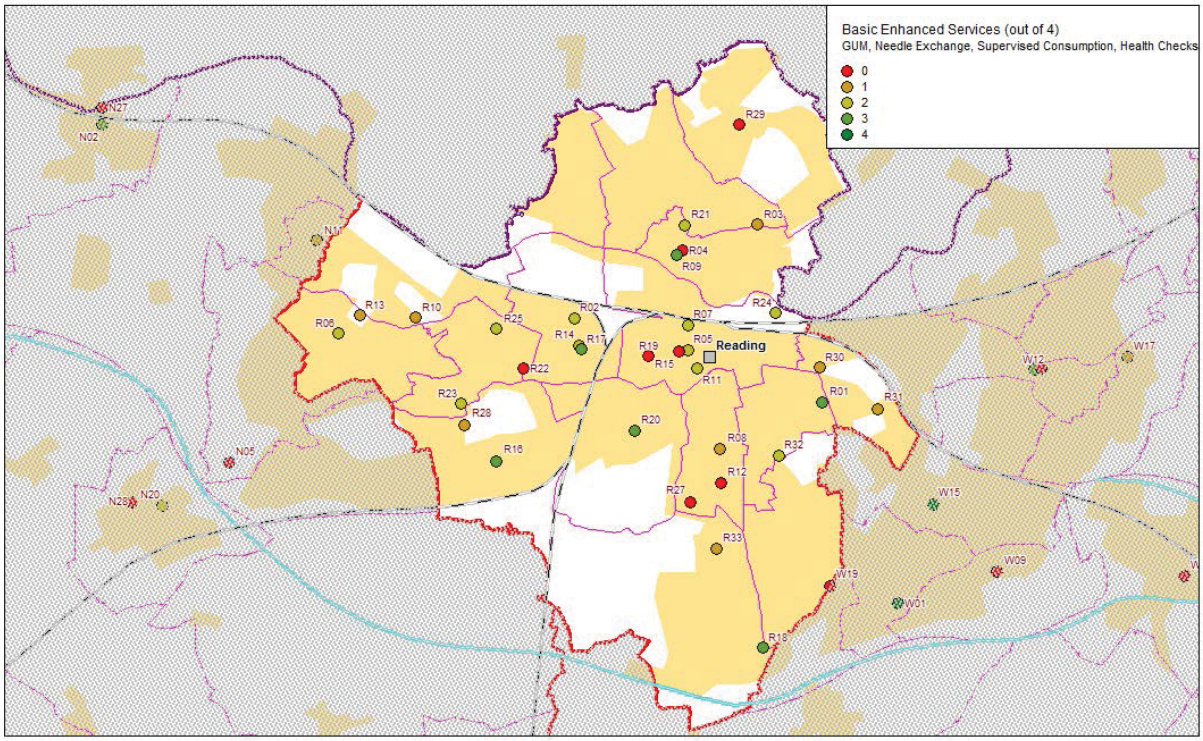
Pharmacy provision - current

Identified Health Needs	Current service provision Community pharmacy
Adults Self care	Signposting is part of core contract
	Medicine utilisation reviews
	Health Promotion campaign part of core contract
Smoking	Solutions for Health sub contract
Alcohol	Pilot programme in pharmacies raising awareness of alcohol units
Cancer	Health promotion campaigns - Bowel Screening as part of core contract.
Cardiovascular disease	NHS Health Checks
Chronic Obstructive Pulmonary Disease (COPD)	Medicine utilisation reviews
Older people Winter excess death Winter warmth Flu Immunisations Falls	Pilot of Flu immunisation to at risk groups
Dementia	Friends trained
Sexual Health	Emergency hormonal contraception Access to condoms - C Card scheme Signposting to Chlamydia screening
Substance misuse	Needle exchange Supervised consumption

Current Pattern of Enhanced services

For more details see Appendix 4.

Figure 21: Map of Pharmacies in Reading to show how many of the Basic Enhanced Services are provided



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Other Service Providers

Dispensing Contractors

In addition to community pharmacies, to ensure access in defined rural areas (controlled localities) - GPs may provide dispensing services to patient who live more than 1.6km from a pharmacy. Reading however does not have any rural areas that meet the required definition and so Reading does not have any dispensing doctors

Out of area service providers

Residents can of course access pharmacies in other areas and Reading borders with the following Local Authorities:

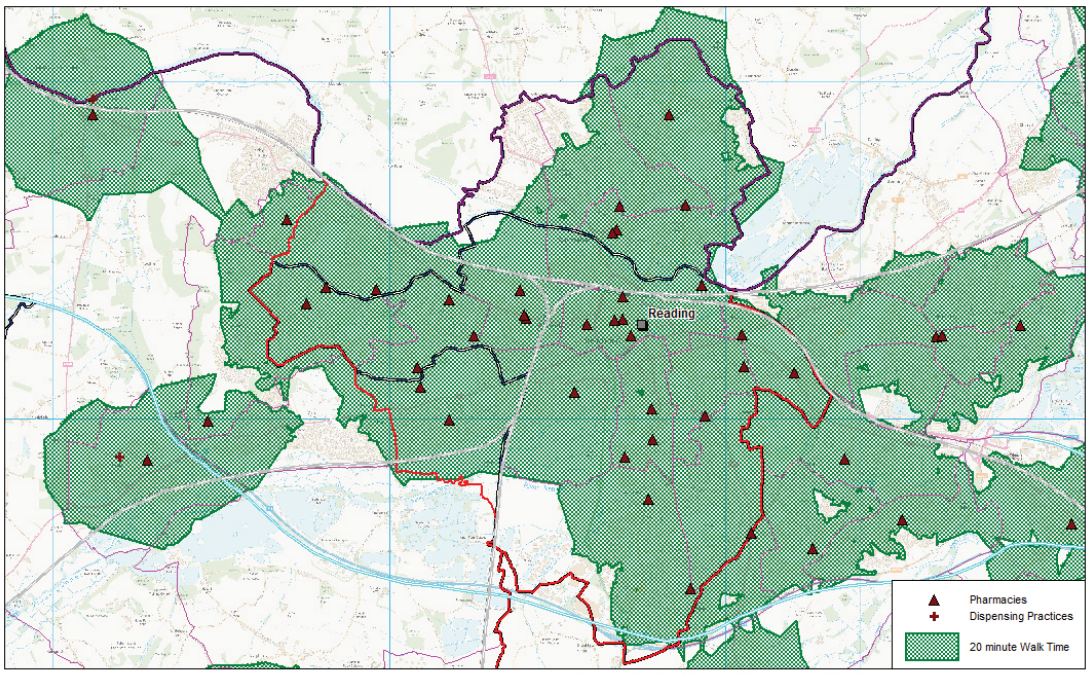
- Oxfordshire
- Wokingham
- West Berkshire

Pharmacy Access and Services

One measure of accessibility is the number of patients that can get to a pharmacy within 20 minutes driving time (see Appendix 5). For Reading it can be seen that all of the population can access a pharmacist within this time.

Within Reading we have also mapped the access within 20 minutes walking time.

Figure 22: Population of Reading that can get to a pharmacy within a 20-minute walk time



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In this analysis it can be seen that the there are two areas with limited accessibility: North West (part of Caversham Heights) and South West - however at this time the Southern area has limited housing. It is estimated that only 5,000 people cannot access a pharmacy under this much more stringent measure.

<u>Opening Hours</u>
A survey was undertaken of all pharmacists in Reading. 28 providers out of 33 providers took part on this survey. The following information is taken from the survey.

All respondents are open Monday to Friday between 6am and 11pm depending on the day of the week. 86% of providers are open on Saturdays, with 43% open on a Sunday. In addition Reading has three '100 hour per week' pharmacists.

Consultation Facilities

To deliver the advanced services e.g. medicines utilisation reviews and to potentially support patients with more knowledge on their illnesses and increase patient confidence in self care, pharmacist will need an area to provide this level of support in a confidential setting.

In Reading 79% of providers have wheelchair accessible consultation facilities, an additional 7% have a consultation space however it is not wheelchair accessible. Only 7% do not have consultation space available.

Advanced services

Within Reading a significant number of pharmacies provide advanced services for medicines, though this is not the case for appliance care and customisation services.

Figure 23: Reading Pharmacy response to question about the provision of Advanced Services

	Yes	Soon	No
Medicines Use Review service	25 (89.3%)	2 (7.1%)	1 (3.6%)
New Medicine Service	24 (85.7%)	2 (7.1%)	2 (7.1%)
Appliance Use Review service	0 (0%)	3 (10.7%)	25 (89.3%)
Stoma Appliance Customisation service	0 (0%)	1 (3.6%)	27 (96.4%)

Additional language availability

There are a wide range of additional languages spoken within the community pharmacy setting which is important in Reading given its large number of BME communities. These include a wide range of Asian and European languages

Collection and Delivery Services

Many patients with long term conditions have ongoing medication requirements. For them collection and delivery services may be crucial for accessing their prescriptions – having the prescription collected from the GP surgery and then delivered to their home. 93% of pharmacists in Reading offer free collection from the surgery services.

In addition 86% of community pharmacies offer free delivery to patients when requested usually to patients with limited mobility. An additional 7% of pharmacists will offer this service but will charge for the service.

IT connectivity

Moving forward service integration will require sharing of information and so it will become increasingly important for pharmacy to have IT connectivity if they are to play a role in transformed services. 92% of pharmacies in Reading have IT connectivity, and the rest are updating to have good connectivity in the coming year.

Analysis of User Survey

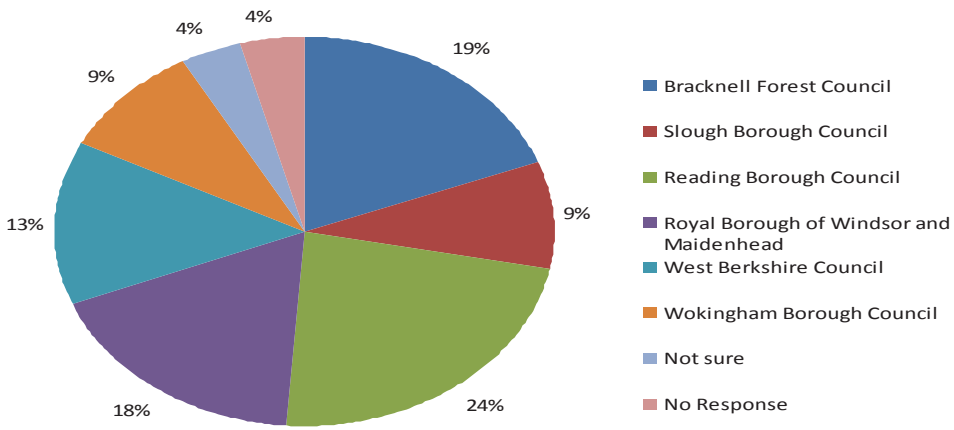
A key part of the PNA is to obtain the views of residents who use our community pharmacy and dispensing doctor services.

The survey was circulated in a number of ways. The survey was available at all of the local community pharmacists; the anonymous paper based surveys were then collected from these locations by courier. In addition the survey was available electronically on the Councils website. Posters in the pharmacies and press releases in the local papers tried to increase local awareness of the survey and to encourage participation.

Respondents

The survey was sent out across Berkshire, with 2,048 people responding. The responses by Local Authority are shown below.

Figure 24: Which local authority area do you live in?



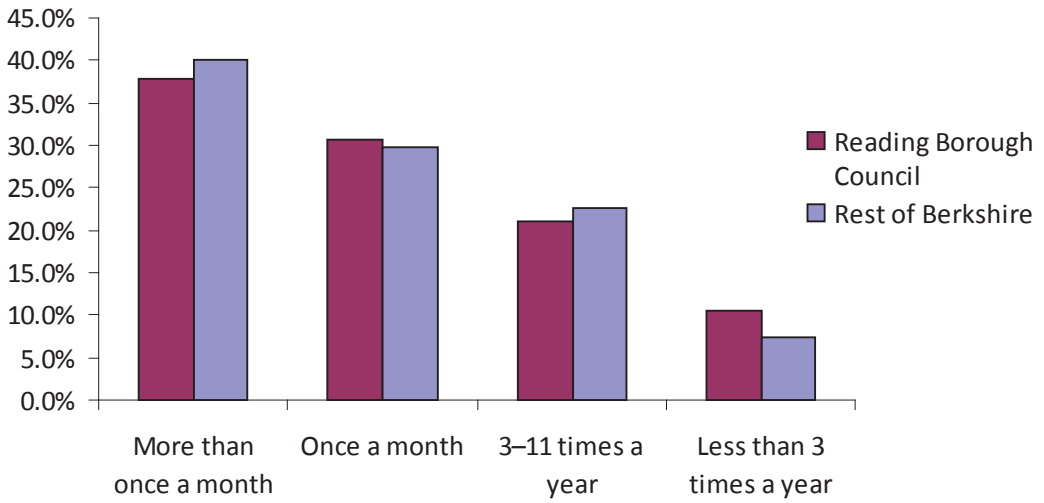
In Reading there were 468 responses making up 23% of the total replies. Of these 75% were from respondents that classed themselves as white British and 6% as white other. The most common age groups that responded in Reading were younger than the rest of Berkshire with 20% being 35-44 and 19% aged 45-54.

Pattern of use

Residents were asked what services they used: 94% replied that they used community pharmacy, 4% a dispensing appliance supplier (someone who supplies appliances such as incontinence and stoma products) and 3% internet pharmacy. These results are a similar pattern of use to the rest of Berkshire.

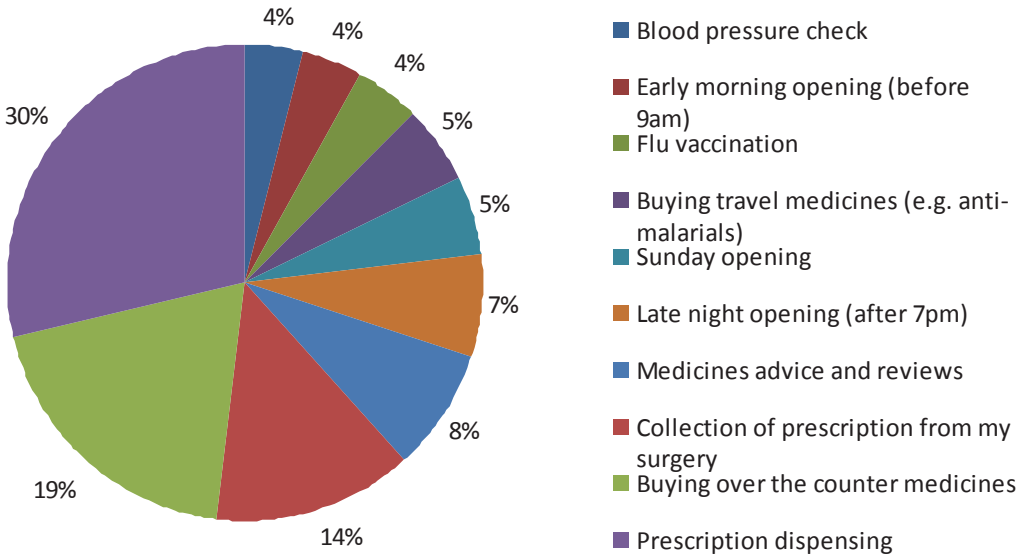
When residents were asked how often they used a community pharmacy they gave the following replies, which shows a slightly lower usage than the rest of Berkshire but not significantly.

Figure 25: How often do you use a pharmacy?



Additionally residents were asked about the type of services they currently use at their local pharmacy: As could have been expected the most common reason is to get prescriptions dispensed (30%) and buying over the counter medicines (19%). The results show how the respondents value to (voluntary) collection of prescription service provided by pharmacists.

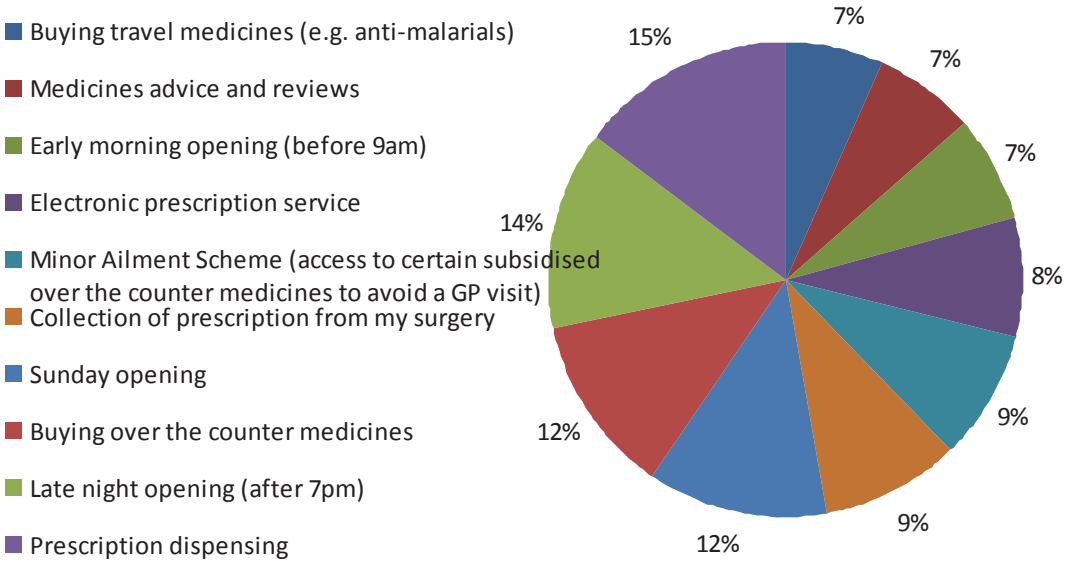
Figure 26: Which of the following service do you currently use at a pharmacy?



We also asked respondents' about the type of services they would like to see at a community pharmacy, whilst dispensing and medicines are still important

and respondents again wish to see extended opening times, 14% would like to see late night opening and 12% Sunday opening.

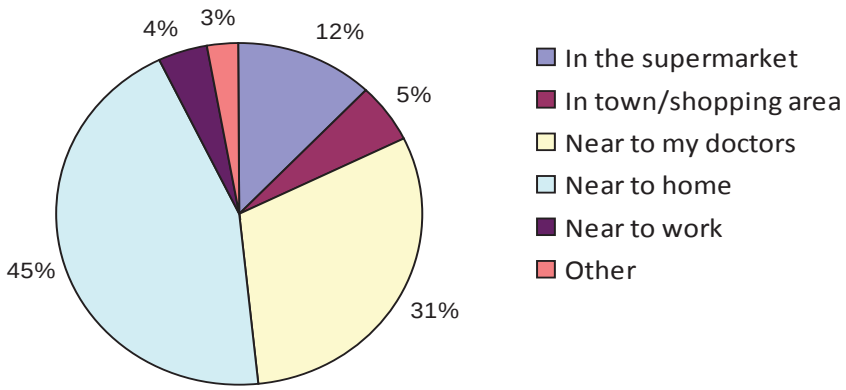
Figure 27: Which of the following services would you use at a pharmacy, if available? (Top 10 responses)



Access to pharmacy

Respondents state they have good access to services with 99% being able to access the pharmacy of their choice, which is slightly higher than the rest of Berkshire response (98%). The commonest reason was proximity to home (45%) with 30% stating that proximity to GP was the key factor.

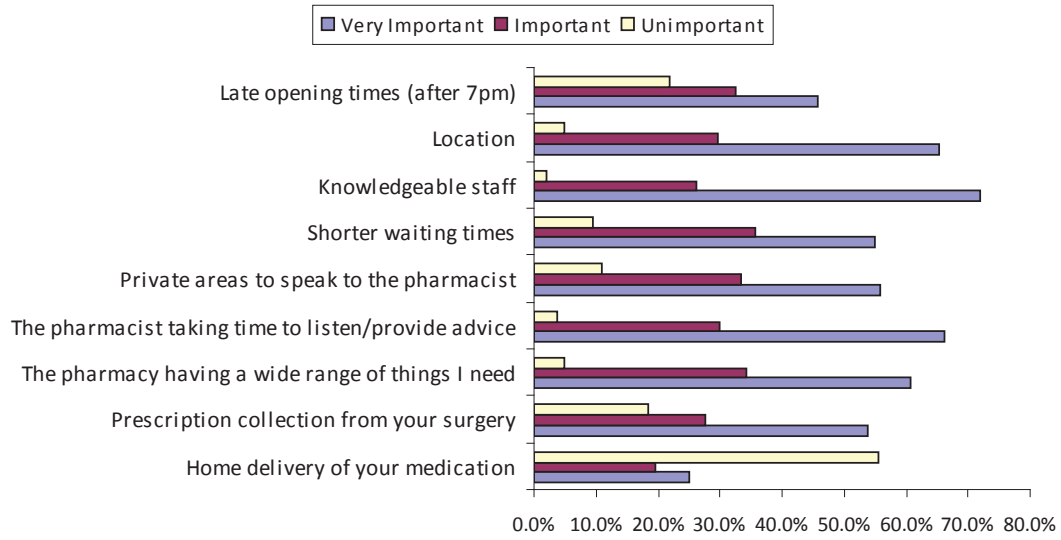
Figure 28: Reason for choice of pharmacy



More respondents' access pharmacy on foot (52%) with 36% using the car. 84% of respondents can access services within 15 minutes and 14% within 15-30 minutes.

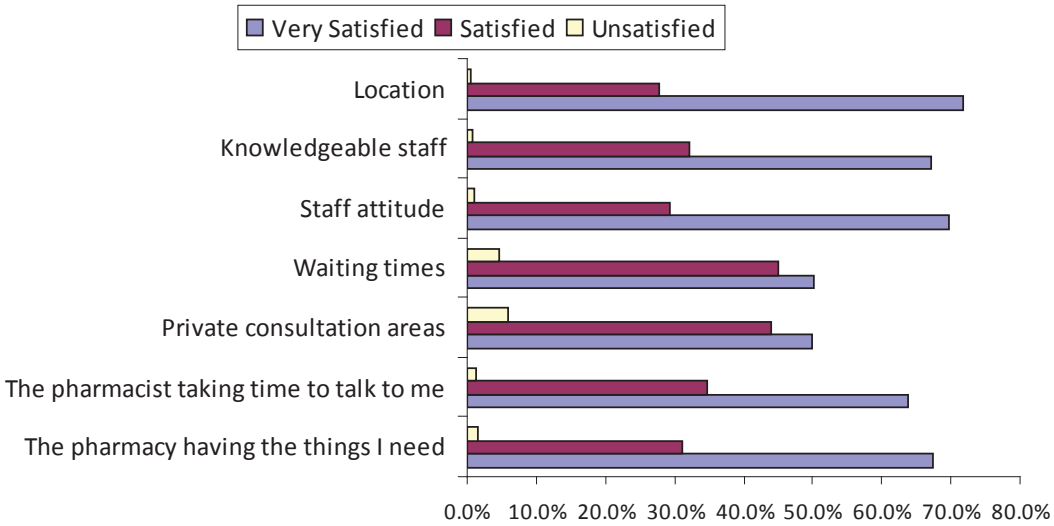
We asked respondents to rate the importance of the various services that pharmacies offer. Key is the availability of knowledgeable staff, closely followed staff having time to listen and give advice and convenient location.

Figure 29: How important are the following pharmacy services?



The final section of the survey tested the respondents' satisfaction with services. As has been seen there is a high level of satisfaction across all areas, the lowest level of satisfaction was with the waiting times and private consultation space – for waiting time 5% expressed dissatisfaction and consultation space 6%.

Figure 30: How satisfied were you with the following services at your regular pharmacy?



Recommendations

The regulations governing the development of pharmaceutical needs assessments requires an assessment of pharmaceutical services in terms of:

- Services currently commissioned that are necessary to meet a current need
- Services not currently commissioned that may be necessary in specified future circumstance
- Services not currently commissioned that may be relevant in the future because they would secure improvements or better access to pharmaceutical services to address needs identified in the population.

Essential services

In order to assess the provision of essential services against the needs of our population we mapped and assessed the location of pharmacies, their opening hours and the provision of other dispensing services. These factors we consider to be key factors in determining the extent to which the current provision of essential services meets the needs of our current population.

Access

Current pattern of services provides good physical access to patients, with no gaps in the 20 minute drive time test. Reading in comparison to Berkshire is not as affluent (see Appendix 8), car ownership is therefore lower so we have also mapped the walking times. As has been shown access to pharmaceutical services is still good with few residents being unable to access a pharmacy under this measure.

Opening Hours

All respondents are open Monday to Friday between 6 am and 11 pm depending on the day of the week. 86% of providers are open on Saturdays, with 43% open on a Sunday. In addition Reading has three '100 hour per week' pharmacists.

Patient views

94% of respondents used community pharmacy. The user survey shows that respondents are generally very satisfied with pharmacy services in the Borough. 99% are able to access the pharmacy of their choice, with 84% being able to access services within 15 minutes. There were lowest levels of satisfaction were seen with private consultation space 6% and waiting times 5% though the levels of dissatisfaction are low.

Conclusion - Essential services

Overall the findings show that the pharmacy services currently provided are comprehensive and address the needs of Reading residents.

In addition it is noted that in both the Health and Wellbeing Strategy and the CCG commissioning plans there is a focus on self care, health promotion and early intervention services. In essence making it easier for residents to access information to understand and manage their own condition with expert professional advice and intervention as needed. Pharmacists have a key role to play in this and as this is a core essential service we would encourage all commissioners to work collaboratively with community pharmacy in this endeavour.

- Promotion of healthy lifestyles
- Prescription linked interventions
- Public health campaigns
- Signposting
- Support for self care

Advanced services

The advanced services are:

- Medicines Use Review and Prescription Intervention (MURs)
- Appliance Use Reviews (AURs)
- Stoma Appliance Customisation Services (SACs)

These services aim to improve patients' understanding of their medicines; highlight problematic side effects & propose solutions where appropriate; improve adherence; and reduce medicines wastage, usually by encouraging the patient only to order the medicines they require and highlighting any appropriate changes to the patient's GP to change their prescription.

An important feature in the provision of advanced services is the provision of consultation areas within pharmacies, this was explored in some depth in the pharmacy contractor survey. 86% of pharmacies in Reading provide access to consultation areas. In addition there is good provision of MUR medicine services with a minimum of 86% of respondents providing this care which is of particular importance to patients with long term conditions.

Conclusion - advanced services

Again the purpose of advanced services fits well with the local population and the increasing numbers of residents with ongoing conditions and fits with the Health and Wellbeing Strategy and CCG strategic plans.

Pharmacists through their role in dispensing and MUR services can identify key residents at risk of complications and support their care. We will continue

to work with our pharmacy contractors to develop extensions to MUR services to widen access and target provision with high priority patient groups, for example with patients at risk of diabetes as an identified need.

We will also work with pharmacy contractors, the LPC and LMC to improve understanding and awareness of MUR among patients and the public.

Locally Commissioned Services

Whilst it seems that there are sufficient numbers of pharmacies within Reading the JSNA has identified a number of needs that in the future pharmacists could potentially address.

Figure 31: Summary of identified health needs and potential developments in Reading

Identified Health Needs	Current service provision Community pharmacy	Potential community pharmacy development
Adults Self care	Signposting is part of core contract	Strengthen use of community pharmacy as information hub for community contact - access to voluntary sector groups, exercise advice, "Making every contact Count" – building on the home delivery services offered freely through many pharmacies to identify frail patients at risks and support preventative integrated care
	Medicine utilisation reviews	To build on MUR and support wider information on the specific illness / motivational interviewing etc – e.g diabetes,
	Health promotion campaign	Develop skills to increase capacity and capacity of pharmacies teams to provide information and support healthy lifestyle choice - Making every count

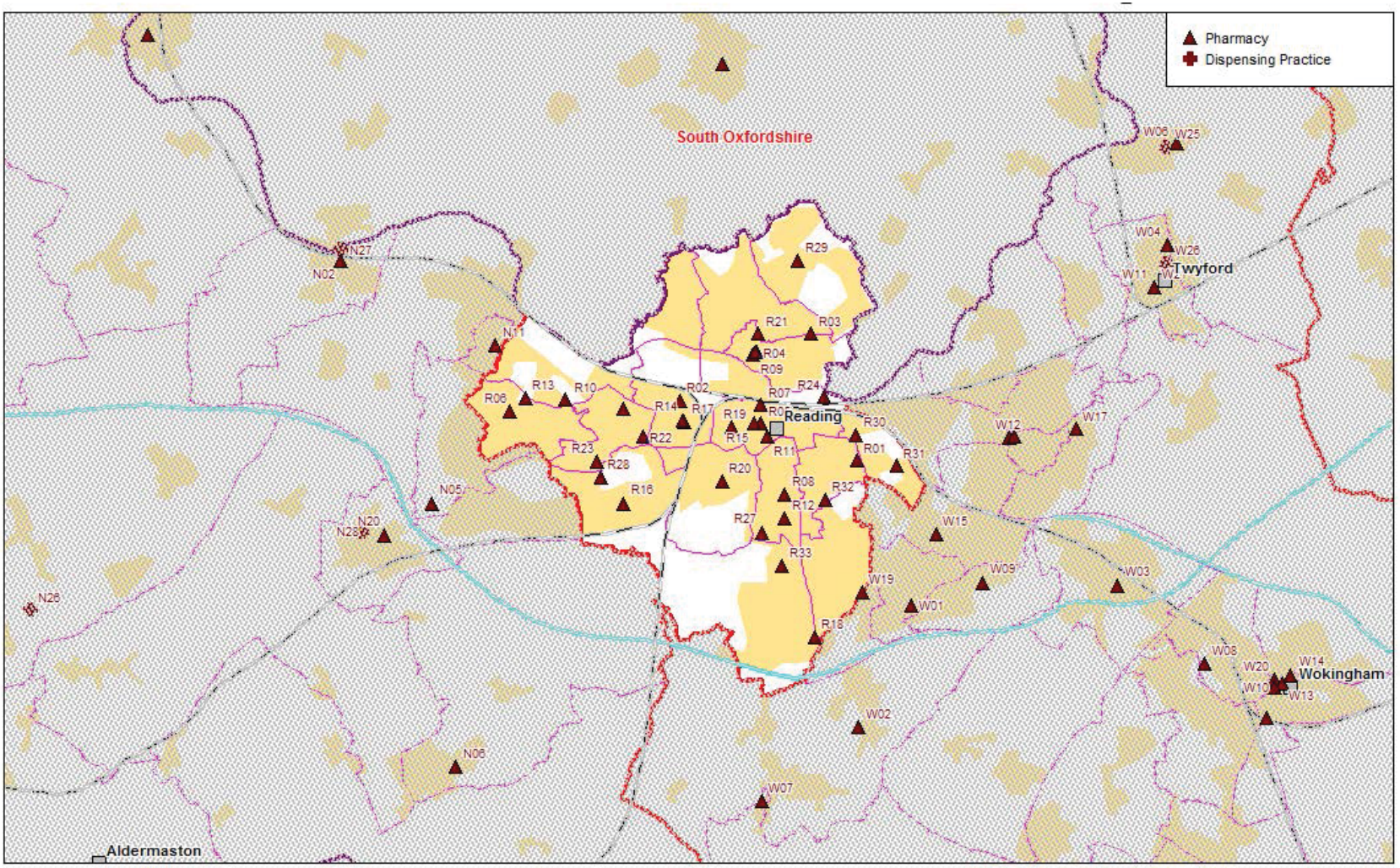
Identified Health Needs	Current service provision Community pharmacy	Potential community pharmacy development
Smoking	Solutions for health sub contract	Widen participation of community pharmacy
Alcohol	Pilot programme in pharmacies raising awareness of alcohol units	Expansion of this programme into a full Alcohol Intervention and Brief Advice Service
Cancer	Health promotion campaigns - bowel screening as part of core contract.	Build on dispensing opportunities to identify worrying symptoms to sign post to care
Cardiovascular disease	NHS health checks	Expansion of provision within the communities focussing on the more deprived communities
Chronic Obstructive Pulmonary Disease (COPD)	Medicine utilisation reviews	Develop capacity and techniques to support inhaler technique
Anxiety and depression		Opportunistic identification of at risk groups to sign post to support services
High use of accident and emergency Minor Ailments	Previous minor ailment pilots	Potential of pharmacy to act as first port of call in a range of minor ailments to reduce use of GP and A&E to
Older people Winter excess death Winter warmth Flu Immunisations	 Pilot of Flu immunisation to at risk groups	Sign post vulnerable groups to support services Widen availability of flu immunisation to all groups
Sexual Health	Emergency hormonal contraception Access to condoms - C Card scheme Chlamydia screening and treatment by PGD	LARC

Identified Health Needs	Current service provision Community pharmacy	Potential community pharmacy development
Substance misuse	Needle exchange Supervised consumption	PGD - naloxone therapy BBV testing and treatment
Infectious diseases TB Blood borne viruses HIV		Potential opportunity to increase and sign post new residents at risk of TB to screening services TB Supervision Potential opportunity to increase and sign post new residents at risk of BBV to screening services Potential opportunity to increase and sign post new residents at risk of HIV to sexual health services

Figure 31 shows identified health needs that could be addressed through commissioning of pharmaceutical services subject to a robust business case and contractual negotiations.

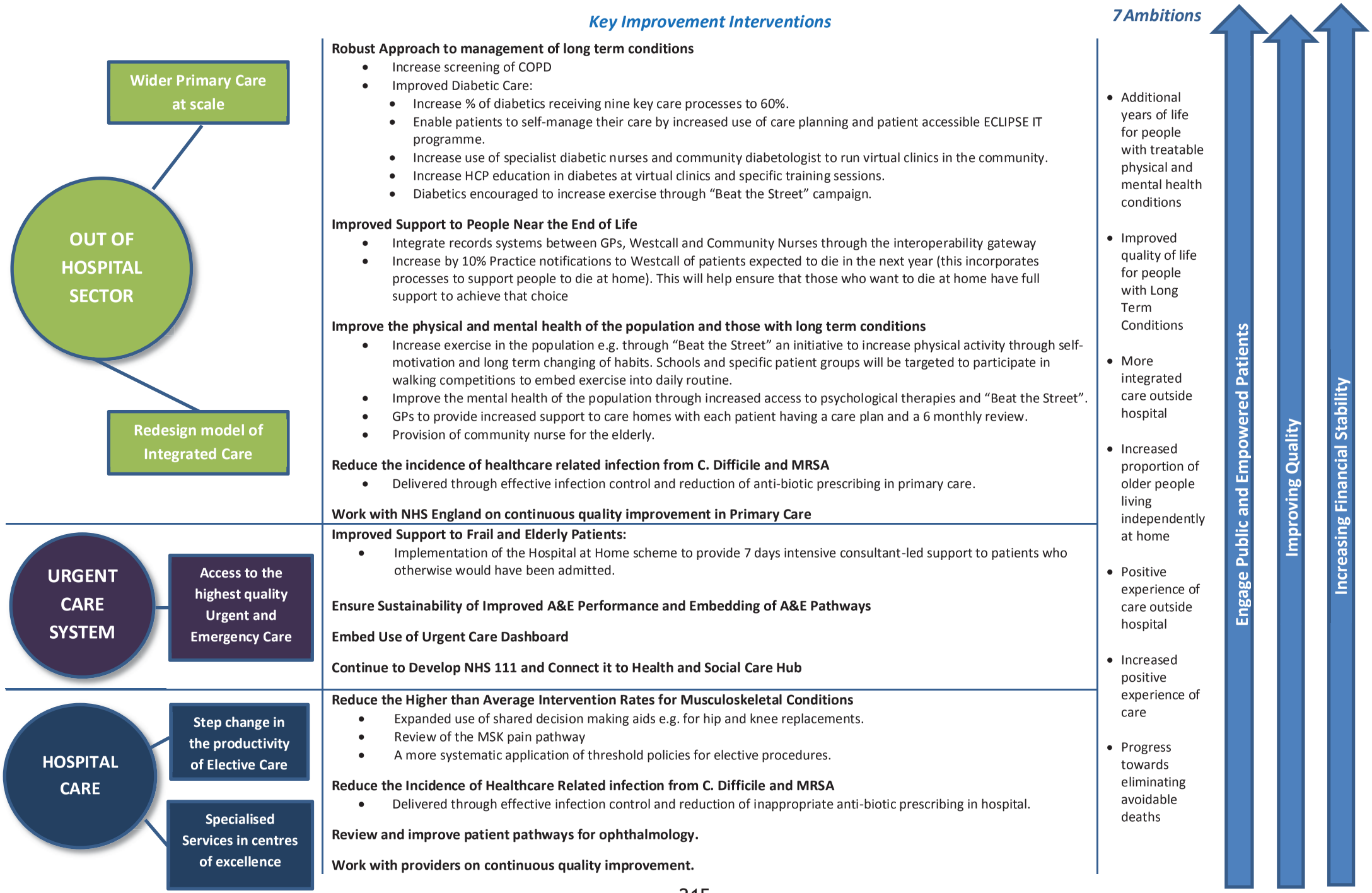
Appendix 1: Map of Pharmacy Services in Reading Borough

Figure 1: Map of Pharmacies and Dispensing Practices in Reading Borough



ID	CODE	TRADING NAME	ADDRESS	TOWN	POSTCODE
R01	FA288	Erleigh Road Pharmacy	85 Erleigh Road	Reading	RG1 5NW
R02	FA368	Tesco Pharmacy	Portman Road	Reading	RG30 1AH
R03	FA597	Markand Pharmacy	122 Henley Road	Caversham	RG4 6DH
R04	FC305	Day Lewis Rankin Pharmacy	30 Church Street	Caversham	RG4 8AU
R05	FDT21	Boots the Chemists	47-48 Broad Street	Reading	RG1 2AA
R06	FDX71	Triangle Pharmacy	88-90 School Road	Tilehurst	RG31 5AW
R07	FE816	Boots the Chemists	Unit 7, Brunel Arcade (Reading Station)	Reading	RG1 1LT
R08	FEK05	Lloyds Pharmacy	Milman Road Health Centre, Milman Road	Reading	RG2 0AY
R09	FEX35	Boots the Chemists	45 Church Street	Caversham	RG4 8BA
R10	FF110	Lloyds Pharmacy	2a Tylers Place, Pottery Road	Tilehurst	RG30 6BW
R11	FFY65	Boots the Chemists	25 Town Mall Walk, The Oracle	Reading	RG1 2AH
R12	FGD71	Basingstoke Road Pharmacy	71 Basingstoke Road	Reading	RG2 0ER
R13	FGF17	Tilehurst Pharmacy	7 School Road	Tilehurst	RG31 5AR
R14	FGW06	Lloyds Pharmacy	266-268 Oxford Road	Reading	RG30 1AD
R15	FGX83	Superdrug Pharmacy	55-59 Broad Street	Reading	RG1 2AF
R16	FHF90	Southcote Pharmacy	36 Coronation Square	Reading	RG30 3QN
R17	FK294	Lloyds Pharmacy	351-353 Oxford Road	Reading	RG30 1AY
R18	FLG15	Whitley Wood Pharmacy	Whitley Wood 534 Northumberland Avenue	Reading	RG2 8NY
R19	FLK26	Saood Pharmacy	104A Oxford Road	Reading	RG1 7LL
R20	FLR49	Newdays Pharmacy	60 Wensley Road, Coley Park	Reading	RG1 6DJ
R21	FMJ89	Rowlands Pharmacy	59A Hemdean Road	Caversham	RG4 7SS
R22	FMV40	Fittleworth Medical Ltd	2 Lundy Lane	Reading	RG30 2RR
R23	FNR10	Boots the Chemists	32 Meadway Precinct	Tilehurst	RG30 4AA
R24	FPG88	Tesco Pharmacy	Napier Road	Reading	RG1 8DF
R25	FQD26	Grovelands Pharmacy	Grovelands Pharmacy 2 Grovelands Road	Reading	RG30 2NY
R26	FQP38	Oxford Road Pharmacy	272-274 Oxford Road	Reading	RG30 1AD
R27	FRF51	Manichem Online	47, Boulton Road		RG2 0NH
R28	FT293	Asda Stores Ltd	Honey End Lane	Tilehurst	RG30 4EL
R29	FT878	Lloyds Pharmacy	The Broadway	Caversham	RG4 8XW
R30	FTK19	Lloyds Pharmacy	195 London Road	Reading	RG1 3NY
R31	FVH81	Lloyds Pharmacy	105 Wokingham Road	Reading	RG6 1LN
R32	FWT36	Lloyds Pharmacy	68 Christchurch Road	Reading	RG2 7AZ
R33	FXQ15	Lloyds Pharmacy	277 Basingstoke Road	Reading	RG2 0JA
R34	FT878	Lloyds Pharmacy	5 Cavendish Road, Caversham Park	Reading	RG4 8XU

"Supporting our population to improve and optimise their own personal health by encouraging self-care and commissioning high quality integrated health care"



VISION of SOUTH READING Clinical Commissioning Group (CCG)

Working innovatively with patients and partners to improve the health of our local community

High level Objectives	Strategic Context	Priorities with target improved outcomes	"What will we Do?" in 13/14		"How will it look?" in 15/16
To provide equitable, high- quality, primary medical care. To deliver more services in the community, with less patients being seen in hospitals. To use the finite NHS resources wisely based on clinical evidence and need	125,328 people registered with 20 GP practices. South Reading CCG: a **younger ethnically diverse population** (just 4.3% over 75 years; 27% ethnic minorities) 11% live in a ward in one of the 20% **most deprived** in England. **CCG Benchmarks well** against national rates for GP referrals, elective and non-elective admissions. CCG underperforms for childhood immunisations and cancer screening **Health inequality** from mortality from cardiovascular disease (CVD) with an 8.5 year and 7 year difference in life expectancy for men and women respectively from the most to the least deprived areas of Reading. 87% of hospital care is from the **Royal Berkshire NHS Foundation Trust.** **Berkshire Healthcare Foundation Trust**: main provider of community and mental health services. Member of **Reading** Health and Wellbeing Board **Total Budget** £115m with 1% Quality , Innovation, Productivity, & Prevention (QIPP) savings target for 13/14	**National:** Hospital acquired infections e.g. C Diff and MRSA levels in line or less than nationally set targets. Reduce avoidable emergency admissions by 1 patient per day. **Quality Premium:** Increase uptake of immunisations from 93% to 95% Carry out an extra 804 CVD health checks Achieve 45% coverage of the 9 care processes for diabetes , an increase of 9% **Improving Health inequalities in Children:** Reduce health impact of childhood obesity. Increase uptake of Breastfeeding from 53% to 54%. Increased input from Speech and Language Therapists into nurseries and schools **Other areas identified in our Joint Strategic Needs Assessment (JSNA)** Increase bowel cancer screening uptake from 44% to at least 54% Increase numbers of smoking quitters **Commissioning priority** Improve patient satisfaction in mental health services from 25% to 50% Increase Patient & Public Engagement across our diverse population	**Planned Care**	Increase the use of Shared Decision Aids for Hip and Knee replacement Review the Musculoskeletal (MSK) pathway Reduce routine follow-ups for Breast cancer with rapid access appointments to replace them	Improved Patient Reported Outcome measures for knees A Multidisciplinary Team (MDT) community pain clinic part of MSK pathway Improved patient experience .Royal Berkshire Hospital benchmarking Ratio for new: follow-ups improved
			Urgent Care	Successfully implement NHS111 7 day admission avoidance service Reissue Paediatric Guidelines for GPs with training Review of minor injury service provision	An Integrated Urgent care system Reduction in avoidable emergency admissions Reduce numbers of children who inappropriately attend A and E Minor injury service that meets the health needs of the population
			Long Term Condition (LTC)	Increased Patient education to self-care and access to information Care-Co-ordinators to identify highest risk patients through the ACG tool and organise MDT meetings Training for Primary care to promote Care-planning Increased capacity in Memory clinics for diagnosis of Dementia followed by support and treatment Organise Conference for patients on "Dementia & Elderly Care "	Patients and their carers are well informed and know where to access information and support Less people with Long term conditions requiring an emergency hospital admission associated with disease progression Patients' "own " their Care plan with their results available electronically Enhanced quality of life for people with dementia and their carers Functioning integrated " Frail Elderly Pathway"
			Joint Commissioning	Increased access to Talking Therapies and reduction in waiting times for Talking Therapies Development of further services for Personality Disorder	Over 15% of people with anxiety or depression receive Talking Therapies Improved use of mental health and GP services for patients with Personality Disorder Mental Health services measured on patient outcomes Integrated health and social care with a single point of access.

Appendix 4: Enhanced Services in Reading Borough

Figure 1: Map of Pharmacies in Reading Borough who provide GUM Services

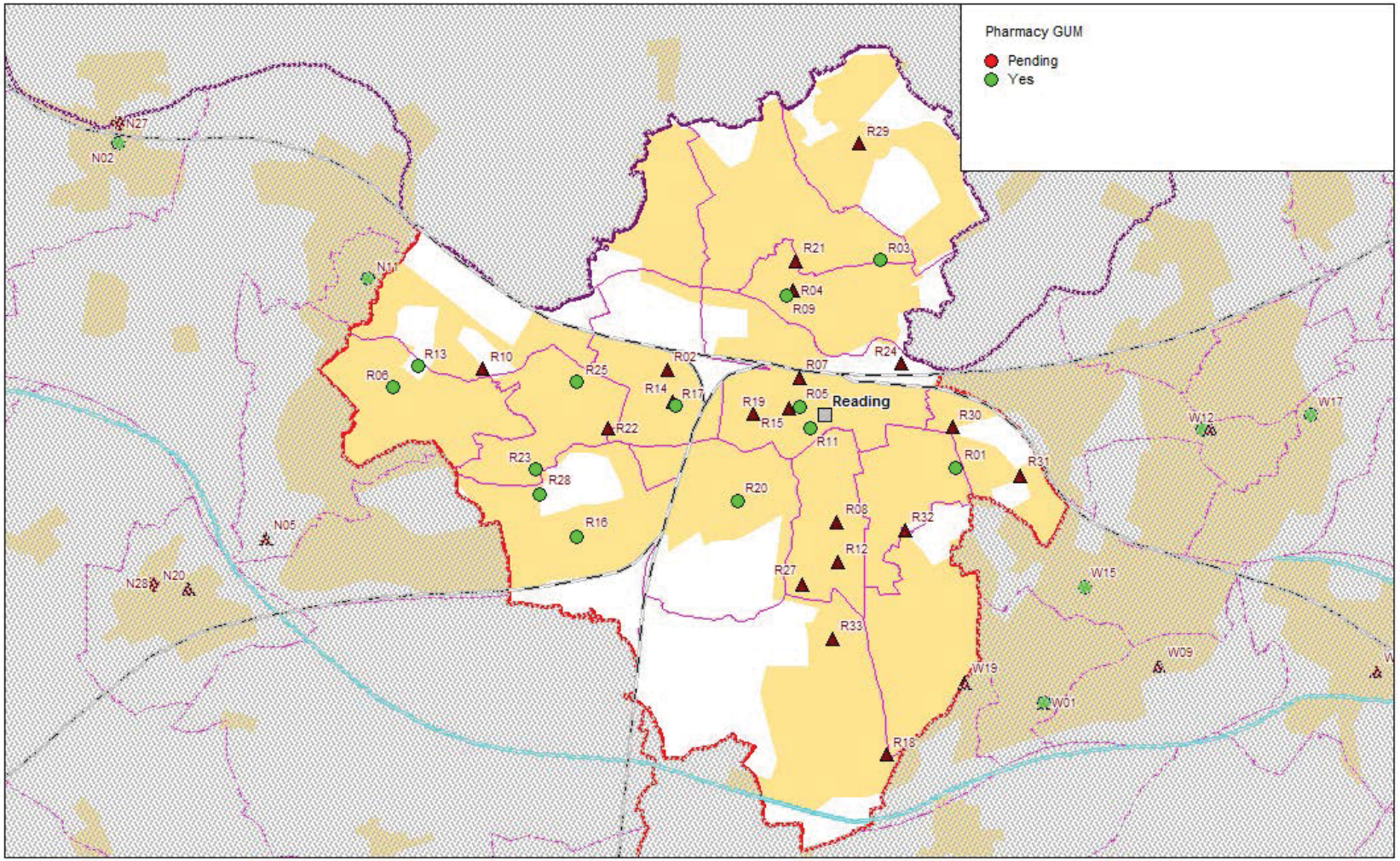
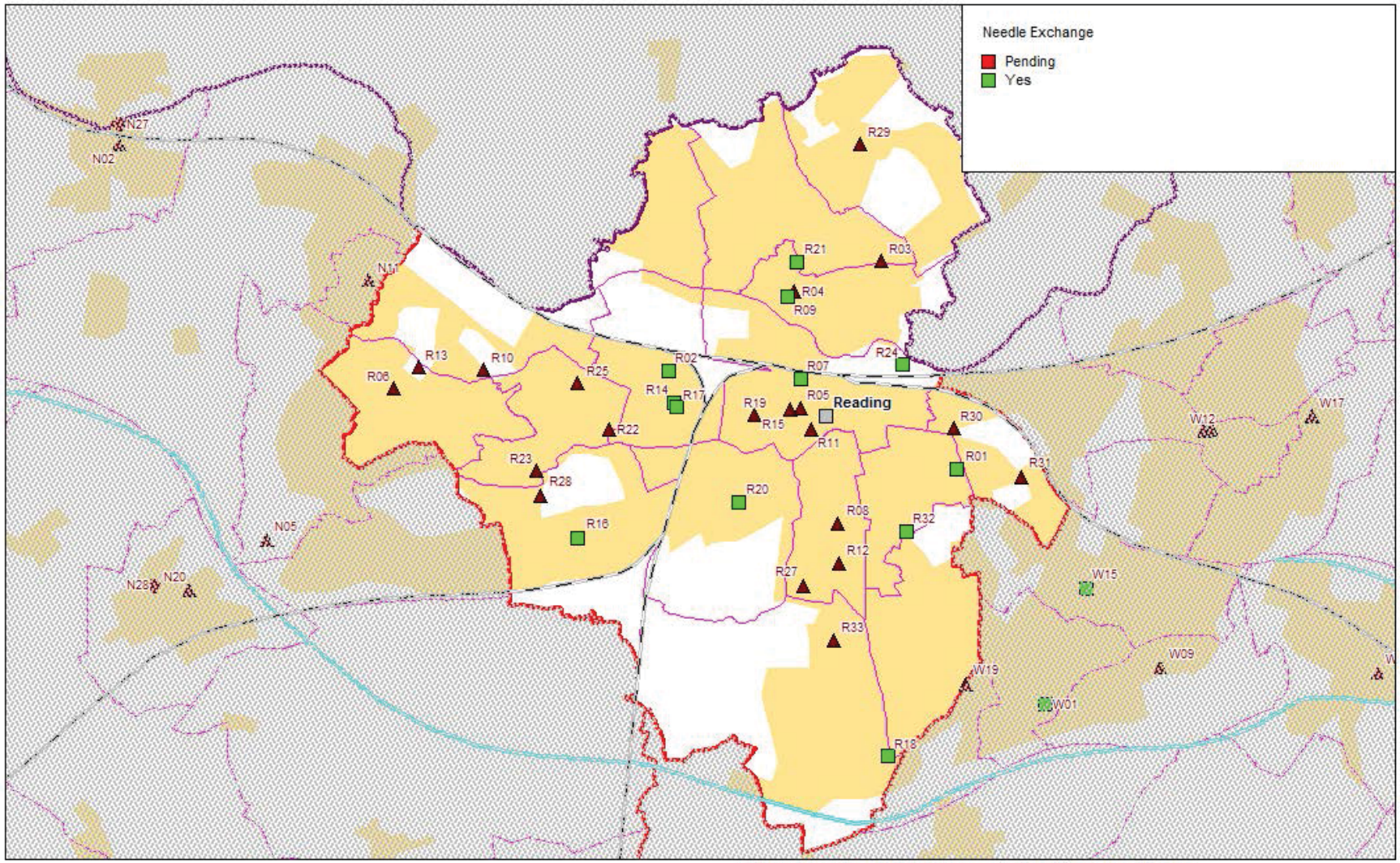
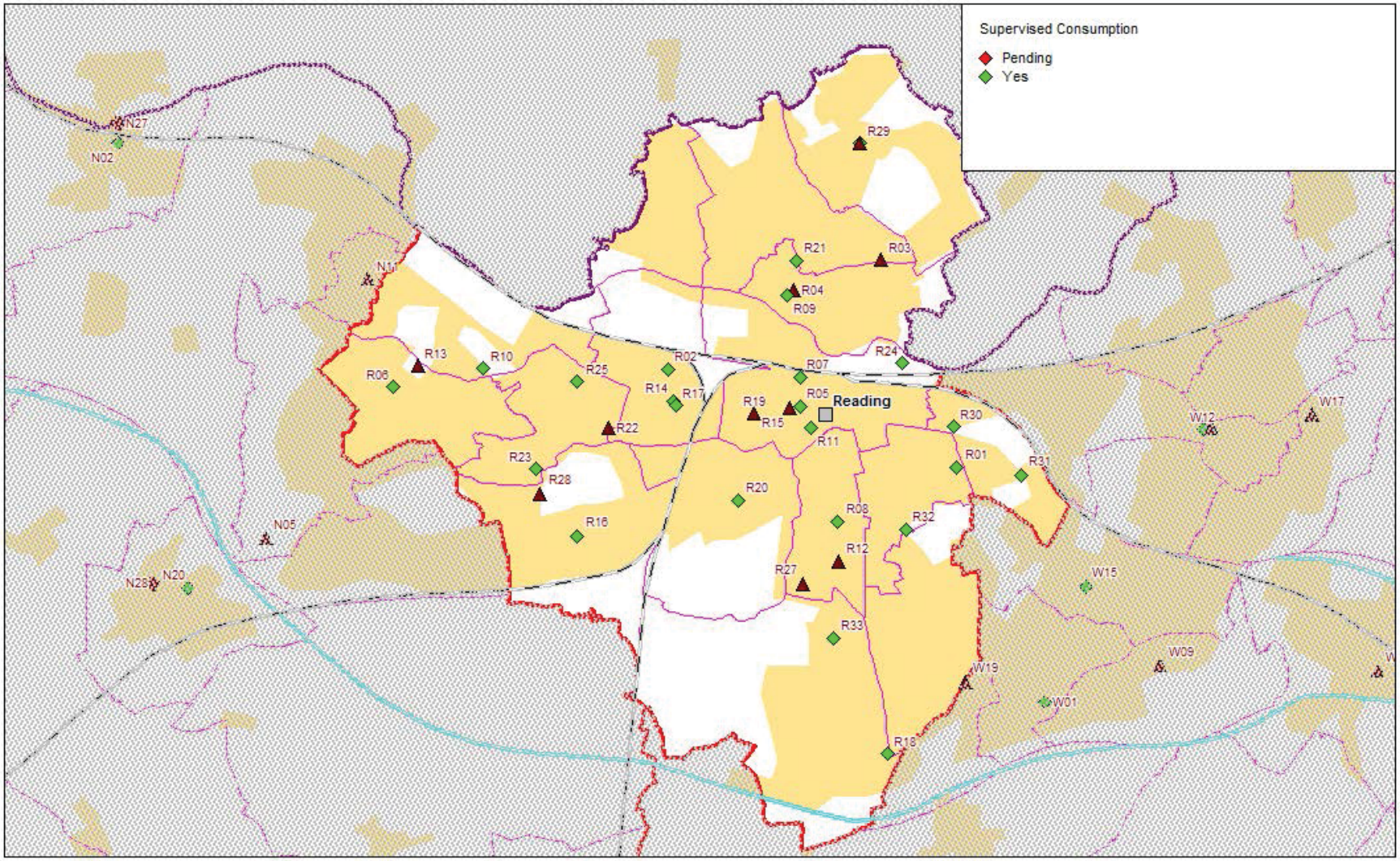


Figure 2: Map of Pharmacies in Reading Borough who provide Needle Exchange Services



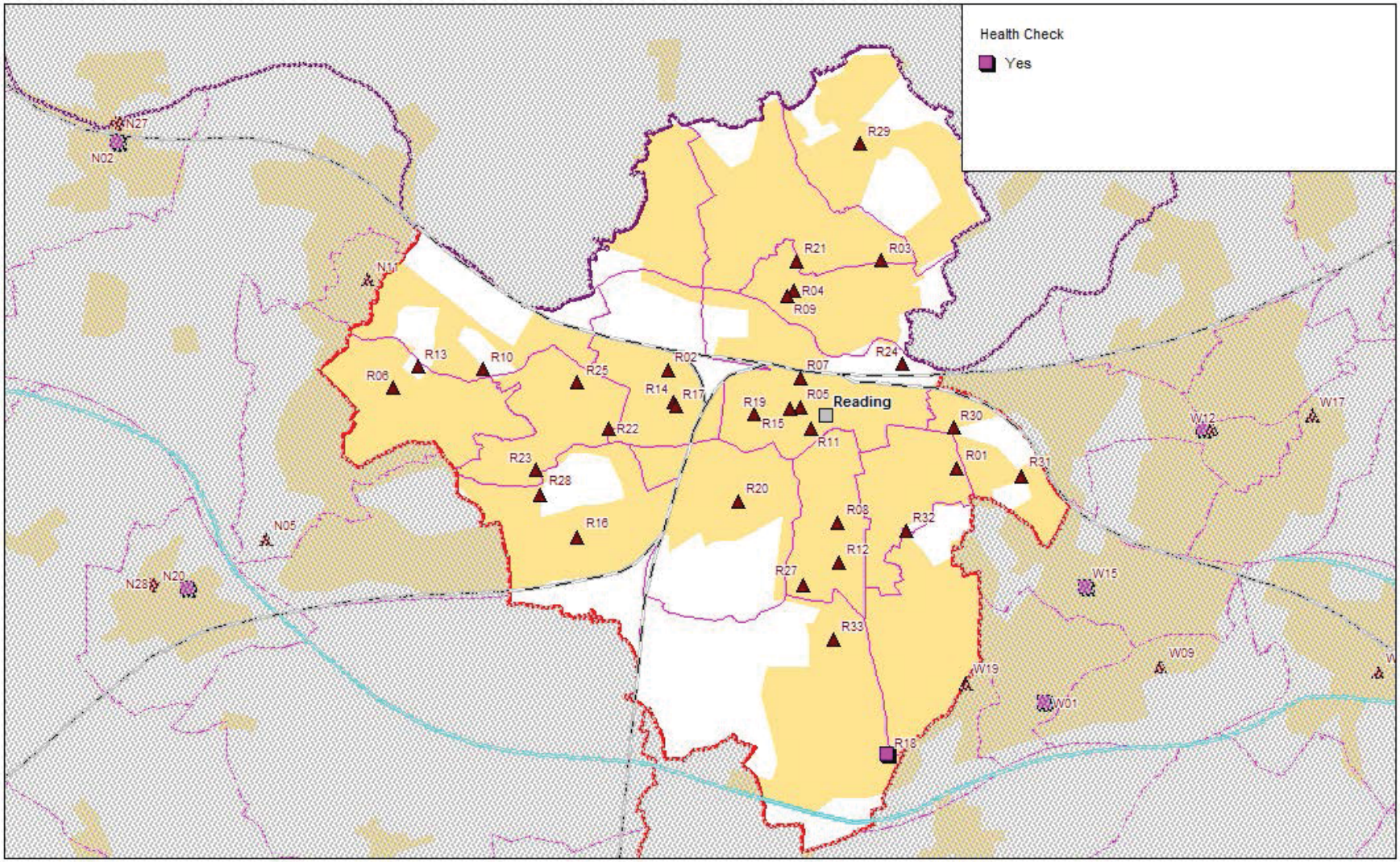
Berks_PNA_ES_Aug14_r1.wor 26/08/2014 Sid Beauchant BHFT

Figure 3: Map of Pharmacies in Reading Borough who provide Supervised Consumption Services



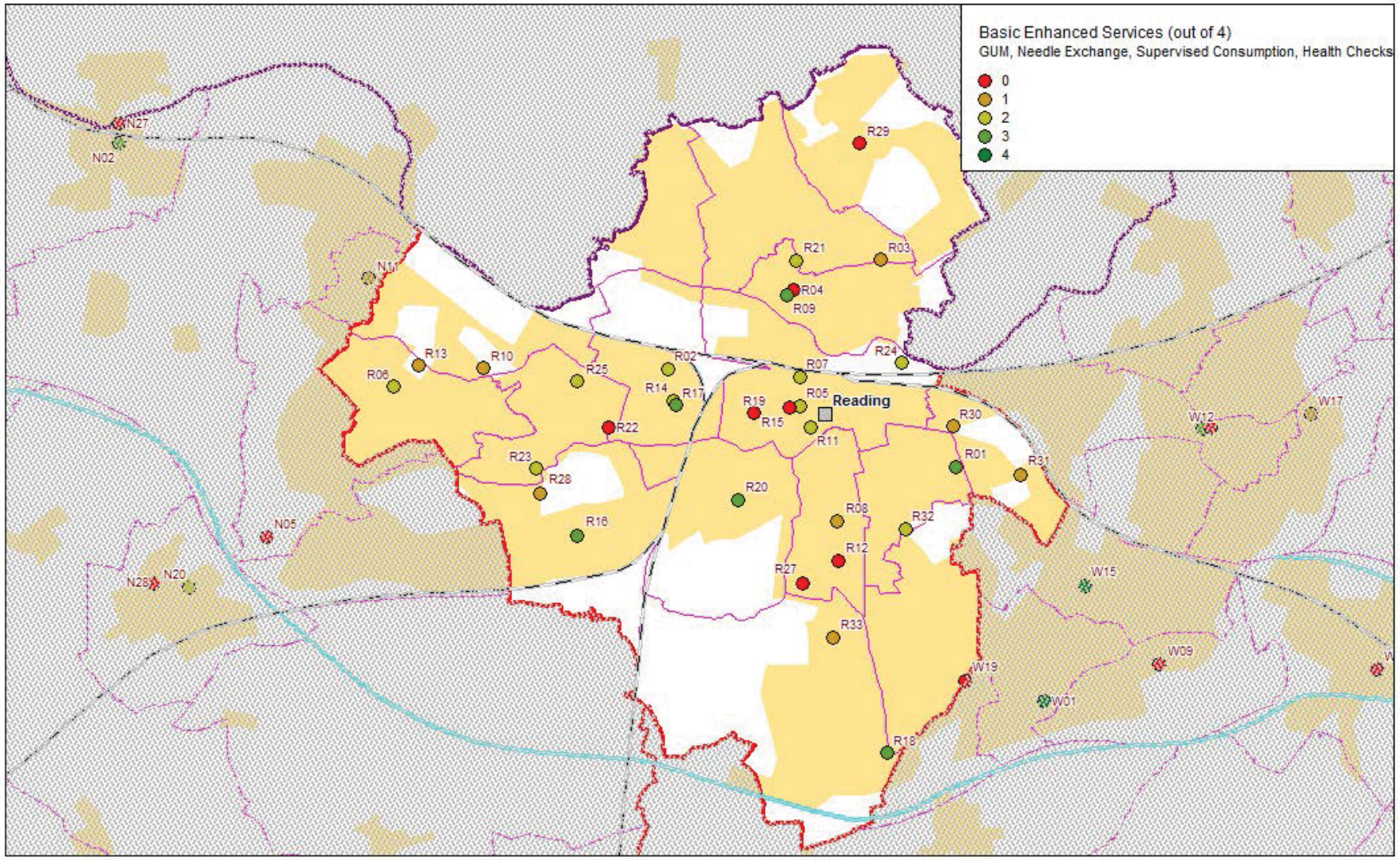
Berks_PNA_ES_Aug14_r1.wor 26/08/2014 Sid Beauchant BHFT

Figure 4: Map of Pharmacies in Reading Borough who provide the NHS Health Check Programme



Berks_PNA_ES_Aug14_r1.wor 26/08/2014 Sid Beauchant BHFT

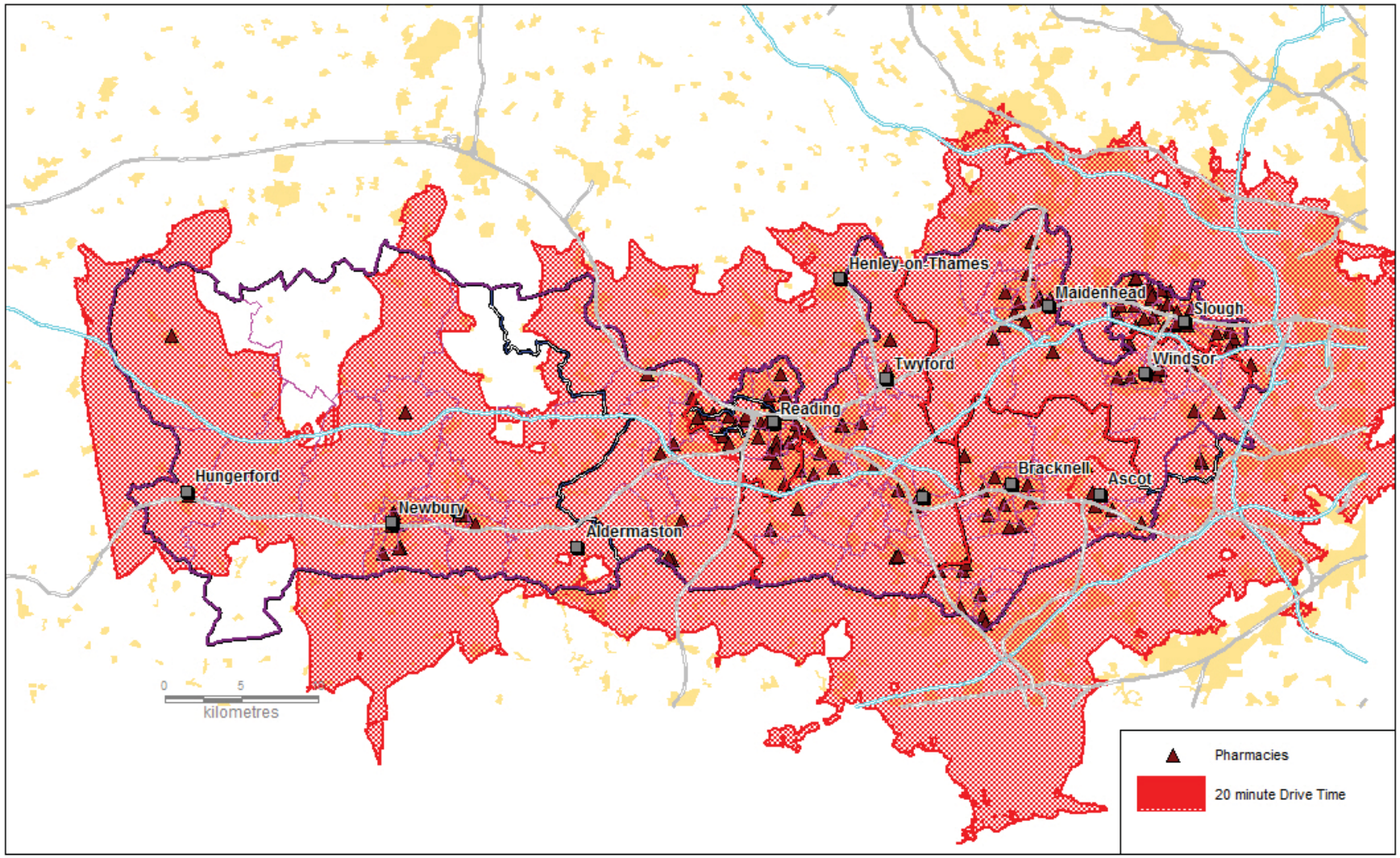
Figure 5: Map of Pharmacies in Reading Borough to show how many of the Basic Enhanced Services are provided



Berks_PNA_ES_Aug14_r1.wor 26/08/2014 Sid Beauchant BHFT

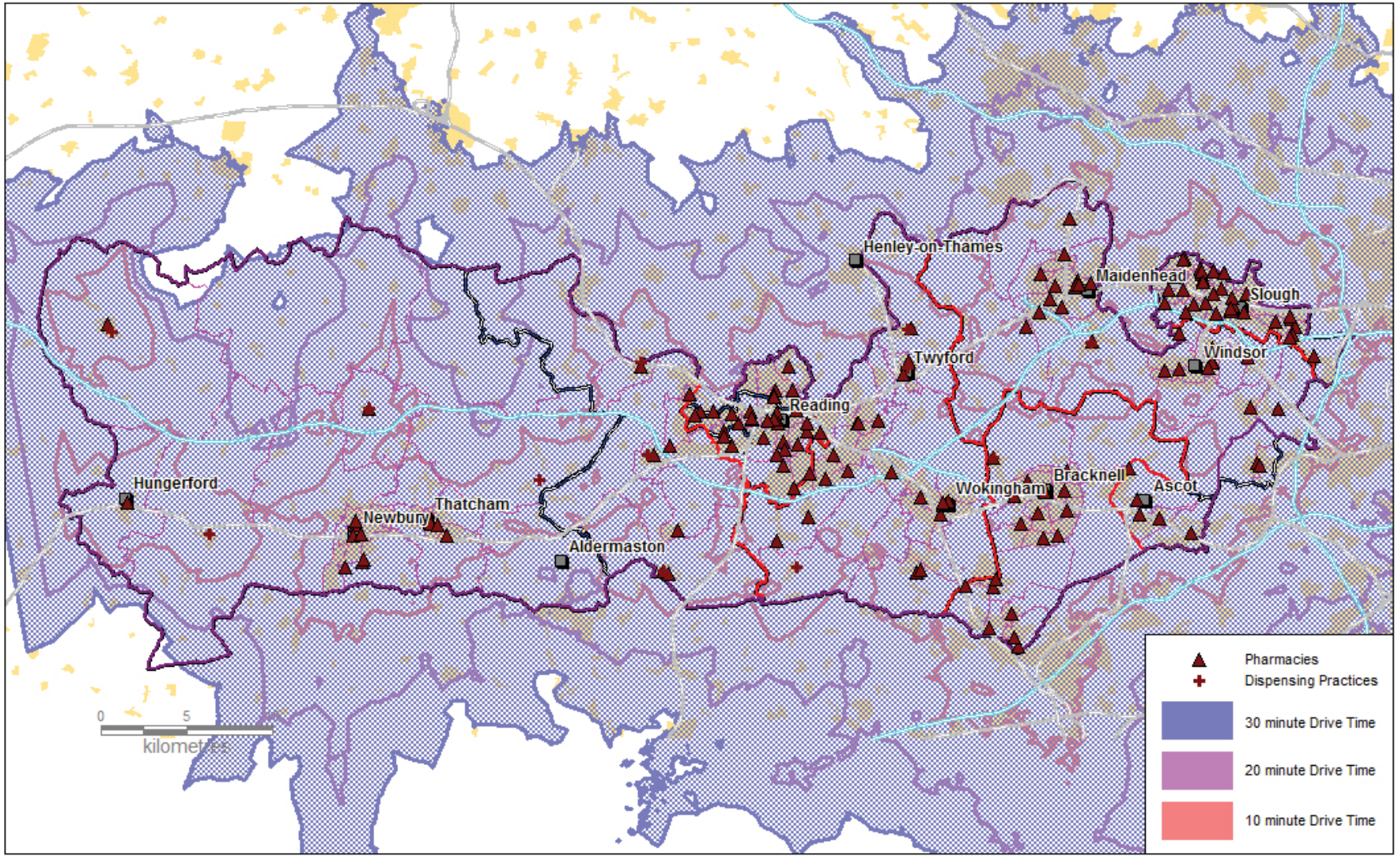
Appendix 5: Access Times

Figure 1: Population of Berkshire that can get to a pharmacy within a 20-minute drive time



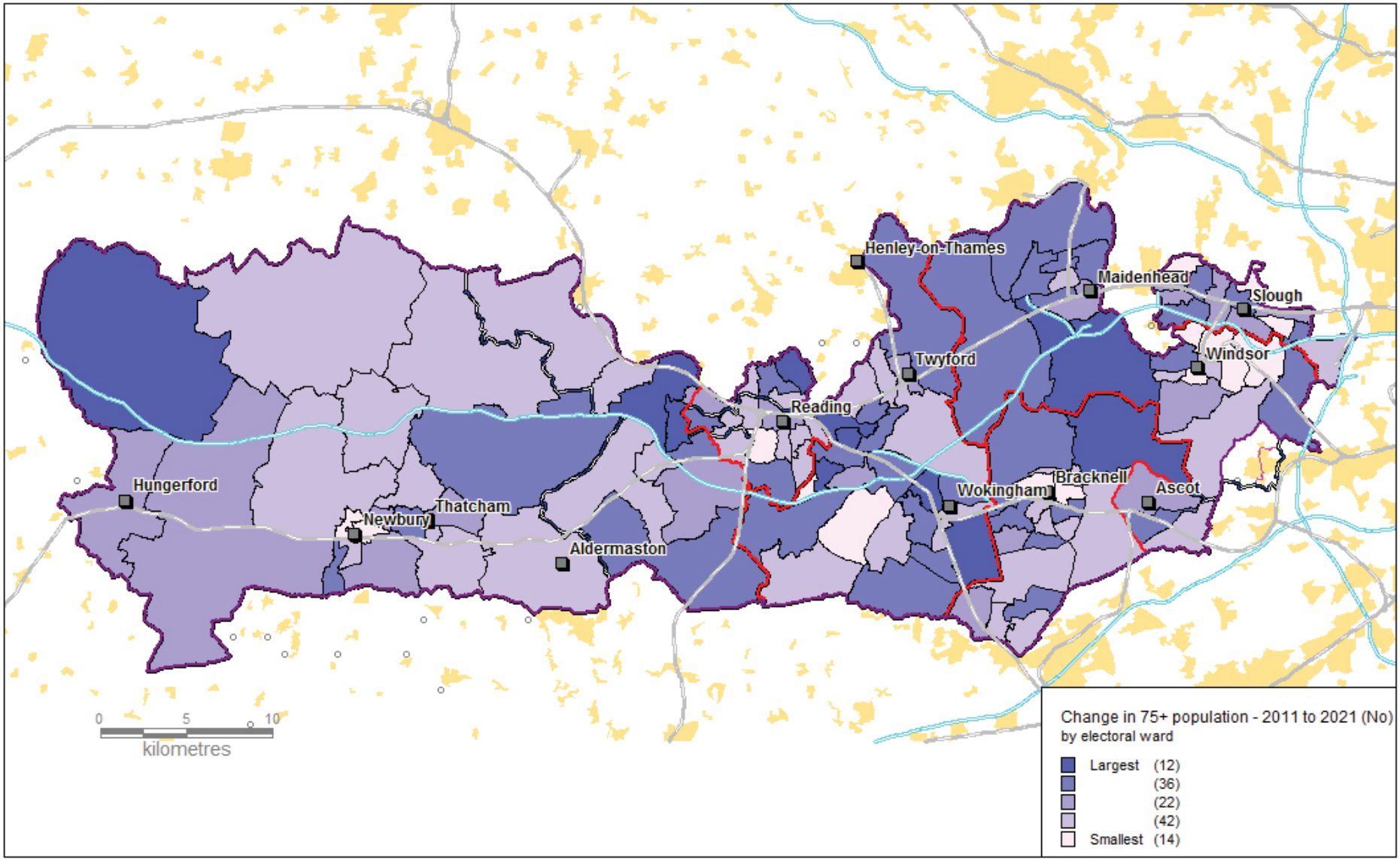
Berks_PNA_Apr14_v1.wor 15/05/2014 Sid Beauchant BHFT

Figure 2: Population of Berkshire that can get to a pharmacy within a 10, 20 or 30 minute drive time



Berks_PNA_Jul14_v1.wor 14/07/2014 Sid Beauchant BHFT

Figure 3: Change in population aged 75 and over within Berkshire (2011 to 2021)



PROJ_Local_2011_Ward_Berks.wor 19/05/2014 Sid Beauchant BHFT

Pharmacy Users Survey

Public Health Berkshire

The local Pharmaceutical needs assessment is a survey that Public Health within local government is undertaking to make sure that pharmacies across Berkshire are providing the right services, in the right locations, to support residents.

As part of this confidential survey we want to get your views on services, so your answers are important to us. The survey is confidential and will be used to plan our services.

Please complete this survey and place it into the collection box

1 Do you use?

- Community pharmacy ☐
- A dispensing appliance supplier? (someone who supplies appliances such as incontinence and stoma products) ☐
- An internet pharmacy? (a service where medicines are ordered on-line and delivered by post) ☐

2 How often do you use a pharmacy?

- More than once a month ☐
- Once a mont ☐
- 3–11 times a yea ☐
- Less than 3 times a year ☐

3 Which of the following services do you currently use at a pharmacy?

- Sunday opening ☐
- Late night opening (after 7pm) ☐
- Early morning opening (before 9am) ☐
- Prescription dispensing ☐
- Buying over the counter medicines ☐
- Buying travel medicines (e.g. anti-malarials) ☐
- Medicines advice and reviews ☐
- Delivery of medicines to my home ☐
- Collection of prescription from my surgery ☐
- Long-term condition advice (e.g. help with your diabetes/asthma) ☐
- Respiratory Services ☐
- Emergency hormonal contraception (morning-after pill) ☐
- Cancer treatment support services ☐
- Substance misuse Service ☐
- Alcohol support services ☐
- Stop smoking service ☐
- Health tests, e.g. cholesterol, blood pressure ☐
- Healthy weight advice ☐
- 'Flu vaccination ☐
- Diabetes screening - Private ☐ NHS ☐
- Blood pressure check - Private ☐ NHS ☐

4 Which of the following services would you use at a pharmacy, if available?

- Sunday opening ☐
- Late night opening (after 7pm) ☐
- Early morning opening (before 9am) ☐
- Prescription dispensing ☐
- Buying over the counter medicines ☐
- Buying travel medicines (e.g. anti-malarials) ☐
- Minor Ailment Scheme (access to certain subsidised over the counter medicines to avoid a GP visit) ☐
- Electronic prescription service ☐
- Medicines advice and reviews ☐
- Delivery of medicines to my home ☐
- Collection of prescription from my surgery ☐
- Long-term condition advice (e.g. help with your diabetes/asthma) ☐
- Respiratory services ☐
- Emergency hormonal contraception (morning-after pill) ☐
- Cancer treatment support services ☐
- Substance misuse service ☐
- Alcohol support services ☐
- Stop smoking service ☐
- Health tests, e.g. cholesterol, blood pressure ☐
- Healthy weight advice ☐
- 'Flu vaccination ☐
- Diabetes screening ☐
- Blood pressure check ☐
- Other (please specify) ☐

continued...

5 Are you able to get to a pharmacy of your choice?

Yes ☐ No ☐

6 Do you use one pharmacy regularly?

Yes ☐ No ☐

7 Reason for using your regular pharmacy

Location

- In the supermarket ☐
- In town/shopping area ☐
- Near to my doctors ☐
- Near to home ☐
- Near to work ☐
- Other ☐

Services

- They offer a delivery service ☐
- They offer a collection service ☐
- The staff speak my first language ☐
- The staff are knowledgeable ☐
- The staff are friendly ☐
- Other ☐

8 How do you usually travel to your usual pharmacy?

- Walk ☐
- Car (passenger) ☐
- Car (driver) ☐
- Taxi ☐
- Bus ☐
- Bicycle ☐

9 How long does it take you to travel to your pharmacy?

- Less than 15 mins ☐
- 15 – 30 mins ☐
- 30-60 mins ☐
- Over an hour ☐

10 How important are the following pharmacy services?

	Very Important	Important	Unimportant
Home delivery of your medication	☐	☐	☐
Prescription collection from your surgery	☐	☐	☐
The pharmacy having a wide range of things I need	☐	☐	☐
The pharmacist taking time to listen/provide advice	☐	☐	☐
Private areas to speak to the pharmacist	☐	☐	☐
Shorter waiting times	☐	☐	☐
Knowledgeable staff	☐	☐	☐
Location	☐	☐	☐
Late opening times (after 7pm)	☐	☐	☐

11 How satisfied were you with the following services at your regular pharmacy?

	Very Satisfied	Satisfied	Unsatisfied
The pharmacy having the things I need	☐	☐	☐
The pharmacist taking time to talk to me	☐	☐	☐
Private consultation areas	☐	☐	☐
Waiting times	☐	☐	☐
Staff attitude	☐	☐	☐
Knowledgeable staff	☐	☐	☐
Location	☐	☐	☐

continued...

12 About You

My age is:

- Prefer not to say ☐
- 65-74 ☐
- 55-64 ☐
- 45-54 ☐
- 70+ ☐
- 35-44 ☐
- 25-34 ☐
- 18-24 ☐

I would describe my sexuality as:

- Prefer not to say ☐
- Heterosexual (Straight) ☐
- Lesbian ☐
- Gay ☐
- Bisexual ☐
- Other ☐

Please tell us your faith or religion:

- Prefer not to say ☐
- Christian ☐
- Muslim ☐
- Hindu ☐
- No faith or religion ☐
- Other ☐

I would describe my ethnic origin as:

- British White ☐
- White Other ☐
- Irish ☐
- Pakistani ☐
- Asian ☐
- Indian ☐
- Bangladeshi ☐
- Black Caribbean ☐
- Black African ☐
- Gypsy/Irish Traveller ☐
- Other ☐

Do you consider yourself to be disabled?

Yes ☐ No ☐

What is your marital status?

- Single ☐
- Married ☐
- Life-partner ☐
- Civil Partnership ☐
- Other ☐
- Prefer not to say ☐

Which of the following best describes your working situation?

- I work as volunteer ☐
- I am working part-time ☐
- I am working full-time ☐
- I am retired ☐
- I am not working ☐
- Prefer not to say ☐

Thank you!

PharmOutcomes - Live System

Exit

PharmOutcomes® Delivering Evidence

Home Services Assessments Reports Claims Admin Gallery Help

Service Design

- Go to Service Design page
- Edit Service Accreditations

Provision Reports Preview

Basic Provision Record (Sample)

Service Support

Pharmacy Questionnaire-PNA
Please complete this questionnaire **ONCE** only to report the facilities and services offered by your pharmacy.

For technical support on the use of this data capture set please contact Pinnacle Support via the "Help" tab

PNA Questionnaire (Preview)

Date of completion 01-Sep-2014

Trading Name

Post Code

Is this a Distance Selling Pharmacy? ○ Yes ○ No
(i.e. it cannot provide Essential Services to persons present at the pharmacy)

Pharmacy email address
If no email write no email

Pharmacy telephone

Pharmacy fax

Pharmacy website address
If no website write no website

Can we store the above information and use this to contact you?

Consent to store ○ Yes ○ No

Core hours of opening

Please complete your core hours of opening.
Enter closed if closed

Monday Open		**Monday Close**	
		Monday Lunchtime (from - to)	
Tuesday Open		**Tuesday Close**	
		Tuesday Lunchtime (from - to)	
Wednesday Open		**Wednesday Close**	
		Wednesday Lunchtime (from - to)	
Thursday Open		**Thursday Close**	
		Thursday Lunchtime (from - to)	
Friday Open		**Friday Close**	
		Friday Lunchtime (from - to)	
Saturday Open		**Saturday Close**	
		Saturday Lunchtime (from - to)	

Sunday Open | Sunday Close

Sunday Lunchtime (from - to)

Total hours of opening (Core + Supplementary)

Please complete your total hours of opening

Monday Open | Monday Close

Monday Lunchtime (from - to)

Tuesday Open | Tuesday Close

Tuesday Lunchtime (from - to)

Wednesday Open | Wednesday Close

Wednesday Lunchtime (from - to)

Thursday Open | Thursday Close

Thursday Lunchtime (from - to)

Friday Open | Friday Close

Friday Lunchtime (from - to)

Saturday Open | Saturday Close

Saturday Lunchtime (from - to)

Sunday Open | Sunday Close

Sunday Lunchtime (from - to)

Consultation Facilities

Consultation areas should meet the standard set out in the contractual framework to offer advanced services

Is there a consultation area?

- ○ Available (including wheelchair access) on the premises
- ○ Available (without wheelchair access) on premises
- ○ Planned within next 12 months
- ○ No consultation room available
- ○ Other

If Other please specify

Where there is a consultation area

Is this enclosed? ○ Yes ○ No ○ N/A

N/A if no consultation room

Off-site arrangements

- ○ Off-site consultation room approved by NHS
- ○ Willing to undertake consultations in patients home/ other suitable site
- ○ None apply
- ○ Other

If Other please specify

Hand washing and toilet facilities

What facilities are available to patients during consultations?

Facilities available

- ☐ Handwashing in consultation area
- ☐ Hand washing facilities close to consultation area
- ☐ Have access to toilet facilities
- ☐ None

Tick all that apply

Information Technology

Is the pharmacy EPS* R2 enabled?

- ○ Yes, EPS R2 enabled
- ○ Planning to become EPS R2 enabled in the next 12 months
- ○ No current plans to provide EPS R2

EPS R2: Electronic Prescription Service Release 2

Information is often distributed to pharmacies as email attachments or via websites. Please indicate whether you are able to use the following common file formats in your pharmacy:

File format types

- ☐ Microsoft word
- ☐ Microsoft Excel
- ☐ Microsoft Access
- ☐ PDF
- ☐ Unable to open or view any file formats

Please tick all that apply

Essential Services (appliances)

In this section, please give details of the essential services your pharmacy provides.

Does the pharmacy dispense appliances?

- ○ Yes - All types, or
- ○ Yes, excluding stoma appliances, or
- ○ Yes, excluding incontinence appliances, or
- ○ Yes, excluding stoma and incontinence appliances, or
- ○ Yes, just dressings, or
- ○ None
- ○ Other

If Other please specify

Advanced Services

Please give details of the Advanced Services provided by your pharmacy.
Please tick the box that applies for each service.

Yes - Currently providing
Soon - Intending to begin within the next 12 months
No - Not intending to provide

Medicines Use Review service	☐ Yes	☐ Soon	☐ No
New Medicine Service	☐ Yes	☐ Soon	☐ No
Appliance Use Review service	☐ Yes	☐ Soon	☐ No
Stoma Appliance Customisation service	☐ Yes	☐ Soon	☐ No

Commissioned Services

Use this section to record which Local services you currently deliver or would like to deliver at your pharmacy. These can be Enhanced Services, commissioned by the NHS England Area Team, Public Health Services commissioned by a Local Authority or CCG services.
Please tick the box that applies for each service.

CP - Currently Providing NHS funded service
WA - Willing and able to provide if commissioned
WT - Willing to provide if commissioned but would need training
WF - Willing to provide if commissioned but require facilities adjustment
PP - Currently providing private service
If you are not willing or able to provide please leave blank.

Anticoagulant Monitoring Service	☐ CP	☐ WA	☐ WT	☐ WF	☐ PP
Anti-viral Distribution Service	☐ CP	☐ WA	☐ WT	☐ WF	☐ PP
Care Home Service	☐ CP	☐ WA	☐ WT	☐ WF	☐ PP
Chlamydia Treatment Service	☐ CP	☐ WA	☐ WT	☐ WF	☐ PP
Contraception Service	☐ CP	☐ WA	☐ WT	☐ WF	☐ PP (not an EHC service)

Local Authority Commissioned Services
List services already commissioned in your locality here

Disease Specific Medicines Management Service:

Allergies	☐ CP	☐ WA	☐ WT	☐ WF	☐ PP
Alzheimer's/dementia	☐ CP	☐ WA	☐ WT	☐ WF	☐ PP
Asthma	☐ CP	☐ WA	☐ WT	☐ WF	☐ PP
CHD	☐ CP	☐ WA	☐ WT	☐ WF	☐ PP
Depression	☐ CP	☐ WA	☐ WT	☐ WF	☐ PP
Diabetes type I	☐ CP	☐ WA	☐ WT	☐ WF	☐ PP

Diabetes type II ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Epilepsy ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Heart Failure ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Hypertension ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Parkinson's disease ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Other (please state - including funding source)

End of Disease specific Medicines Management Service options.

Area Team Services
List your Area Team commissioned services here

Emergency Hormonal Contraception Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Gluten Free Food Supply Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP
(i.e. not supply on FP10)

Home Delivery Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP
(not appliances)

Independent Prescribing Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Therapeutic areas covered (if providing)

Language Access Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Note: This is not the NMS or MUR service.

Medication Review Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Medicines Assessment and Compliance Support Service:

Medicines Management Support Service: ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP
i.e. the EL23 service (previously the Vulnerable Elderly / Adults Service)

DomMAR Carer's Charts ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

End of Medicines Assessment and Compliance Support options.

Minor Ailments Scheme ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

MUR Plus/Medicines Optimisation Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Therapeutic areas covered (if providing)

Needle and Syringe Exchange Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Obesity management (adults and children) ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

On Demand Availability of Specialist Drugs Service:

Directly Observed Therapy ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

If yes state which medicines

Out of hours services ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Palliative Care scheme ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

End of On Demand Availability of Specialist Drugs Service options

Patient group directions

Many Local Services involve the supply of a POM using a PGD. please list those provided by the pharmacy in the text box below but indicate who commissions the service by ticking the boxes below and annotating each service name with the key:

AT=Area Team
LA=Local Authority
CCG=Clinical Commissioning Group
Pr=Offers a Private Service

Patient Group Direction Service ☐ AT ☐ LA ☐ CCG ☐ Pr
Not including EHC (see separate question)

Please list the names of the medicines available if providing PGD services

Medicines available

Phlebotomy Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Prescriber Support Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Schools Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Screening Service:

Alcohol ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Chlamydia ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Cholesterol ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Diabetes ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Gonorrhoea ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

H. pylori ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

HbA1C ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Hepatitis ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

HIV ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Other Screening (please state - including funding source)

End of screening service options

Seasonal Influenza Vaccination Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Other vaccinations

Childhood vaccinations ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

HPV ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Hepatitis B ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP
(at risk workers or patients)

Travel vaccines ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Other (please state - including funding source)

End of Other vaccinations options

Sharps Disposal Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Stop Smoking Service:

NRT Voucher Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Smoking Cessation Counselling Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

End of Stop Smoking Service options

Supervised Administration ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP
Of methadone,buprenorphine etc.

End of Supervised Administration Service options

Supplementary prescribing ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP

Which therapy area

Vascular Risk Assessment Service ☐ CP ☐ WA ☐ WT ☐ WF ☐ PP
NHS Healthchecks

Healthy Living Pharmacy

Is this a Healthy Living Pharmacy

- ○ Yes
- ○ Currently working towards HLP status
- ○ No

If Yes, how many Healthy Living Champions do you currently have? ____ Full Time Equivalents

Collection and Delivery services

Does the pharmacy provide any of the following?

Collection of prescriptions from surgeries ○ Yes ○ No

Delivery of dispensed medicines - Free of charge on request ○ Yes ○ No

Delivery of dispensed medicines - Selected patient groups

List criteria

Delivery of dispensed medicines - Selected areas

List areas

Delivery of dispensed medicines - chargeable ○ Yes ○ No

Languages

One potential barrier to accessing services at a pharmacy can be language. To help the local authority better understand any access issues caused by language please answer the following two questions:

What languages other than English are spoken in the pharmacy

What languages other than English are spoken by the community your pharmacy serves

Almost done

If you have anything else you would like to tell us that you think would be useful in the formulation of the PNA, please include it here:

Other

Please tell us who has completed this form in case we need to contact you.

Contact name

Contact telephone

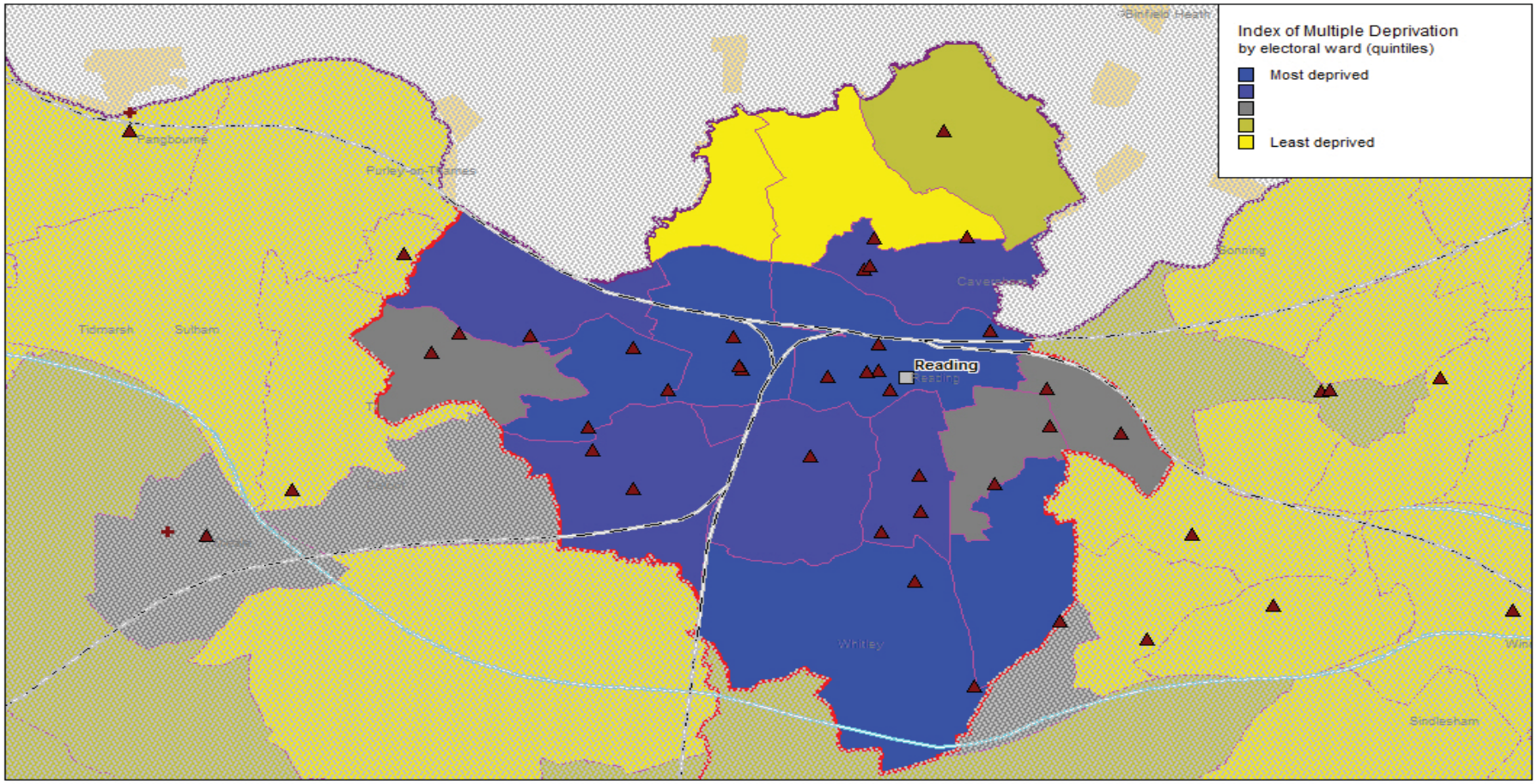
For person completing the form, if different to pharmacy number given above

Thank you for completing this PNA questionnaire.

Test Values

Appendix 8: Deprivation Map of Reading Borough

Figure 1: Map of Reading Borough to show the levels of deprivation by ward



Source: Index of Multiple Deprivation, Department of Communities and Local Government (2010)

READING BOROUGH COUNCIL

REPORT BY MANAGING DIRECTOR

TO:	**Health and Wellbeing Board**		
DATE:	**10th October 2014**	**AGENDA ITEM:**	**11**
TITLE:	**Reading Joint Strategic Needs Assessment**		
LEAD COUNCILLOR:	**Councillor Hoskin**	**PORTFOLIO:**	**Health**
SERVICE:	**Public Health**	**WARDS:**	**Borough Wide**
LEAD OFFICER:	**Kim Wilkins**	**TEL:**	**01189373627**
JOB TITLE:	**Senior Programme Manager: Public Health**	**E-MAIL:**	**Kim.wilkins@reading.gov.uk**

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

To formally feedback to the Reading Health and Wellbeing Board on Phase 1 and 2 of the Reading JSNA and share lessons learned.

To provide information on Phase 3 delivery of the Reading JSNA and suggested timeframe for completion

2. RECOMMENDED ACTION

2.1 The Reading Health and Wellbeing Board is requested to note the report
2.2 The Reading Health and Wellbeing Board is asked to endorse the development of Phase 3 of the JSNA and the suggested timeframe for completion as outlined in the report

3. POLICY CONTEXT

Joint Strategic Needs Assessments (JSNAs) were first introduced as a statutory requirement in 2007 with responsibility for their production shared between local government and the local NHS. Since this time the six Berkshire Local Authorities and their partners have been refining their production of JSNA both in terms of process and contents.

From April 2013, the Health and Social Care Act (2012[1]) introduced significant changes to the health and social care system. This meant a review of JSNA processes were necessary to ensure that the local system had the health and wellbeing intelligence it requires in order to commission and provide the best services based on an evidence of need.

[1] http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted

New guidance was published around JSNA and Joint Health and Wellbeing Strategies (2013[2]) which would have to be considered within the local processes.

In order to respond to this challenge a new phased approach to JSNA was introduced by Public Health in Berkshire in 2013/14 and was subsequently endorsed by the Public Health Advisory Group and the six Berkshire Health and Wellbeing Boards as the approach to be adopted by each Local Authority and their respective Clinical Commissioning Groups.

The project plan for the new phased approach to JSNA begun in 2013/14 and included an intent to review the process at the end of phase 2. This review is outlined below. This includes a description of the notion behind a phased approach to JSNA, a summary of the completed phases (phase 1 and 2) including the lessons learnt, and a look forward to phases 3 and 4

The phased approach

The changes introduced by the Health and Social Care Act, the introduction of new JSNA guidance, reviews of previous JSNA, and the administrative structure of health and social care in Berkshire presented a challenge around the JSNA process which is broadly defined below;

- There was a need to make the JSNA accessible to a range of audiences
- There was a need to make the JSNA local and unique to each Authority
- There was a need to enhance the intelligence used within JSNA including a focus on locally sourced intelligence
- There was a need to update the JSNA to support the development of new Health and Wellbeing Strategies in 2015/16 (for strategies commencing the 2016/17)

In order to meet these needs a phased approach to JSNA was adopted consisting of four phases outlined in the table below.

Table 1: The JSNA phased approach

Phase	Title	Description	Suggested timeframe	Operational lead*
1	Develop a web based JSNA which tells the local story with refreshed data and newly created ward profiles	A move away from the large technical static documents to a more accessible, dynamic web-based JSNA. Six unique JSNAs, one for each Local Authority which tells the local story supported by Local Ward	End December 2013	Berkshire Public Health Shared Team

[2] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/223842/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-2013.pdf

Phase	Title	Description	Suggested timeframe	Operational lead*
		Profiles		
2	Further develop the web based JSNA to link to key strategies across the Council	Utilise the power of a web-based JSNA in order to link to other key national and local strategies and examples of best practice providing a 'one-stop' place for information sourcing	End December 2013	Berkshire Public Health Shared Team
3	Build on other local information/data to provide details of health and wellbeing inequalities	Explore the wealth of local data already available within the council and held by health partners and the option to source new bespoke data and information including qualitative data. Increase the sense of a local voice within the JSNA focussing on inequalities and those groups often underrepresented in national datasets.	End March 2015	Local Authority
4	Review and update	A review of the new JSNA ensuring that the JSNA is fit for the purpose of updating the local health and wellbeing strategy	End March 2016	Local Authority

* The strategic lead responsibility for the delivery of the phased approach the JSNA falls under the Health and Wellbeing Board

4. THE PROPOSAL

Phases 1 and 2 summary

Phases 1 and 2 of the new JSNA process have now successfully been completed in all six of the Berkshire Local Authorities. There were different implementation and governance arrangements individual to each Local Authority through all covered some key steps. The implementation initially centred on the following deliverables:

- Delivery of a JSNA workshop
- Project management support
- Advice around the governance and implementation of the JSNA
- Data and project management representation at project groups
- Work with local web-teams to deliver the web-based JSNA
- Suggested JSNA theme and topic headings
- A suggested JSNA template to gather the information to cover each of the topic headings
- Drop-in sessions supporting the completion of the JSNA templates
- The provision of 'data packs' to complete the 'facts and figures' section of the templates (with local supplementation where necessary)
- The provision of JSNA Ward profiles
- The provision of CCG profiles
- Responses to requests for additional data and support
- Data advice

These were all delivered to the pre-agreed timescales to the specification given.

The JSNA templates were distributed amongst relevant members of staff who completed these prior to returning to the local JSNA Project Lead. The templates included an option to hyperlink the section to local and national strategies, and examples of best practice.

Once reviewed by the Reading JSNA Project Lead, the templates were sent to Public Health Services for Berkshire who followed a stepped approach to quality control the templates. Any templates requiring further work were returned to the original author and the Reading JSNA Project Lead

The final templates were made available to the local web-teams for uploading onto a newly created JSNA microsite.

Final products went through each individual council's sign-off process. Following sign off the Reading JSNA went live via http://jsna.reading.gov.uk/

Since its launch the Reading JSNA has been used by local partners in a variety of ways, including to:

- Inform the development of North and West Reading CCG and South Reading CCG 2 Year Operational Plan.
- Support discussions about the health needs of the population registered at Circuit Lane practice
- Engage providers and community organisations around links between mental health physical health and identify service gaps and unmet needs in mental health service provision in Reading
- Provide baseline information for local stakeholders as part of a Reading diabetes prevention scoping workshop

- Inform content of Reading's Better Care Fund submission as the basis for identifying population needs

Phases 1 and 2 lessons learnt

As when introducing any new way of working, the process of working through phase 1 and 2 of the JSNA highlighted some areas for future learning which will be invaluable when working through subsequent JSNA phases. These have been outlined below.

Lessons learnt

- A JSNA working group with clear Terms of Reference is invaluable to the delivery of the JSNA to time
- The amount of data provided needs to be broad and not excessively detailed
- There is a need to make use of national level data where local level data is not available
- There is opportunity to supplement the broad evidence of need with more detailed deep-dive analysis
- There is a need to go beyond the data into assessment of evidence
- The data needs to match with what is published elsewhere on the council website else the reasons for any differences be clearly stated
- Trends and projections will support forward planning
- Data needs to be produced over a longer timeframe to balance the JSNA workload with other business objectives
- A structured process for logging an reviewing sections as they were returned is essential to keep track of the numerous templates
- Project planning is essential
- Strategies should be supported by the JSNA evidence
- The editorial process is a large amount of work which needs to be allocated and time factored
- Contributors may be new to JSNA and need appropriate support
- Some topics may be best approached over a wider scale (e.g. pan-Berkshire, pan-Thames Valley)
- Decision makers will require raw numbers as well as charts

Looking forward to phases 3 and 4

The end of phase 2 of the JSNA process represented a clear and full handover of the operational responsibility of the JSNA from Public Health Services for Berkshire to the Local Authorities.

Public Health Services for Berkshire will continue to supply the Local Authorities with a core JSNA data set. A schedule of when national data updates will be released and available locally has been produced.

In line with the Phased approach outlined above and previously endorsed by the Health and Wellbeing Board, Phase 3 will focus on two broad areas:

1. Highlighting and filling information gaps from Phase 1 and 2

Two chapters – early access to antenatal care and child development were universally excluded in the initial phase due to a lack of recent local data. Early access to antenatal care data is now being published by NHS England and can, therefore, be included in subsequent updates. Child development data is currently unavailable to local authority due to the commissioning arrangements for health visiting services. This will be addressed during the transition of responsibility from NHS England to Local Authority.

2. Reviewing, updating and continuing to build on information within existing modules

Online JSNA content is organised across 6 chapters – Demographics, Starting Well, Developing Well, Living and Working Well, Ageing Well and People and Community, with each Chapter containing information on a range of sub chapters or modules.

Current web based modules across the 6 chapters will be reviewed by lead officers and where new data is available, updated, e.g. from information provided within the core JSNA data set.

It should be noted that in some cases, existing JSNA data will continue to be the most current available.

Consideration will also be given to where supplementary information and data from across the Council and from partners can be added where this is available, e.g. from local consultations and engagement activities that have taken place since completion on Phases 1 and 2.

In addition to the Local authority level JSNA, updated Ward profiles and CCG level JSNAs will be produced and updated via the website.

The suggested timeframe for local completion of this next phase (Phase 3) is March 2015.

Phase 3 will be followed by a full refresh of the JSNA in 2015/16 (Phase 4) – ensuring JSNA content and accessibility is fit for purpose re updating the Reading H&WB Strategy.

5. CONTRIBUTION TO STRATEGIC AIMS

The Phase 3 JSNA 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 lead will work with the major stakeholders to encourage provision of quantitative and qualitative data from their own service areas and networks which can supplement and add value to the JSNA core data set.

Reading Healthwatch and Reading Voluntary Action will be approached to identify further and additional sources of information for inclusion in Phase 3 of JSNA as a key part of the development 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 Phase 3.

All sections of the JSNA will continue to be developed with an awareness of inequalities of health and the JSNA core data set will continue to be a key tool to support authors in identifying inequalities across and within chapter content.

JSNA content includes information relating to 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 Phase 3 development process will offer a further opportunity to gain knowledge and insight from partners 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