

To: All members of the Health & Wellbeing Board

(Agenda Sheet to all Councillors)

Our Ref:
Your Ref:

Direct: ☎ 0118 937 2112
e-mail: nicky.simpson@reading.gov.uk

9 April 2015

Your contact is: Nicky Simpson - Committee Services

NOTICE OF MEETING - HEALTH & WELLBEING BOARD - 17 APRIL 2015

A meeting of the Health & Wellbeing Board will be held on **Friday 17 April 2015 at 2.00pm in the Council Chamber, Civic Offices, Reading**. The Agenda for the meeting is set out below.

AGENDA

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1. DECLARATIONS OF INTEREST	-
2. MINUTES OF THE HEALTH & WELLBEING BOARD MEETING HELD ON 30 JANUARY 2015	1
3. QUESTIONS	-
Consideration of formally submitted questions from members of the public or Councillors under Standing Order 36.	
4. ROYAL BERKSHIRE NHS FOUNDATION TRUST - CQC POST INSPECTION ACTION PLAN - UPDATE ON PROGRESS	14
A report on progress against the Royal Berkshire NHS Foundation Trust's Care Quality Commission (CQC) Post-Inspection Action Plan.	
5. READING INTEGRATION UPDATE REPORT	38
A report on a number of key areas of work within the Health and Social Care Integration Programme as it relates to Reading. This includes an update on the Better Care Fund schemes, their progress and plans for implementation; a summary of the updated Reading CCG priorities; an	

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update on the development of the Frail Elderly Pathway; and an update on the work to develop a revised target for reducing Non Elective Admissions to hospital (NEL) for 2015 - 2016.

- 6. PRIMARY CARE UPDATE REPORT** 51

A report providing an update on primary care in Reading, covering changes to commissioning arrangements, development of a primary care strategy, risk mapping of GP practices facing particular pressures and GP recruitment and retention. The report also provides an update on current issues including the CQC inspection report of Priory Avenue Surgery, the publication of further CQC reports for Reading practices, Reading Walk-in Centre procurement and service provision at Circuit Lane Surgery.
- 7. LETTER FROM MINISTERS REGARDING SHARING INFORMATION EFFECTIVELY FOR THE PROTECTION OF CHILDREN** 63

A report on a joint letter from Government Ministers, dated 3 March 2015, which was sent to all Chief Executives, Directors of Children's Services, Local Safeguarding Children Boards and Health and Wellbeing Boards following the publication of the Government response to the child sexual exploitation cases in Rotherham, and which states that a key factor in keeping children safe is the effective sharing of information.
- 8. STATUS REPORT ON COMPREHENSIVE CAMHS (CHILDREN & ADOLESCENT MENTAL HEALTH SERVICES)** 70

A report giving an update on service development and improvement across the CAMHS (Children & Adolescent Mental Health Services) system.
- 9. READING'S AUTISM STRATEGY** 84

A report on the development of a joint Autism Strategy for Reading setting out plans to improve support for children, young people and adults with autism in the Borough.
- 10. UPDATE ON CHANGES TO SEN PROVISION 2014-16** 122

A report setting out the progress that has been made by the Council, schools and parents in the development of a proposed Special Educational Needs (SEN) Strategy Action Plan and in meeting the required statutory duties.

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11. TRANSFER OF 0-5 COMMISSIONING RESPONSIBILITIES - HEALTH VISITORS/FAMILY NURSE PARTNERSHIP 127

A report setting out progress to date on the transfer of commissioning responsibility to the Council for the Public Health 0-5 Health Visitors and Family Nurse Partnership Service, the contracting arrangements and the decisions made by the Adult Social Care, Children Services and Education Committee on 4 March 2015.

12. SUMMARY REPORT - WEST OF BERKSHIRE SAFEGUARDING ADULTS PARTNERSHIP BOARD ANNUAL REPORT 2013-14 134

A report providing a summary of the information contained within and presenting the West of Berkshire Safeguarding Adults Partnership Board (SAPB) Annual Report 2013-14.

13. DATES OF FUTURE MEETINGS - Proposed Dates for 2015/16: -

Friday 17 July 2015 at 2pm
Friday 9 October 2015 at 2pm
Friday 29 January 2016 at 2pm
Friday 18 March 2016 at 2pm

READING HEALTH & WELLBEING BOARD MINUTES - 30 JANUARY 2015

Present:

Councillor Eden	Lead Councillor for Adult Social Care, Reading Borough Council (RBC)
Councillor Gavin	Lead Councillor for Children's Services & Families, RBC
Councillor Hoskin (Chair)	Lead Councillor for Health, RBC
Lise Llewellyn	Director of Public Health for Berkshire
Councillor Lovelock	Leader of the Council, RBC
Eleanor Mitchell	Operations Director, South Reading Clinical Commissioning Group (CCG)
David Shepherd	Chair, Healthwatch Reading
Rod Smith	Chair, North & West Reading CCG
Avril Wilson	Director of Education, Adult and Children's Services, RBC

Also in attendance:

Gabrielle Alford	Director of Joint Commissioning, Berkshire West CCGs
Jan Fowler	Director of Nursing, Thames Valley Area Team, NHS England
Frances Gosling-Thomas	Independent Chair, West Berkshire, Reading and Wokingham Local Safeguarding Children Boards
Ginny Hope	Head of Primary Care, Thames Valley Area Team, NHS England
Maureen McCartney	Operations Director, North & West Reading CCG
Clare Muir	Policy & Voluntary Sector Manager
Asmat Nisa	Consultant in Public Health, RBC
Melanie O'Rourke	Integration Programme Manager, RBC
Tricia Pease	Director of Nursing for Urgent Care, Royal Berkshire NHS Foundation Trust
Vanessa Reynolds	Director, Intelligent Health
Nicky Simpson	Committee Services, RBC
Councillor Stanford-Beale	RBC
Suzanne Westhead	Head of Adult Social Care, RBC
Cathy Winfield	Chief Officer, Berkshire West CCGs

Apologies:

Vicki Lawson	Interim Head of Children's Services, RBC
Nikki Luffingham	Interim Director of Operations & Delivery, Thames Valley Area Team, NHS England
Ishak Nadeem	Chair, South Reading CCG
Ian Wardle	Managing Director, RBC

1. MINUTES & MATTERS ARISING

The Minutes of the meeting held on 10 October 2014 were confirmed as a correct record and signed by the Chair.

(a) Lymphoedema Treatment

Further to Minute 2 of the meeting on 10 October 2014, Cathy Winfield provided a verbal report. She outlined the evidenced-based four step treatment for lymphoedema: compression bandaging, skin care, exercise to increase lymphatic

drainage, manual lymphatic drainage. She thanked the Public Health team for their review of the evidence.

She stated that there were about 700 patients across Berkshire West with lymphoedema, including cancer patients. A specialist lymphoedema service was commissioned at Oxford University Hospital and Basingstoke and North Hampshire Hospital. The Duchess of Kent unit treated some non-cancer patients on an informal basis and the CCGs would explore with them whether this arrangement could be formalised as part of the 2015/16 contract to provide a more local service.

Resolved - That the action being taken by the CCGs be noted.

2. QUESTIONS IN ACCORDANCE WITH STANDING ORDER 36

The following questions were asked by Tom Lake in accordance with Standing Order 36:

(a) NHS Providers and Health & Wellbeing Board

“The absence of major NHS providers from HWB has narrowed the perspectives available on our local health economy. Will the HWB be looking at a way of changing this? Will it be possible to see the relationship between commissioners and major providers as more than a market relationship but rather one of common responsibility?”

REPLY by the Chair of the Health & Wellbeing Board (Councillor Hoskin):

“Health and Wellbeing Boards across the country have taken different approaches to engagement with providers. The Reading Health and Wellbeing Board operates within a complex health and social care system. There are three Health and Wellbeing Boards in Berkshire West and it would be challenging for the two providers to attend all three boards therefore the economy has developed a sophisticated matrix of joint working with providers to ensure provider engagement and leadership in the system:

- The Berkshire West Partnership Board brings together the three local authorities, four CCGs and key providers to co-design and oversee projects and programmes that span all partners.
- The Chief Officers of all the partner organisations meet monthly to oversee the co-design of the overall system and consider the process for developing new models of care in line with the Five Year Forward View.
- In Reading the Locality Integration Steering Group brings together all partners including the providers to deliver locally sensitive projects and programmes.
- There are also a number of joint programme boards: Urgent Care, Long Term Conditions and Frail Elderly, and Planned Care where health and social care commissioners work with providers and Healthwatch to solve system problems and improve services for residents.

The CCG is establishing a joint committee with NHS England for the commissioning of primary care (subject to NHSE approval) which will have representation from the HWB and GP providers.

Providers are invited to attend where this will enrich the Board’s discussion of a particular item and indeed both providers have regularly attended the board to

ensure the board is aware of the provider's service and planning for the future. The system is recognised for the strength of its partnership working.

The Board is planning on reviewing the governance and membership for the Health and Wellbeing Board during the summer and the issue of provider's attendance on the board will be discussed with the two main providers."

(b) AAA Screening

"What are the most recent figures for the takeup of AAA screening in the Reading CCGs? (both of the 65-year-old cohort and of older self-referrers)."

REPLY by the Chair of the Health & Wellbeing Board (Councillor Hoskin):

"Abdominal aortic aneurysm (AAA) screening is a way of detecting a dangerous swelling (aneurysm) of the aorta - the main blood vessel that runs from the heart, down through the abdomen to the rest of the body. This swelling is far more common in men aged over 65 than it is in woman and younger men, so men are invited for screening in the year they turn 65.

AAA screening uptake for Reading CCG's is currently at 71.36 % for 2014/15. 639 people were offered screening of whom 456 were tested.

By 31 March 2015 uptake is likely to have further increased. There is no longer a national uptake target, but the Thames Valley Area Team have a local target of achieving an 80% uptake.

AAA screening uptake for Reading CCGs amongst self-referrers is currently 97.37% (37 people out of 38)."

(c) Life Expectancy

"Is life expectancy continuing to improve in Reading?"

REPLY by the Chair of the Health & Wellbeing Board (Councillor Hoskin):

"Life expectancy is a summary measure which provides a useful indicator of the general state of health of a population and allows for comparisons between groups. The most commonly used measure of life expectancy is life expectancy at birth.

The data shows that both males and females in Reading are living for longer and longer. The average life expectancy at birth in Reading is 78 years for males and 83 years for females. Between the period 2000–2002 and 2010-2012 life expectancy at birth (males) in Reading has risen from 75.9 to 78.4. Between the same period life expectancy at birth (females) in Reading has risen from 81.1 to 82.7

Although life expectancy in Reading is increasing along with the increase nationally, this increase has not been as dramatic as in other areas across the country. Females in Reading, on average, live as long as females nationally. Men in Reading are expected to live less long on average as men nationally.

The Marmot Review of health inequalities demonstrates very clearly the relationship between social circumstances and health. There is a considerable and significant difference in life expectancy between people living in the richest and poorest

neighborhoods nationally. Variations can also be seen locally across the Borough. Life expectancy is 9.2 years lower for men and 6.3 years lower for women in the most deprived areas of Reading than in the least deprived areas.”

In response to a supplementary question from Tom Lake about regional differences in life expectancy, the Chair explained that he did not have this information, but that the Public Health team could be asked to provide this information.

Resolved - That the Public Health team collate information on life expectancy in Reading in comparison with national figures and with other similar comparator areas and this information be circulated to members of the Health and Wellbeing Board and Tom Lake.

3. ROYAL BERKSHIRE NHS FOUNDATION TRUST CQC IMPROVEMENT PLAN

Tricia Pease submitted a report on progress against the Royal Berkshire NHS Foundation Trust’s Care Quality Commission (CQC) Improvement Plan in response to the findings following a CQC Inspection in March 2014.

The report explained that, following the CQC formal inspection on 24-26 March 2014, the Trust had been awarded an overall rating of ‘Requires Improvement’. It gave further details of the ratings for each CQC domain (Effective and Caring both “good” and Safe, Responsive and Well-led all “requires improvement”) and noted that two individual specialties (Critical Care and End of Life Care) had been awarded an “outstanding” rating. The report findings had included 13 required actions for the Trust and a further 14 suggested actions. These 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).

Following the inspection, the Trust had developed a detailed CQC Improvement Plan in response to the findings. Progress had been made against each of the key actions and the report summarised the current situation; some areas were progressing more quickly than others due to the nature and scale of improvement required.

The Trust had implemented an internal review process to test that actions taken had been embedded throughout the organisation and that there was evidence of improvement to provide assurance. The Trust was also working in collaboration with Bournemouth NHS Foundation Trust to set up an external Peer Review arrangement.

David Shepherd said that he had seen the Action Plan at another meeting and that there were few actions rated “green” for progress, but lots rated “amber”. He noted that it was important for there to be deadlines against actions so that progress could be monitored effectively. Tricia Pease said that the actions still rated “amber” were mostly where actions had been taken but these had not yet been tested and so, to avoid complacency, they had not yet been marked green. She explained that the detailed Improvement Plan could be shared with the Board, and that there was also an even more detailed plan in use internally by the Trust.

Councillor Lovelock noted that the report stated that, in the compliance action key area of “Risks of receiving care and treatment/assessment of need” under cancelled/re-scheduled appointments, the Trust was currently at 11% against a target of 9% by May 2015. She queried what the percentage had been at the time of inspection. Tricia said that she would take this question back to her colleagues.

Resolved - That a further report presenting the detailed CQC Improvement Plan and progress against it, and addressing the query above, be submitted to the next Board meeting.

4. GENERAL PRACTICE CQC (CARE QUALITY COMMISSION) REPORTS

Jan Fowler submitted a report by the Contract Manager at NHS England on the first three published results of ten Care Quality Commission (CQC) visits to GP Practices in North & West Reading which had been carried out during November 2014. Copies of the CQC reports for the following practices, which had been published on 22 January 2015, were appended to the report:

- Western Elms Surgery - Rating “Good”
- Peppard Road Surgery - Rating “Requires Improvement”
- Priory Avenue Surgery - Rating “Inadequate”

The report explained that where the CQC identified areas requiring improvement, the practice had to produce and implement an action plan.

The report stated that the Inspection report on Priory Avenue Surgery had concluded that the practice should be placed in ‘special measures’ for six months as of 22 January 2015. The practice would have a short period of time in which to improve on all of the recommendations made in the report in order to bring the working of the practice up to standard. Additional support for the practice would come from the Royal College of GPs in the form of a package part-funded by the practice and part-funded by NHS England, specifically designed to help practices that had been placed in special measures following CQC inspections, and tailored to the individual practice and its development needs. They would assist with the development of the action plan required by the CQC as part of the work. That plan was currently being finalised.

Jan Fowler explained that a number of the issues identified in the CQC report had already been known to the CCGs and NHS England, who had been working with the practice on how to make improvements, and the CQC-required improvements were now being amalgamated with the existing improvement work. She said that, although this was obviously a worrying issue for patients and the local population, there was no evidence of a direct risk to patients and there would be continued access to the GP service at the practice. She said that an update report could be brought to the next meeting giving more details of the improvements made.

The meeting considered the report and the points made included:

- The report for Western Elms Surgery was very good and it was expected that the CQC reports for other GP practices in North & West Reading were also likely to be good;
- There was concern locally about the long-term availability of GPs and therefore the viability of GP practices, as many local GPs were reaching retirement age and there was a national problem with GP recruitment and retention;
- Jan reported that Health Education England Thames Valley was doing work on GP recruitment and retention and that information could be provided on this work;

- Cathy Winfield said that the CCGs had been looking at GP practices and had done a risk audit of GP practices, as well as having a programme of practice visits. Information from the risk audit (minus any commercially sensitive information) could be shared with the Board. She also reported that the CCGs were working with the University of Reading on a Physician Associates Programme and that this would hopefully provide 15 Associates after the two year training course, which would start in September 2015 (Physician Associates supported doctors in the diagnosis and management of patients);
- Once improvements had been made at a practice, it would be important that processes were put in place to ensure the service remained sustainably safe, once the initial support had been removed;
- Cathy Winfield explained that the four CCGs in Berkshire West were working with the Council of Practices on developing a strategy for Primary Care, and an update on this work could be provided for the next Board meeting, although the full strategy was unlikely to be finalised by that time. The Health & Wellbeing Boards had a standing invitation to sit on this shadow Joint Commissioning Committee for Primary Care and David Shepherd was already involved on behalf of Healthwatch;
- David Shepherd expressed concern that Healthwatch and the Priory Avenue Surgery Patient Participation Group had not known early enough about the issues at the surgery. It was suggested that the Chair of the Priory Avenue Surgery Patient Participation Group could take a more formal role in the meeting when the next report came to the Board;
- It was noted that it was important that lessons were learned about how problems could be identified early so that action could be taken and support given as soon as possible;
- It was noted that NHS England monitored patient registration numbers and that they were currently working with practices near Priory Avenue Surgery to monitor the impact on them of the problems at Priory Avenue Surgery.

Resolved -

- (1) That the report and position be noted;
- (2) That a report or reports be submitted to the next meeting to cover the following matters:
 - (a) an update on the improvements made at the Priory Avenue Surgery and on lessons learned, including how patients could be better updated and involved;
 - (b) any available intelligence on the quality and viability of the primary care sector in Reading;
 - (c) the work on GP recruitment and retention by Health Education Thames Valley;

- (d) an update on the work on the Primary Care Strategy by the shadow Berkshire West Joint Commissioning Committee for Primary Care.

5. NHS FIVE YEAR FORWARD VIEW

Cathy Winfield submitted an NHS Five Year Forward View document that had been published in October 2014, which set out why and how the health service needed to change, arguing for a more engaged relationship with patients, carers and citizens so that wellbeing could be promoted and ill-health prevented.

The document gave details of the need for a radical upgrade in prevention and public health, for patients to have greater control of their own care, including the option of shared personal budgets combining health and social care, and for steps to be taken to break down barriers in how care was provided.

It set out details of the principal additional models of care above the status quo that the NHS would be promoting in England over the next five years. These included:

- Multispecialty Community Providers (MCPs)
- Primary and Acute Care Systems (PACS) - at their most radical, similar to the Accountable Care Organisations (ACOs) emerging in other countries
- Urgent and Emergency Care Networks
- Viable Smaller Hospitals
- Specialised Care
- Modern Maternity Services
- Enhanced Health in Care Homes

Cathy Winfield advised that partners across Berkshire West had agreed to work on an exemplar patient cohort to develop thinking about new models of care. It was intended to return to the work done previously on the frail elderly pathway and look, working with the Kings Fund, at how different sorts of contract and different models of care could be developed, taking a patient-centred approach. Once this work had been developed into a proposal, it could be brought back for wider consideration, with the aim of implementing the new model for the frail elderly by April 2016 and learning from that project.

She also reported that a successful bid had been made to secure funding for 30 days of enabler input from the System Leadership Local Vision funding programme to work across the health and social care system, and work was in progress looking at tackling cultural issues across the system.

Resolved - That the document and position be noted.

6. BERKSHIRE CAMHS (CHILDREN & ADOLESCENT MENTAL HEALTH SERVICES)

Gabrielle Alford gave a verbal report on the current situation with regard to CAMHS (Children & Adolescent Mental Health Services), saying that she would bring a formal report to the next meeting.

She explained that CAMHS were a high priority and there was national recognition that there were ingrained problems with the commissioning of CAMHS.

A comprehensive review of the Berkshire CAMHS had been carried out in 2014, engaging children and young people, parents, carers, GPs and others. The results of this review, which had been published on the CCGs websites, had included a number of recommendations. Partners across the health and social care system were working together and looking at how best to implement these recommendations.

She gave details of some of the work being carried out and progress made to date, including:

- Looking at additional funding for CAMHS, system resilience and weekend CAMHS
- Looking at a business case to further reduce waiting lists
- Looking at the CAMHS care pathway
- Investigating school-based management of ADHD
- Reviewing counselling
- Investigating use of digital communication such as “apps” on self-harm, anxiety and depression
- Work with specialist commissioners around Tier 4 work, as part of a wider Crisis Concordat
- Work with Reading Borough Council looking at an Emotional Health & Wellbeing Strategy, including training opportunities for non-mental health commissioners
- Investigation of co-commissioning opportunities
- Looking at the workforce and use of digital technology, eg online counselling

Councillor Gavin reported that the Reading Youth Cabinet had carried out a survey of young people in schools on Mental Health, which had identified gaps in the system. She noted that there had been a clear view expressed that young people were not interested in digital “apps” when in crisis; they felt that digital communication was good for obtaining information, but that when they had problems, they wanted to talk to people they trusted.

Resolved -

- (1) That the position be noted and Gabrielle Alford bring a formal report on CAMHS to the next meeting;
- (2) That Gabrielle Alford be given a copy of the report of the Youth Cabinet Survey on Mental Health.

7. BEAT THE STREET READING 2014

Lise Llewellyn and Vanessa Reynolds submitted a report giving feedback on the Reading Beat the Street (BTS) Reading 2014 Walking Challenge programme and setting out proposals to deliver Beat the Street in 2015 across Reading. The report had appended a summary report on the 2014 Beat the Street programme.

The report explained that BTS 2014 had been commissioned by the North & West and South Reading CCGs, supported by Reading Borough Council Public Health and Transport teams, to increase physical activity levels and support sustainable travel, with independent evaluation funded by Public Health. The 2014 project had been developed based on the positive reception of the 2013 Caversham Beat the Street project, funded by Reading Borough Council Transport service grant.

BTS had been carried out by Intelligent Health, a company which focused on promoting physical activity to improve health outcomes. Intelligent Health's Beat the Street community initiative was designed to inspire people to walk more. People scanned a card or key fob onto 'Beat Box' scanners located around the community in order to indicate that they had walked between the boxes, earning points that added up to win prizes for their team or school.

The report stated that 15,074 people had taken part in Beat the Street 2014 and headline independent evaluation results after three months had shown:

- An 18% increase in people categorised as inactive to active (from 35-53% in Reading). This change was statistically significant.
- 12% of survey respondents had a long-term condition such as COPD, arthritis or diabetes.
- 82% said that Beat the Street helped them feel more active.
- 73% said they felt healthier.
- 78% of people said Beat the Street helped them to walk more than usual.
- 76% of people said they would try to continue the changes after the competition ended.
- The main reason given for taking part was 'having fun'.
- Many people reported that Beat the Street got them out of their cars for shorter journeys.

The report proposed holding an eight week Beat the Street competition for Reading in 2015, which would build on the project outcomes from 2014. Lessons learned from previous Beat the Street projects would be applied, including an enhanced user experience, updated website and more opportunities to play by providing beat boxes in more areas. The project would retain a clear focus on narrowing the health gap - targeting people with long term conditions and those who were least active. Public Health would work in partnership with the CCGs to ensure clear links between Beat the Street and other Council programmes around workplace, sports and leisure and school travel initiatives, including the Reading schools expansion programme, and ensure strong linkages with the Council's Health Walks Programme Lead.

The report stated that, following CCG Board meetings in January 2015, the CCGs had both confirmed their interest in running Beat the Street again in 2015 and proposed to invest £70K each in Beat the Street for 2015 via their QIPP procedure, as it was felt that the project continued to represent worthwhile use of the QIPP budget. It was proposed that Public Health funding of up to £70K was also made available to enable joint and overall resourcing and delivery of the programme in 2015.

Resolved -

- (1) That the background to the Beat the Street walking initiatives and the feedback and evaluation results for the 2014 Beat the Street project be noted;
- (2) That the delivery of Reading Beat the Street in 2015 be supported.

8. UPDATE ON JOINT WORKING TO SUPPORT CHILDREN & FAMILIES

Further to Minute 52 of the meeting held on 21 March 2014, Andy Fitton submitted a report giving a further update on the work of the sub-group set up to progress

opportunities identified across the Council's Children's Services and Public Health teams, the two Clinical Commissioning Groups and local health services to strengthen joint working to improve health outcomes for children and families. A revised Action Plan agreed by the sub-group in September 2014 was attached at Appendix A.

The report stated that the sub-group had reviewed, revised and streamlined its Action Plan, which now had three key themes. It set out key achievements to date and work agreed to make further progress, against the following key themes, as well as areas of work where longer-term input was required:

1. Improved access and knowledge of family services (across both Health and Reading Borough Council)
2. Education Opportunities and Support for Families
3. Increasing our quality and impact in specific areas (supporting breastfeeding/ uptake of immunisations/ reducing Post Natal Depression (PND)/ reducing obesity)

The report stated that funding had been secured from Public Health and South Reading CCG to fund a joint project manager for a year, anticipated to start in post in March/April 2015, to focus on accelerating progress in the education support to early years parents, improving early identification and help in mental health support to women and staff during pregnancy and into the first two years after the child's birth.

Councillor Gavin reported at the meeting that a new project had been launched on 29 January 2015 in Reading, the Oxford Parent Infant Project, offering support to parents where they struggled to form a bond with their infant, and that this project would be working out of three of Reading's Children's Centres.

Resolved -

- (1) That the progress made to date be noted and the further development of the work, as set out in the report, be supported;
- (2) That the sub-group continue to meet quarterly to maintain oversight of ongoing progress against the Action Plan;
- (3) That a further progress report be submitted to the Board in six months' time.

9. CHILD SEXUAL EXPLOITATION STRATEGY 2014-17

Frances Gosling-Thomas submitted a report presenting a Child Sexual Exploitation (CSE) Strategy which had been agreed by the Reading Local Safeguarding Children Board. The CSE strategy set out the partnership intent to improve the delivery of services to prevent children becoming at risk of CSE, protect children who were at risk or were victims, pursue and disrupt the activity of individuals and or groups of perpetrators and help victims and their families to recover from the abuse.

The report explained that the actions contained within the strategy would be developed into a detailed action plan/project plan to be monitored by the CSE & Children Gone Missing Steering Group which reported to the Reading Local Safeguarding Children Board. The strategy was intended to improve service delivery, reduce the risks associated with CSE and improve outcomes for children.

The report noted that achieving the action plan would be stretching and would require all partners to align and commit time and resources to ensure the outcomes were achieved at pace. It stated that the actions built on the successful foundations that were in place but were nonetheless ambitious and would have resource implications. The size and scale of CSE in Reading was not yet fully understood and only once this was quantified would it be possible to understand fully the resource implications that were required to deliver the ambitions of the strategy in their entirety.

Avril Wilson said that it was hoped to put in place a coordinator to drive the CSE Strategy work and that discussions with partners would be needed about resourcing this post.

Resolved - That the Child Sexual Exploitation Strategy and the requirement for an action plan to deliver it be noted.

10 TACKLING POVERTY IN READING STRATEGY & NEEDS ANALYSIS

Clare Muir submitted a report presenting the Tackling Poverty in Reading Strategy, Action Plan and Needs Analysis. The strategy and action plan were attached to the report at Appendix 1, and the needs analysis at Appendix 2.

The strategy and action plan had been developed with partners through the Tackling Poverty Delivery Partnership and had been agreed at the Policy Committee on 1 December 2014.

The strategy had four aims: improving life chances; supporting those who could not work or were on low incomes; increasing employability/addressing low income; and creating Sustainable Communities. These aims were pursued through six themes: Advice on Tax credits and Entitlements, Affordable Credit, Support into Work, Best start in life, In work poverty and Affording Basic Needs. A further four cross-cutting themes ran throughout the strategy: Disabled People, Older People, Tackling Poverty in a Multicultural Community and Health and Wellbeing.

The report explained that the Board had agreed to be the lead on the Health & Wellbeing theme in the strategy. It noted that there was health-specific data on poverty in the needs analysis and gave details of the health-specific aspects of the strategy and proposed that these be included in the Health & Wellbeing Strategy Action Plan and the Joint Strategic Needs Assessment.

Resolved -

- (1) That the report be noted;
- (2) That the health aspects of the Tackling Poverty in Reading Needs Analysis and Action Plan be included in the Health & Wellbeing Strategy Action Plan and the Joint Strategic Needs Assessment.

11. UPDATE ON FEMALE GENITAL MUTILATION

Suzanne Westhead submitted a report giving an update on the current position in Reading in relation to Female Genital Mutilation (FGM), as a result of a request from

the Thames Valley Police and Crime Panel to the Chair of the Board to have a regular overview item on the Board's agenda for FGM. The report had appended:

- Appendix 1 - a map of known countries where FGM was practised
- Appendix 2 - the action plan from an intercollegiate report "Tackling FGM in the UK"

The report explained that, in February 2014, the Designated Nurse Safeguarding for the four CCGs in Berkshire West had brought to the attention of the Local Safeguarding Children Boards (LSCBs) an intercollegiate report published by the Royal College of Midwives (RCM) entitled 'Tackling FGM in the UK'. The Chair of the LSCBs had requested that a task and finish group be formed to review the report with reference to the three Councils across Berkshire West.

The aim of the group had been to scope local statutory responses to FGM and to develop recommendations for action based upon policy recommendations from the RCM document. The action plan contained in the intercollegiate document had been used as a starting point to review the local response to FGM and in developing a robust multi-agency and community approach to safeguarding children at risk of FGM across Berkshire West.

The report gave details of the local prevalence of FGM, the findings of the task and finish group, actions taken to date and recommendations made to the Children's and Adult Safeguarding Boards in respect of FGM. It stated that the recommendations would form the basis of an action plan to be drawn up by the two Boards.

This plan would be scrutinised by the Health and Wellbeing Board in its quality assurance role. The action plan would also be open to scrutiny by the Council's Adult Social Care, Children's Services and Education Committee (ACE) which led on health scrutiny for the Council.

David Shepherd reported at the meeting that Healthwatch were also finalising a report on Female Genital Mutilation.

Resolved -

- (1) That the report be noted;
- (2) That it be noted that the Children's Safeguarding Board and the Adult Safeguarding Board would develop an action plan to proactively address FGM in Reading and the Health and Wellbeing Board would have an overview of the action plan;
- (3) That the Board receive an annual overview of the Female Genital Mutilation issues in Reading to help tackle FGM.

12. **PROTOCOL AGREEMENT BETWEEN READING HEALTH & WELLBEING BOARD AND WEST OF BERKSHIRE SAFEGUARDING ADULTS PARTNERSHIP BOARD (SAPB)**

Suzanne Westhead submitted a report which presented a Protocol Agreement that set out the expectations of the relationship and working arrangements between Reading Health and Wellbeing Board (HWB) and the West of Berkshire Safeguarding Adults

Partnership Board (SAPB). The report sought the HWB's endorsement of the Protocol, which had already been agreed by the SAPB.

The report set out the shared principles for the working protocol, explaining that the protocol listed the key responsibilities of each board and how each one should interact with the other. The protocol detailed the key lines of communication between the boards and described the interconnectedness of senior management representation on each board, which ensured the partnerships were made aware of key topics for discussion/concern. It also described the route by which concerns highlighted by one board could be raised with the other board.

Resolved - That the protocol agreement between the Health & Wellbeing Board and the Safeguarding Adults Partnership Board be agreed.

13. FINAL PHARMACEUTICAL NEEDS ASSESSMENT

Further to Minute 9 of the last meeting, Lise Llewellyn submitted the final Pharmaceutical Needs Assessment (PNA) for the Reading Borough Council area for 2014, for approval and publication following consultation. Detailed consultation responses were set out in Appendix 1 to the report and the final PNA was attached at Appendix 2.

The report explained that the PNA would be used by the NHS to commission pharmaceutical services in Berkshire. It would also be used by the Public Health team in Reading to commission local services.

The report gave details of the consultation on the draft PNA, which had finished on 16 December 2014, summarised the key issues identified from the consultation and had appended the detailed consultation responses. It stated that the PNA had been amended and was now presented for final approval and publication.

Resolved -

- (1) That the final Pharmaceutical Needs Assessment be approved for publication;
- (2) That the team involved in drafting the PNA be thanked for their hard work.

(Rod Smith declared an interest in this item and took no part in the debate or decision. Nature of interest: Rod Smith was a shareholder in a Pharmacy in Caversham.)

14. 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 17 April 2015.

(The meeting started at 2.00pm and closed at 4.33pm)

CQC Post Inspection Action Plan - Update on Progress

11th March 2015

Progress – Compliance actions

1. Treatment of disease, disorder or injury - Surgical procedures

– Incidence of Never Events

- Never Event in December. 70 days since last harm free event
- 73% theatres staff will have completed Human Factors training by end March (89% of orthopaedic staff)
- Incident rate of reporting improved to 2.5 per 100 procedures (target 2.0)
- WHO checklist performance -98% against target 95%

– MCA & DoLs

- 89% staff completed level 1 awareness training. 91% completed specialist DoLs training.

– Dementia training

- 75% completed tier 1 training December – only Trust in TV to do so
- Funding secured to recruit dedicated trainer

– Drugs storage

- 2 audits completed (May & December)
- Actions taken to address any safety issues – ongoing monitoring by DoNs

Progress – Compliance actions

2. Treatment of disease, disorder or injury - Diagnostics & Screening (radiology)

- 7 day working consultation completed – aiming to start 1st April
- Currently upgrading to Radnet & procurement underway for PACs
- Order Comms due to be implemented 11th March (piloting in ED)
- External capacity & demand modelling complete – Business Case being developed
- Targets being achieved for all modalities

3. Treatment of disease, disorder or injury – Privacy & Dignity

– West Berks Hospital

- plan in place for new build – due to sign off plans & costs March
- Mitigation in place providing patient choice & use of side room if required

– DNA / CPR

- audit undertaken January – still more work to do in relation to medical engagement
- Peer review testing in Feb / March

– Night moves of dementia patients

- Now included in CCG Quality Contract

Progress – Compliance actions

4. Treatment of disease, disorder or injury - Maternity & Midwifery premises

– Maternity ventilation system

- Build underway – implementation of new system
- Weekly monitoring & reporting of entonox levels (levels have been within acceptable range to date)
- New Clinical Director being recruited & will provide additional leadership

– Inadequate storage (maternity & trust wide)

- Ongoing work – daily walk - arounds
- Offsite storage beds / mattresses – ongoing review
- Widespread use of ward log books to escalate requests
- Restructure of estates & facilities to provide enhanced leadership

Progress – Compliance actions

5. Treatment of disease, disorder or injury – Consent

- An audit of current practice completed Dec 2014 (clinicians practice & patient feedback)
- Standardised documentation being written by all specialties
- Presentations to all clinical governance committees
- Will re-audit July 15

Progress – Compliance actions

6. Treatment of disease, disorder or injury - Staffing

– Nursing

- Trust wide skill mix review undertaken in February – will present to March Board
- Risk assessment process in place – carried out 3 times daily at each bed meeting
- Overseen by dedicated Head of Nursing (including plans for weekend cover)
- Continuing recruitment & retention challenges
- Responded to recent whistle blowing event

– Medical staff

- Assessment of 7 day working underway & development of plan
- 6 additional new junior staff agreed for August 2015, including overnight cover

– Pre-assessment – staffing & processes

- Pathways / processes under review

Progress – Compliance actions

6. Treatment of disease, disorder or injury - Staffing

– Maternity

- Revised outcomes based Action Plan in place
- Management Structure redesigned – awaiting final sign off & implementation (March)
- Patient Safety governance review completed & action plan developed
- Consultant time on labour wards increased to 91 hrs per week – plans in place to increase to up to 168 hrs longer term
- Birthrate Plus Tool completed – awaiting final report
- Changed use of 4th room on Midwifery Led Unit
- Strategic Leadership Programme underway – supported by Thames Valley Leadership Academy
- Benchmarking visits to other Trusts undertaken by staff
- Daily staffing meeting to review operational requirements
- Fortnightly 'Working Together' Forum in place (staff engagement)

Progress – Compliance actions

7. Medical Records

- Security & storage audit completed – high risk areas being addressed
- Quality audit completed – shows improvement – areas of concern being addressed through local clinical governance committees
- Quick Reference Guides / SOPs being finalised & rolled out for all staff
- Clinical Admin Programme – to include medical records responsibilities
- Reviewing options for bringing outsourced archive function in house (will improve availability)
- Monmouth Audit taking place - March

Assurance and Ownership

- Assurance testing implementation of the plan through newly formed Peer Review process:
 - 20 staff taking part in the review process (continuing to increase numbers of staff)
 - MCA, Dementia & DoLs & Maintenance processes tested in Jan / Feb
 - Testing nursing & medical staffing & DNA CPR in Feb / March
 - Good evidence eg assurance on MCA/DoLs/dementia – more work to do on maintenance
 - External Peer review set up with Bournemouth – 8th June
 - Structured Listening Exercise completed end Feb – currently analysing results

- Ownership of the plan devolved to Care Groups
- Detailed review of Action Plan & Peer Review through Care Group monthly performance meetings & Quality assured through Quality Performance & Learning Committee
- High level oversight of progress reported through to new Trust Improvement Programme
- Exception reporting through to Trust Clinical Governance & up to Trust Board

CQC – Progress against ‘Must Do’s’

No.	CQC ‘Must Do’s’	Completion Date	Completion Due Date	Comment
1	Ensure that medical records are kept securely, and records can be located and accessed promptly when needed to appropriately inform the care and treatment of patients		End Jan 15 (security) End March 15 (availability) End July 15 (quality)	Significant improvement in availability in outpatients completed. Business Case for RFID tagging developed Security audits completed. 3 areas high risk in security – being actioned Quality audit findings being finalised
2	Maintain the privacy & dignity of patients placed in the observation bay in the A&E department	November 14		New bay open
3	Ensure the design & layout of the emergency dept protects patients & staff against the risks associated with unsafe or suitable premises		End Jan 15	Implementation of Ambulatory Centre for GP expected & ambulatory patients. Business Case for Urgent Care floor being developed for longer term.
4	Take appropriate steps to ensure that at all times there are sufficient numbers of suitably qualified skilled & experienced staff employed to care for patients’ needs and safeguard their health, safety & welfare	Ongoing programme of work		Sufficient levels of staff in place but high use of agency in some areas due to recruitment difficulties
5	Accurately complete ‘ Do not attempt DNA CPR forms, and document the discussions about end of life care with patients		March 15	Jan audit being finalised. Testing practice during Feb/March
6	Take proper steps to ensure that each patient is protected against the risks of receiving care or treatment that is inappropriate or unsafe by planning the delivery of care & appropriate treatment meet the patients individual needs & have procedures in place to deal with emergencies which are reasonably expected to arise: Never Events Consent		April 15 March 15	Programme of work in place. Last Never Event Dec 14. Programme of work to standardise documentation & update patient information material
7	Review the ICU capacity across the Trust; employ suitably qualified, skilled & experienced staff; have the necessary equipment available to care for patients who require intensive or high dependency care	Dec 14		Additional staff recruited. Safe staffing / mitigation in place to manage 13 beds at 85% occupancy
8	Ensure that planning & delivery of care meets patients’ individual needs, and ensure the safety & welfare of all patients Appointments - Rescheduling / cancellations		May 15	Currently 11% against target of 9%.

Summary as at 2nd March 2015

CQC – Progress against ‘Must Do’s’

	Pre-assessment – staffing & pathway process Diagnostics equipment availability Dementia Training	Ongoing	April 15 March 15	Additional staff appointed. Process under review. Procurement of PACS/Order Comms underway. Additional equipment signed off. RIS being upgraded. 76% staff received level 1 training by Jan 15 (target was 75%)
9	Increase staff knowledge of DOLs and the Mental Capacity Act through necessary training to improve safeguarding		March 15	89% staff trained at basic level. 85% trained at specialist level (target is 85% by March 15) New assessment form implemented Jan 15
10	Improve contemporaneous record keeping by all staff to avoid misplacing records of care and observations Secure storage of notes & Accessibility of notes Quality / Content of notes		Jan 15 / Mar 15 Jul 15	As per 1. Above January audit completed. Findings being finalised. Overall improvement.
11	Ensure the staffing levels and admission criteria in the Rushey Midwife led unit is maintained to ensure safe care is provided to all women	Complete	Mar 15	2 rooms closed on Rushey to mitigate risk and ensure safe staffing levels. Interim review of staffing skill mix and requirements completed Dec 14. Birthrate Plus review completed
12	Ensure that at all times there is a sufficient number of suitably qualified, skilled and experienced staff employed to provide safe midwifery care in all areas.		Mar 15	Adjustment made to job plans to ensure provision for weekend ward review in place. External review implemented with clear recommendations & action plan developed. Exec approval given for 2 additional obstetric consultants. Birthrate Plus review completed
13	Take action to improve the ventilation system on the delivery suite, top protect patients & others who may be at risk from the use of unsafe equipment.		Mar 15	New ventilation system on track to be installed by March. Entonox monitoring being reported weekly.

Summary as at 2nd March 2015

CQC Action Plan

CQC Regulation	Compliance Issue / CQC 'MUST DO'	Exec Lead	Critical Milestones	Complete?	Assurance	RAG rating	Est. Date of Compliance	
	Incidence of never events	LB	Development of Theatre Patient Safety Strategy	Y	300 Harm Free days since last Never Event (definition of 'Harm Free' as per national guidance)	RED	Apr 15 (to be reviewed)	
			Coaching / training programme for surgeons / theatre staff. 64% theatre staff have completed Human Factors Training (target 90% by Mar 2015)	N				
			Education programme to raise awareness of Never Events /SI and process for reporting with staff in theatres	Y				
			Learning from Incidents & Never Events presentation developed & cascaded trust wide to raise awareness amongst all staff (will test through Peer Group Review Jan / Feb 2015)	Y				
			Implement WHO patient safety curriculum & incident report scenario pilot to improve doctors awareness (first module 11th Feb 2015)	Y				
			70 harm free days (effective 19/02/15). Forecasting 73% of theatre staff to have completed HF training by end March. 89% of orthopedic team have completed training to date.					
	Access to Patient Information – including access to Translation Services	CAi	Walk about visits to include review of 8 specific Patient Information leaflets to be available on each ward (due end Feb 15)	N	Visibility of information through audit & walkabouts	GREEN	Jan 15	
			Patient Information posters to be developed and introduced in all patient areas (to be tested)	Y				
			New statement in 4 alternative languages to be included within Patient area on Trust website	Y				Patient feedback
			Complaint information leaflets to be translated into top 3 languages & uploaded onto website	Y				
			Staff awareness for accessing translation services tested via Intranet survey	Y				
			Improved access to Patient Information – to be tested to provide assurance of compliance					
	Improved Signage	PH	Task group to be set up to review requirements & actions	Y	Patient & staff feedback	AMBER	Apr 15	

CQC Action Plan

			Remove non-approved signage – 65 signs removed, others updated.	Y			
			Independent site survey by Parsons Brinkerhoff leading to recommendations that would achieve compliance for the site according to NHS Way finders	Y			
			Solutions to be identified for future signage	Y			
			Survey Monkey to gain staff views on 3 proposed signage options as well as face to face engagement - underway	N			
	Estates – storage	PH	Review of all storage issues trust wide to be undertaken	N	Patient & staff feedback via surveys / walk around visits	RED	June 15
			Priority areas to be agreed and plans developed	N			
			Daily walkthroughs to ensure corridors remain uncluttered by taking corrective action as required (taking place at 3 & 4pm each day)	Y			
			Create theatre storage area. Feasibility study underway (Completes 1st week April). Business Case to be written by end Apr 15)	N			
			Offsite storage facility to be established. (Business Case developed & presented to Planned Care Board Feb 15, to be presented to Business Case Group – Mar 15) Implemented June 15	N			
			Implement central logistics team to reduce volume of deliveries each day (7 day working central logistics team proposal Feb 15, implemented April 15)	N			
			'Clear the clutter' campaigns held regularly (next one due by 25 Feb 15)	N			
	Cleaning – standards of cleaning required on some wards / areas	PH	Weekly audit of Very high risk areas and monthly audit of high risk areas to ensure compliant standards are maintained	Y			
			Work underway to further improve the process with increased engagement with ward staff				
	Lack of ITU capacity	SE	Appointment of 1 additional consultant to ensure appropriate staffing levels in place Mon - Fri	Y	Good outcomes on INARC 85% occupancy levels	GREEN	Dec 14
			Appointment of 2 additional junior doctors to meet ITU standard of 1:8 - 2 working at night	Y			
			Capacity managers to meet with lead nurse ITU every morning to prioritise bed allocation & ensure availability of 1 level 3 bed in the Trust	Y			

CQC Action Plan

			April 2015 budget to be established to meet staffing against core standards (Business Case submitted to CCG as part of contracting round)	N			
			Currently running with sufficient staff to manage 13 beds at 85% occupancy. Mitigation in place to ensure safe staffing of patients. Previous Business Case being updated to review range of options going forward for 'Urgent Care Floor' (end Jan 2015)				
	RTT performance not being met	BB	Training Manager recruited (started Nov) and revised training programme to be implemented trust wide (Dec)	Y	Achievement of RTT performance	RED	Mar 15 (Aggregate perf)
			Interim Access Manager in place. Substantive appointment made – starts end March.	Y			
			The Trust will return to reporting January performance against all 3 standards and will submit to UNIFY in February.	N			
			Substantive recruitment of a central 18 weeks team is pending completion of the Trust Clinical Administration Review in June. External validation resource has been secured for the additional period to mitigate against risk.	N			
			Service redesign to be implemented in non compliant specialties - ongoing	Y			
			The current unvalidated position is: 82% Incomplete , 63% Admitted, 85% Non-Admitted				
	High level of appointment re-scheduling / cancellations by the Trust	BB	Audit to be carried out to understand variation & reasons for re-scheduling / cancellations	Y	Level of cancellations / rescheduling 9% or less	AMBER	May 15
			Criteria for exclusion identified & data cleansed	Y			
			Priority specialties identified & action plan developed. Current focus on paediatrics, ENT, ophthalmology, orthodontics, plastic surgery, dermatology, endocrinology, haematology (ongoing)	N			
			Last position reported - 11% trust wide against target of 9%				
	Low awareness of MCA and DOLs across the Trust	CAi	Develop standardised assessment document for MCA (document launched Jan 15)	Y	Good level of awareness of DOLs & MCA from staff evidenced from documentation	GREEN	Mar 15
			Training of Junior Doctor workforce & use of new standard documentation (Feb 15 onwards)	Y			
			Training developed & multi-professional training programme to run through summer 2015	N			

CQC Action Plan

			Additional MCA & DoLs training to be included at Trust induction for new staff	Y			
			Currently 89% staff have been trained for MCA & DoLs (level 1) Specialist DoLs training – 91% trained (target 85% by March 15)				
	Low use of care bundles. Care plans not always in place, patients not always involved in their care plans	CAi	Develop & launch revised ward dashboard to include care bundle completion audit by October 2014	Y	Documentation to evidence good use of Care Bundles / Plans	AMBER	Mar 15 (to be reviewed)
Implement revised process for review, updating and sign off of new Care Pathways - complete			Y				
Immediate review of existing Care Bundles & their usage to identify gaps / areas of concern to action.			Y				
QI team to systematically review care bundles in place to ensure evidence base, content & format are consistent with good practice (see below for current position)			Y				
Include within Practice Educators ward based teaching sessions			N				
Process for use of Care Pathways redesigned & being implemented. Improvement Project in place for Care Bundles. Progress to date: 1 bundle complete, 2 bundles content agreed – awaiting reformatting, 1 bundle being simulation tested, 6 bundles being drafted, 1 bundle no start, 2 bundles withdrawn							
	Patients with dementia placed on inappropriate wards placing them at risk due to inadequate staff training and levels on these wards to care for dementia patients	LB	Appoint interface geriatricians to take lead role on medical wards & surgical liaison outreach role appointed for surgical wards	Y	Reduction in dementia patients in outlier wards Evidence of staff training & awareness Matrons Rounding to monitor compliance	AMBER	Jan 2015
Relevant front line staff to undertake dementia training. Achieved HEE target of 75% trained by Dec 14. The next target is 80% of staff trained by end Mar 15.			Y				
Training for junior doctors to be re-instated at induction			Y				
Professor of Dementia to be appointed – post currently being re-advertised			N				
Audit to be undertaken to test training levels & impact of 'Care Crew' (12 month review March 15)			N				
HETV confirmation received that the Trust has met target of 75% Tier 1 training (only Trust within Thames Valley to do so). The next target is 80% of staff trained by end Mar 15. Funding secured to recruit dedicated trainer.							

CQC Action Plan

		Medicines Management – lack of secure storage / fridge temperatures not checked / compliant	LB	Audit to be undertaken to identify issues (audit May 2014) Immediate action taken to address non compliant areas.	Y	Audit to demonstrate compliance	AMBER	Jan 15
				Process to be implemented to monitor ongoing compliance (twice yearly trust wide audit process in place)	Y			
				New min-max thermometers implemented trust wide (on order – expect to complete implementation Dec 2014)	Y			
				Training of all band 6 pharmacists to be completed, to roll out training to all ward staff (starting Dec 2014)	N			
				Actions taken. 3 non compliant areas remaining (equipment on order) Risk assessments carried out in meantime. Further audit completed February 15 – non compliant areas being addressed				
		Medicines Management – Under reporting of medication errors as incidents	LB	Implementation of Medication Safety Committee (first meeting held in November 2014)	Y	5% Increase in rate of reporting / reduction in serious incidents / harm on wards over next 6 months (from Oct 14)	RED	Apr 15
				Review of reporting errors & themes to be completed	Y			
				Education & training programme to be rolled out trust wide – Patient safety newsletters and ‘hot topics’ commenced	Y			
				Reporting of medication errors as incidents added to patient safety thermometer	Y			
				Process to be implemented for continual feedback & learning to staff – currently being reviewed	N			
				Rate of reporting currently showing no improvement as yet– 84 reported errors in January (versus target of 128 per month)				
2	Treatment of disease, disorder or injury Diagnostics & Screening The registered person had not ensured that equipment was properly maintained & available in sufficient quantities in order to ensure the safety	Out-dated Radiology Information System (RIS)/PACs system	SE	Upgrade to Radnet completed (Mar 15)	N	Fit for purpose RIS in place/data quality issues addressed	AMBER	Mar 15 (RIS upgrade) Nov 15 (PACs)
				PACS specification completed	Y			
				Procurement process completed (Mar 15)	N			
				New PACs system installed (Nov 15)	N			
		Trust wide equipment – central inventory, 5 year replacement	PM	Central inventory and ward inventory in place	Y	Inventory in place and current. 5 year programme	AMBER	Jan 15
		5 year replacement programme in place – currently frozen due to financial pressures	Y					

CQC Action Plan

	of service users & meet their assessed needs.	programme, response times for requests		Individual ward access to inventory / replacement programme / suppliers (end Dec 2014)	N	signed off		
				Process implemented for rolling training programme	Y			
				New Call Log System to be implemented to improve response times to maintenance requests (Sept 2015)	N			
				New labeling system to be implemented (end Dec 2014) – ad hoc roll out started	N			
				Staff trained & aware of process to escalate equipment issues	Y			
				Peer Review Group testing actions embedded to provide assurance - to take place in Mar 2015				
3	Treatment of disease, disorder or injury The registered person had not, so far as reasonably practical, made suitable arrangements to ensure the privacy & dignity of service users.	Lack of accurate and consistent completion of DNA CPR forms across the organisation (<i>specifically completion of review date, and signatures from consultant</i>)	LB	Medical Advance Plan to be included within initial patient assessment	Y	Audit to demonstrate compliance to forms completed and filed correctly within notes	AMBER	Mar 2015
				Update mandatory training requirements following recommendations from CQC inspection	Y			
				Completion of trust wide audit to identify baseline & non compliance (July audit – 80% decision discussed with patient / carer)	Y			
				Education & Training programme to be developed & rolled out to clinical workforce	Y			
				Clinical leads instructed to discuss importance of DNACPR processes at January Clinical Governance meetings	Y			
				Re-audit to be completed to assess improvement – results expected by end February 15	Y			
				Review date – Trust following South Central Policy (which states that review date NOT mandatory) Re-audit completed – testing through Peer Review process in March				
	Mixed sex ward sleeping breaches in WBCH	PM	Plans to mitigate issue to be received (18 th Dec 14)	Y	No mixed sex breaches trust wide	AMBER	Apr 15	
			Basic principles & design of plan agreed	Y				
			Detailed plans drafted with architects (Feb 15) - underway	N				
Sign off of plans & costs by West Berks, Planned Care & Exec (Mar 15)			N					
Building works to be completed			N					

CQC Action Plan

				Plans for WBCH now developed – sign off due in March. Mitigation in place in the meantime.				
		Patients with dementia subject to multiple moves often at night causing distress and anxiety	LB/SE	Care Bundle & Forget-me-not scheme to be implemented (Forget-me-not scheme launched 18th November 14 – roll out to complete end Jan 14)	N	Reduction in night moves. Patient feedback.	AMBER	Jan 15
				Algorithm for bed managers to be developed & implemented - algorithm completed – now being rolled out	Y			
4	Treatment of disease, disorder or injury Maternity & Midwifery The registered provider must ensure service users are protected against the risks associated with unsafe or suitable premises by means of suitable design & layout & adequate maintenance of the premises in connection with regulated activity	Labour ward has insufficient scavenging system to remove used nitrous oxide from the air produced from patients when using entonox.	SE	Procurement process completed	Y	Fit for purpose ventilation system in place. Compliance with entonox levels	AMBER	Mar 15
				Planning permission granted (building work currently underway)	Y			
				Delivery of Air Handling Unit complete (30 th Nov 14)	Y			
				Completion of internal installation and system commissioning (due March 2015) May be slippage – assessing currently	N			
				Weekly monitoring of Entonox levels in place with escalation process	Y			
5	Treatment of disease, disorder or injury Surgical Procedures Maternity & Midwifery The provider did not have suitable arrangements in place for obtaining & acting in accordance with the consent of service users in relation to the care & treatment	Consent practice varied across the Trust causing operating lists to be changed on the day of operation	PM	Audit of current consent practice to be completed	Y	Audit to demonstrate good consent processes in place with documentation on notes to provide evidence that we are acting in accordance with patient's wishes.	AMBER	Mar 15
				Audit of patients to understand views re engagement in consent process (Due 20/02/2015)	N			
				Development & implementation of standardised documentation including patient information leaflets (Dec – Feb) – underway and on track	N			
				Letter to all consultants to launch Programme of work and to remind them of importance of consenting correctly (12 th January 2015)	Y			
				Presentation given to each Clinical Governance group to launch programme of work and to discuss importance of consent (practice & process)	Y			
				Re- audit to evidence improvement – both internal practice & patient views (July 2015)	N			
				Consent practice audit completed. Patient audit to be conducted in week beginning 16/02/15. Consultants providing input into the design of the consent education and training programme.				

CQC Action Plan

6	Treatment of disease, disorder or injury Surgical Procedures Maternity & Midwifery The provider had not taken appropriate steps to ensure that at all times there were sufficient numbers of suitably qualified & experienced persons employed for the purpose of carrying on the regulated activity	Staffing shortages for registered nurses and healthcare assistants on surgical wards and within radiology	CAI	Complete trust wide skill mix review. To be presented to Board in March 2015	Y	Evidence to show sufficient numbers of suitably qualified nursing staff in every area to provide a safe service,	AMBER	Mar 15
				New process implemented – DoN of the Day – operational management of day to day staffing trust wide	Y			
				Rag Rated system to be implemented to provide trust wide oversight of staffing in real time - shift patterns & hotspots – 7 day cover reports provided every Monday & Friday, accompanied by NHSP Shift Reports	Y			
				Development & implementation of rules for good rostering. Guidance has been completed and circulated.	Y			
				Development & implementation of Policy for good rostering – draft completed, and timetabled for consideration at next JSCC meeting	N			
				Implementation of 12 hour shifts where appropriate (To be completed in Planned Care in April 15)	Y			
				Increase in HCA crew resource to support 1:1 care. Business case presented. To be amended and re-presented in Feb 15	N			
				Development & implementation of Recruitment & Retention Strategy. Smooth move and refer and friend schemes also in place.	Y			
				Currently 212 qualified & midwifery vacancies – 74 conditional offers made (includes theatre practitioners). Currently 80 HCA vacancies – 24 conditional offers made Recruitment team to visit Portugal in April 2015				
				Shortages in medical staffing, weekend cover, use of locums, rotas etc	LB			
Develop & implement plan to address shortages, if required	N							
August intake – increase staffing by an additional medical registrar- 17.00-23.00, additional medical SHO in the hospital at night team, and additional weekend medical SHO								
Staff shortages in Surgical Pre-Assessment Unit led to assessments being held	PM	Appointment of senior nurse lead	Y	Audit to demonstrate all pre op assessments undertaken at least 4 weeks prior to surgery	RED	Apr 15		
		Development & implementation of a plan to redesign the pre-assessment booking process.	N					

CQC Action Plan

		less than 4 weeks prior to surgery and on occasion caused operations to be cancelled		Audit of planned operations to review impact of change	N			
		Midwifery staffing ratios in the Rushey Midwife Unit below guidelines & staffing shortages in the general maternity service	SE	Closure of 2 rooms on Rushey to mitigate risk & ensure safe staffing levels. Use of 4 th room being changed.	Y	Appropriate ratio of midwives to births	AMBER	Mar 15
				Business Case to Exec for sign off to increase overall midwifery staffing levels to achieve National Standard of 1:28 (not approved – awaiting outcome of Birth Rate Plus Review)	Y			
				Implementation of Birthrate Plus tool to inform required staffing levels (completed)	Y			
				Prior to completion of Birthrate Plus – interim review of staffing skill mix & requirements (by 5th Dec 14)	Y			
				Daily meeting to be instigated to review activity & staffing across the service over following 24 hours & redeploy as necessary	Y			
		Consultant obstetric presence not in line with national standards Dedicated consultant anaesthetic cover required 50 hours per week Consultants did not routinely visit wards at weekends within Maternity	SE	Adjustment to job plans to ensure provision for weekend ward review in place	Y	Consultant presence in place, including out of hours, to ensure the service is safe for patients	AMBER	Mar 15
				External review implemented with clear recommendations & action plan developed	Y			
				Business Case to be taken to Exec for sign off for additional obstetric & anaesthetic consultant cover (obstetric cover approved – anaesthetic cover on hold awaiting trust wide review)	Y			
				Trust wide Review of current medical staff across anaesthetics	N			
				Exec approval given for 2 additional obstetric consultants Business Case for additional midwives & additional anaesthetic on hold until result of Birthrate plus & trust wide review completed				
7	Medical Records Service users were not protected against the risk of unsafe or inappropriate care & treatment arising from the lack of proper information about them	Secure storage of notes	BB	Trust wide review of storage & security issues completed – 3 high risk areas identified & being actioned	Y	No security / storage issues across the Trust	AMBER	Jan 2015
		Accessibility of notes	BB	Completion of diagnostic stage to understand issues impacting on availability	Y	98% of all medical records available at the time of appointment / admission as inpatient	AMBER	Mar 15
Development & implementation of re- training & education programme trust wide (October 14 – March 15)	Y							

CQC Action Plan

by means of the maintenance of: an accurate record in respect of each service user which shall include appropriate information & documents in relation to the care & treatment provided. The registered provider must ensure that records are kept securely & can be located promptly when required.			Changes implemented to delivery for outpatient clinics	Y			
			Changes implemented within EPR to enable automatic requesting of records for emergency admissions	N			
			Audit process to be developed & implemented to enable monitoring of compliance for tracking records	N			
			Investigate alternative location for MR function to reduce need for offsite storage – Business case now being written	N			
			Investigation into alternative IT solution, including the electronic tagging of paper records (IFIT) solution within MR function to enable improved storage & pulling of notes – Business Case written & being reviewed	Y			
Content of notes	BB	Completion of diagnostic stage to understand issues - Undertake audit and create action plan based on 2014 audit output (Dec 2014 - Feb 2015) – audit complete - initial findings being reviewed	Y	Audit using National criteria to demonstrate compliance against criteria of at least 85% (criteria % required for compliance)	AMBER	Jul 15	
		Actions to be taken in areas of non compliance (Feb – July)	Y				
		Dec 14 audit showed of 19 criteria reviewed, 11 areas have shown improvement, 4 areas have not, 2 areas were new criteria this year, and 2 areas still being reviewed. A total of 8 areas of non compliance are now to be actioned.					
Lack of functioning / available IT equipment in clinical areas	HA	Service Improvement Plan created with CSC that identifies and plans to resolve issues with the use of the IT Helpdesk	Y		RED		
		Conduct full audit of all clinical areas - 11 departments completed to date. New role established on 16 th February to complete a full audit over 3 months.	N				
		Identify lead IT contact for each clinical area and ensure they are appropriately trained in escalation process – currently 80% complete.	N				
		Upgrade 3000 computers to improve functionality and compatibility at a rate of 300 per month – target 1500 by May 2015 (Feb 2015 – 600 completed)	N				
Inconsistency in recording of clinical information across wards	HA	Review of mobile devices across the Trust to ensure they are available for use – within audit - underway	N		AMBER		
		Review of existing SOPs and non compliance	Y				

CQC Action Plan

	EDL not completed within target timescale	HA	Update to facilitate auto population of EDL from Cerner (on hold for finance)	N		AMBER	
			Setting altered to prevent a discharge note being raised unless the patient is on EPR	Y			
	Delays in sending GP letters following outpatient appointments	BB	Clinical Admin Review Programme to align services along the patient pathway, and redesign the clinical administration for the hospital – programme underway	Y		AMBER	
	Inconsistency in recording early warning scores electronically and in paper notes	HA	Review of existing SOPs	Y		AMBER	
			Development of a system to enable auditing/ reporting at ward level – Ward accreditation audit	Y			
	Outliers experiencing repeated tests due to lack of system to record earlier tests	HA	Approval of funding obtained nationally for implementation of Order Comms	Y		AMBER	
			Roll out across the Trust (pathology & radiology)	Y			

Rag Rating criteria:

GREEN	Actions taken – issue addressed
AMBER	Actions being taken – progress being made against timescales agreed
RED	Actions being taken but some concern on delivery for example, timescales, or actions having little impact on outcome

Completed areas of compliance being tested

	Compliance Issue / CQC 'MUST DO'	Exec Lead	Testing mechanism	Date of testing	Outcome	Next steps
1	Staff awareness of MCA & DOLS	LB	Initial test through newly formed Trust Peer Review Process (pilot) & tested again during Jan	Dec 14 & Jan 15	Audited Jan 15. 13 wards visited (40 staff spoken to). High level of awareness amongst nursing staff – some additional training required for HCA & junior medics. Dementia related documentation not universal but is being used.	Feedback to areas of issue. Additional training being sourced via HE funding.
2	Estates – delay in response to maintenance requests	PH	Initial test through newly formed Trust Peer review Process (pilot) - & tested again during Jan	Dec 14 & Jan 15	Audited Jan 15. 13 wards visited (40 staff spoken to). Log book system in widespread use & well understood. Some positive feedback, however, most wards reporting outstanding issues. Responses that escalation process not effective & only 1 ward reported having estates 'buddy'.	Director of Nursing to discuss feedback with Dir E&F & agree improvements to process
3	Patients being kept overnight in recovery / surgery going ahead despite lack of capacity / planned ops cancelled due to lack of capacity	PM	Process embedded to monitor compliance	Oct – present (ongoing each month)	Reporting demonstrates no patients kept in recovery inappropriately – no surgery undertaken without ITU capacity	Continue to monitor through monthly performance meetings
4	Outdated equipment in main x-ray department	SE	Review of asset register / review of equipment in dept	Ongoing	Business case agreed by Exec for new equipment. Mitigation in place for areas of risk	Ongoing review by care Group
5	Issues with privacy & dignity for patients within A&E Observation Bay	SE	New Obs bay opened in Nov 14 – to be kept under review via walkabouts	Nov 14	No issues to date – to be kept under review	Under review
6	Improvement required to mortuary area	LB	Patient feedback / Peer review Group to test	Jan 15	Improvements made to patient area. Mis-understanding by CQC of area accessed by families.	Review during January
7	Patient information / translation services	CAi	Spot check on wards via walkabouts (posters) & survey via Trust intranet (staff awareness)	By end Feb 15	Testing to be undertaken	-
8	DNA CPR	LB	To be tested via Peer review Group during end Feb – mid March	By mid March		
9	Staffing (nursing & medics)	LB / CAi	To be tested via Peer review Group during end Feb – mid March	By mid March		

Summary as at 2nd March 2015

Priority Actions for February 2015

	Compliance Area	Exec Lead	Action Owner	Action to be taken in the month	Concern(s) to be addressed
1	Incidence of Never Events	LB	Tom Crawford	Completion of first module for WHO patient safety curriculum & further training of theatre staff to reach target 90% by end March	Forecasting 73% by end March vs. target 90%
2	Estates storage	PH	Phil Holmes	Proposal for central logistics team to be taken to SMT before end month. 'Clear the clutter' campaign to be held before end month.	Storage & clutter still an ongoing issue
3	Cleaning standards	CAi	Caroline Ainslie	CAi to review current processes with Head of housekeeping & ward staff to improve performance	High level cleaning issue becoming a current theme
4	High level cancellations / re-scheduling	BB	Steve Green	Update on position still outstanding and actions being taken	No update provided since December
5	Pre op assessment	PM	France Woodroffe	Meeting to be held with Pre op nurse lead & waiting list officers to agree new process – still outstanding from last month	Meeting still outstanding – no progress made
6	Care Bundles	LB	Andy Henderson	Care Bundles not currently being used to be retrieved from wards until revised bundle developed	Removal of bundles not in use
7	Medicines Management – drugs storage	LB	Claire Cartwright/DoNs	Audit complete – areas of poor practice to be addressed by Care Group DoNs	Poor practice to be addressed
8	DNA CPR	LB	Alex Baker	Peer Review Group to test current practice – to ensure accurate completion of documentation & discussions taking place appropriately	Need to test medical staff compliance
9	Consent	PM	Peter Malone	Completion of patient audit by 20 th Feb. Completion of standardised documentation.	Pace of delivery
10	Staffing	LB	Sharon herring	HCA care crew resource – Business Case to be presented	To support staffing capacity for 1:1 care
11	Medical records	BB	Clive Wewerka	Quality audit findings to be completed & communicated. Security audit high risk areas to be actioned. Care groups to identify clinical & admin reps.	Pace of delivery
12	IM&T	HA	Mike Robinson	Identification of IT contact for each clinical area to be completed	Only 80% identified to date

Green = action completed

Summary as at 2nd March 2015

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	HEALTH AND WELLBEING BOARD		
DATE:	17 APRIL 2015	AGENDA ITEM:	5
TITLE:	READING INTEGRATION: UPDATE REPORT		
LEAD COUNCILLOR:	COUNCILLOR HOSKIN/ COUNCILLOR	PORTFOLIO:	HEALTH / ADULT SOCIAL CARE
SERVICE:	HEALTH / ADULT SOCIAL CARE	WARDS:	ALL
LEAD OFFICER:	MELANIE O'ROURKE	TEL:	0118 937 4053
JOB TITLE:	INTERIM HEAD OF ADULT CARE	E-MAIL:	Melanie.o'rourke@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report provides updates to the Health and Wellbeing Board on a number of key areas of work within the Health and Social Care Integration Programme as it relates to Reading. This includes an update on the Better Care Fund schemes, their progress and plans for implementation.
- 1.2 As part of the NHS planning process, the 2 Clinical Commissioning Groups (CCGs) in Reading have developed refreshed "*Plans on a Page*" and submitted drafts of these to NHS England. This report provides a summary of the updated Reading CCG priorities, many of which relate directly to the Integration Programme.
- 1.3 In reviewing the second year of the local CCG operating plans, NHS England has advised the CCGs to revise the target for reducing Non Elective Admissions to hospital (NEL) for 2015 - 2016. The need to revise this target relates to the pressures experienced over the winter period, alongside now having a clearer understanding as to how the Better Care Fund schemes are likely to impact on NEL activity. This report notes the progress that has been made in determining a new target.

2. RECOMMENDED ACTION

- 2.1 That the Health and Wellbeing Board notes and supports:
- (a) the progress which has been achieved in taking forward Reading's Better Care Fund schemes;
 - (b) the priorities set out in the Reading Clinical Commissioning Groups' 2 year plan refresh; and
 - (c) the further development of the Frail Elderly Pathway.
- 2.2 That the Health and Wellbeing Board notes the work that has been undertaken, and the work that is required, to develop a revised Reading Better Care Fund performance target in relation to Non Elective Admissions for 2015-16;

- 2.3 That the Board notes the receipt of guidance from NHS England “Better Care Fund: Guidance for the Operationalisation of the BCF in 2015-16” and receives a report on this to the next meeting.

3. BACKGROUND

- 3.1 Integration of Health and Social Care has been identified as a key component of maintaining the sustainability of care services into the future. The need to address sustainability challenges is particularly pertinent given the increase in the older person’s population and the number of people who are living with multiple and complex long term conditions.
- 3.2 Health and Social Care Integration has been promoted at a national level through recent legislation, including the Health and Social Care Act 2012. This Act was intended to safeguard the future of the NHS by addressing the challenges it faces, looking towards modernisation to ensure a sustainable National Health Service. The Health and Social Care Act 2012 aims to put clinicians at the centre of commissioning, free up providers to be innovative, empower patients, and give a new focus to public health.
- 3.3 The case for integrating health and social care was then developed in the NHS Five Year Forward View - published in 2014 - setting out how the health service needs to change if it is to close the widening gaps in the health of the population, quality of care and the funding of services. This partnership vision makes the case for stronger engagement between care providers, patients, carers and citizens to promote wellbeing and prevent ill-health. It also addresses the changes in patients’ health needs and personal preferences. Long term conditions - rather than illnesses susceptible to a one off cure - now consume 70% of the health service budget. At the same time many (but not all) people wish to be more informed and involved with their own care needs, challenging the traditional divide between patient and professionals, and offering an opportunity for better health through increased prevention and supported self-care.
- 3.4 The Better Care Fund (BCF) provides for local funding for Health and Social Care services to be allocated in ways which explicitly promote integration. Specifically, 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 have been approved by their Health and Wellbeing Board. The funding is then made available within local poled budgets from 2015-16.
- 3.5 Reading’s final Better Care Fund Plan was formally approved by the Health and Wellbeing Board on 10 October, 2014. Members had previously had sight of the Plan at an extraordinary Health and Wellbeing Board seminar on 27 August 2014. The Plan then received final approval from NHS England in November 2014. The Plan contains number of performance targets, including a 2.8% reduction in the number of non-elective admissions to hospital.
- 3.6 In reviewing their two year plans overall, the Reading CCG’s have been working on a reviewed target for non-elective admissions. Reading aims to improve on what is already a strong baseline performance in terms of non-elective activity. Whilst this is to be celebrated, the strong baseline does make achieving further reductions particularly challenging. This along with the unprecedented rise in emergency admissions in the period from November 2014 - March 2015 has affected the system’s ability to reach this target with a growth of 7% during this period.

- 3.7 NHS England issued guidance “Better Care Fund: Guidance for the Operationalisation of the BCF in 2015-16” on 20th March 2015. This guidance sets out the reporting and monitoring requirements for the Better Care Fund, how progress against conditions of the fund will be managed.

Officers are undertaking work to determine the implications for these requirements. A further report will be brought to the next Health and Wellbeing Board to advise the board of its obligations.

4. UPDATE ON THE READING BETTER CARE FUND SCHEMES

- 4.1 A number of schemes were developed to achieve the key performance indicators within the BCF Plan. These have been approved in outline by the Board previously. How the various schemes have been developed and progressed is detailed below. The schemes within Reading’s BCF plans are:

- 1 Hospital @ Home
- 2 Enhanced Support to Care Homes
- 3 Berkshire West Connecting Care (Interoperability)
- 4 Discharge to Assess / Time To Decide beds
- 5 Whole System / Whole Week (Neighbourhood Clusters, Health and Social Care Hub and 7 day working)

Table (1) describing each scheme and their go live dates:

Reading or West of Berkshire	Scheme	Go live date
West of Berkshire	Hospital at Home	Incremental: Soft launch May 2015 Full launch June 2015
West of Berkshire	Enhanced Support to Care Homes	Currently in situ
West of Berkshire	Connecting Care	Phase 1 - in place Phase 2 - Late 2015 Phase 3 - 2016
Reading specific	Discharge to Assess	1 st April
Reading specific	Neighbourhood Clusters	To be determined
West of Berkshire	Health and Social Care Hub	Late 2015
Reading specific	7 day working	Incremental from 1 st April.

Hospital at Home

- 4.2 Hospital at Home is a scheme that has received a lot of interest. Originally the Hospital at Home Service was intended to divert people from hospital by providing some lower level hospital interventions in the persons own home. An example would be for someone who is dehydrated and needing intravenous fluids. Usually this would be provided in hospital and the person would stay in hospital for 3 days or more. Similarly someone who has an infection, e.g. a urine infection, would also stay in hospital whilst they receive treatment. In both cases given the right level of care, including consultant oversight, this care could be provided at home. Being in hospital can lead to other complication such as falls, infection and creating levels of dependency, so providing care in the person’s own home can improve recovery rates by avoiding these complications. There are, however, exceptions to this - such as if the person lives alone or has dementia, or has multiple conditions that counteract with each other.

- 4.3 In the autumn of 2014, the Hospital at Home model underwent a ‘proof of concept’ trial to test out the assumptions that had been made. This was an enlightening trial and evidenced that although there was a need for this service, the levels of demand were not as initially anticipated. The proof of concept did however, highlight that there was a group of patients that could have been discharged earlier by what is known as early supported discharge. This is where the patient is stable but still requiring medical intervention.
- 4.4 These findings have been built into a revised business case that has now been signed off. The revised and refined service is going to start in May 2015, with close scrutiny to ensure that any risks are reduced, with the aim of the service going fully live from June 2015.

Enhanced Support to Care Homes

- 4.5 Although developed within the Better Care Fund plan, Enhanced Support to Care Homes builds on a project which has already been in operation for a number of months. The current service has two key components.

GP-led Care Plans:

The target of achieving care plans for all residents of care homes over the age of 75 years has been met.

Training of care home staff:

The second element of the project has been support to raise the quality of care in care homes by providing expert clinical and therapeutic support, both around direct care and care planning. This has achieved good outcomes, particularly whilst the Inreach Team is actively working with a care home provider. However, a number of factors impact on how sustainable the improvements then are. This element of the scheme is therefore to be reviewed and re-scoped. The intention is to offer more targeted support to increase the impact, and also use the scheme to map out clearly other improvements which would help to reduce non elective admissions from care homes.

Berkshire West Connecting Care

- 4.6 A key enabler to more co-ordinated and integrated care is the ability to obtain access to timely information about an individual’s care and support. Without this, care providers continue to ask for the same information, which at best is frustrating, but may also mean that professionals do not have all the information they need to make the best assessment or intervention.
- 4.7 There are three distinct phases to the Connecting Care Project:
- 1) Firstly, local authorities will adopt the NHS Number as the unique identifier for social care records. This has to be in place by 1st April 2015. Adult Social Care in Reading is on track to deliver this.

The first phase also includes a trial of primary care and out of hour GP services (delivered by Westcall) being able to view each other’s records. This has been in place since early Autumn and already has demonstrated a positive impact on clinical decisions made by the out of hours GPs - for example, when they can see the medication someone is taking, whether they live alone or whether there is a carer.

- 2) The second phase will be access to records between primary care and community health. During this phase, Reading is interested in undertaking a pilot to measure the impact sharing records will have on our service users.

During this period it will be essential that a robust information governance agreement is put in place to safeguard service users' information.

- 3) The third and final phase will be to implement a solution that means that all relevant professionals across health and social care are able to access relevant information.

Discharge to Assess (including Time to Decide beds)

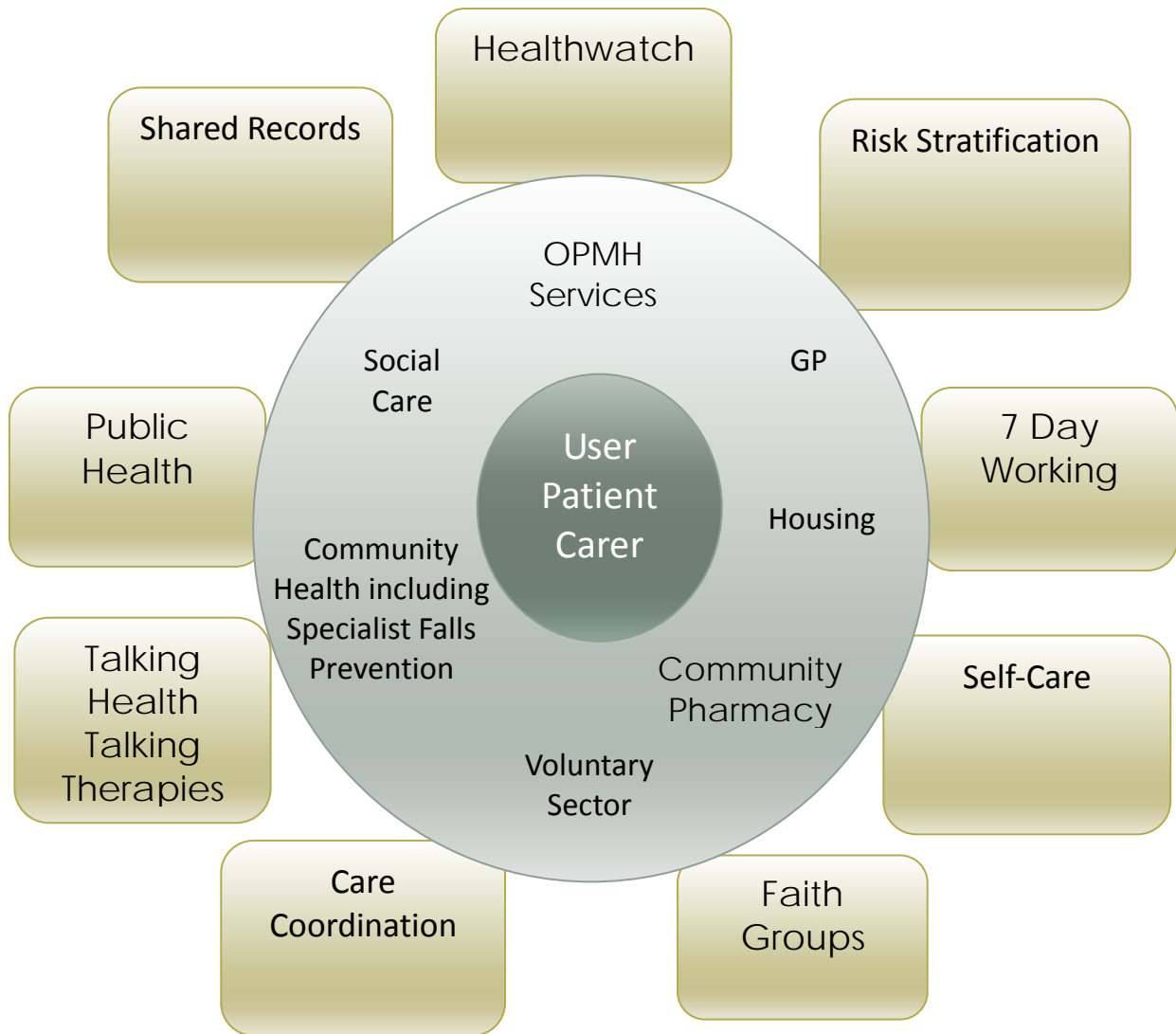
- 4.8 This scheme was designed to respond to a number of local issues, which include the length of time people stay in hospital unnecessarily (commonly known as Delayed Discharges), the number of people that move directly into a residential care home from hospital, and the fact that people have to wait in hospital over the weekend as providers are not willing to accept new packages of care or placements at the weekend.
- 4.9 The Discharge to Assess Service has two key elements. Primarily the focus is to provide the assessment of ongoing care needs outside of the hospital. This is because care needs identified on discharge may not lead to the most suitable longer term solution when the assessment is undertaken in a chaotic hospital environment. The aim of the Discharge to Assess scheme will always be to enable the person to return to their own home if it is safe for them to do so. Community support will be provided via Reading's Full Intake model Community Reablement Team that, via BCF funding, is being expanded to provide broader patient/service user access criteria that supports a wider remit of need, aids more timely discharge from hospital and supports the move to assessment in the community, rather than an acute setting. The Full Intake CRT is an integrated function containing a range of Health and Social Care professionals including social care workers, physiotherapists, occupational therapists and clinical nurses. Professionals will work closely with the individual and their carers to make sure that if there are any long term care needs, they are properly understood and met.
- 4.10 The second element of the Discharge to Assess service is commonly described as a Step Down Service. This supports people to make the transition from more intensive care to more independent living. This element will be delivered from the assessment flats at the Willows Care Home and a range of Step Down flats in Extra Care Housing schemes. Again, the aim will be to re-able the individual so that they can return home. A dedicated social worker will support the individual to make informed life choices about the next stage.
- 4.11 Both elements of the Discharge to Assess Scheme will be available 7 days per week, which will improve the "flow" through the system and ultimately reduce the time that people spend in hospital unnecessarily.

Whole System, Whole Week

- 4.12 Whole System, Whole Week encompasses a number of schemes, some unique to Reading and some that span the whole of the West of Berkshire. The three schemes are: Neighbourhood Clusters, Health and Social Care Hub and 7 day working.

Neighbourhood Clusters

- 4.13 Unique to Reading, the Neighbourhood Clusters schemes will integrate Health and Social Care with support from other partners to achieve better outcomes for the individual.



This picture describes the key partners/services within the neighbourhood network that will be available to the individual, and also the enablers those partners are working towards.

- 4.14 The Neighbourhood Clusters scheme is being developed through a steering group composed of Health, Social Care, voluntary sector, community pharmacy and housing representatives. A model for Reading will be disseminated for wider discussion and engagement from later this month.

Health and Social Care Hub

- 4.15 Across the whole of Berkshire, Berkshire Healthcare Foundation Trust provides a Health Hub, offering one single number for professionals to use for health referrals (except mental health referrals, which are managed through a separate system - the Common Point of Entry).
- 4.16 However, referrals for social care are currently more complex, as is the range of contact points for members of the public. Across the West of Berkshire, there are ten key care partners including 3 local authorities, 4 clinical commissioning groups, one acute trust, one community trust and one ambulance trust. This makes for a complex health and social care landscape which is difficult to navigate. This complexity can often lead to delays due to confusion about where to make referrals. In Reading alone there are 26 different places that referrals are made.
- 4.17 In its first phase, the Health and Social Care Hub will link existing social care contact points into one number that will be managed across the west of Berkshire for professionals.
- 4.18 The second phase will be to open this co-ordinated contact point up to all patients / service users and carers. It is anticipated that this will reduce confusion in navigating the right care. The service will also be available 7 days per week, extending the current offer of a 5 day service. This extension is part of Reading's improved offer to family / unpaid carers, who often report feeling at a loss at weekends when it is commonly difficult to access services.

Seven day working

- 4.19 The final element of the Whole System, Whole Week offer sets out Reading's response to the Better Care Fund focus on 7 day working. Local partners have recognised that the whole system needs to move away from a 5 day a week, office hour only service. These are not the only times that people have their long term condition or their illness or emergency. Recent media attention surrounding access to Primary Care has evidenced this further, showing how people are using Accident and Emergency departments as a default options for accessing out of hours support.
- 4.20 As described above, the Discharge to Assess scheme will operate 7 days per week, as will the Health and Social Care Hub once this is in place. Weekend access to GPs is already available at some surgeries, with plans in place to extend this to more surgeries. The development of 7 day Health and Social Care will be incremental but is already well underway.

5. THE CLINICAL COMMISSIONING GROUPS' 2 YEAR PLAN RE-FRESH.

- 5.1 The two CCGs covering the Reading area (South Reading CCG and North and West Reading CCG) submitted summary refreshed plans ("Plan on A Page") to NHS England on 27 February 2015. Feedback is awaited before a subsequent submission is made on 1 April 2015. These refreshed plans should be read in conjunction with the existing 2014/16 "Plans on A Page" and the 2014/16 2 year operational plans previously presented to the Health & Wellbeing board in February 2014.
- 5.2 South Reading CCG has identified the main areas to receive greater focus in 2015/16 as follows:

Increasing the number of people taking part in physical activity from 15,074 in 2014/15 to 22,500 in 2015/16 - through expansion of the Beat the Streets initiative - to support increasing life expectancy across the population.

Developing an acute Alcoholic Liver Disease Liaison Service and an MDT outreach approach - aiming to have 20 fewer non elective admissions related to alcohol harm.

Opening a new local integrated ambulatory cardiology unit in April 2015 - to improve the quality of care for people with heart failure, and aiming to lead to 15 fewer non-elective admissions in its first year.

Improving diagnosis of dementia from 58.2% towards the national target of 67% by July 2015, including adopting a technological solution to streamline coding of patients directly from the Memory clinic to practices.

Expanding diabetes care to include pre -diabetes screening and identification, and replicating diabetes focused schemes for people with respiratory disease with the aim of reducing emergency admissions for COPD and Emphysema by 13 in 2015/16.

5.3 North and West Reading CCG have identified the main areas to receive greater focus in 2015/16 as follows:

Ensuring that all GP practices conduct risk stratification and care planning for patients aged 75 and over (including all care home residents)

Ensuring that at least 80% of practices provide enhanced access for their patients.

Implementation of a three plan to increase walking/cycling via the "Beat the Street" initiative. There will be a specific focus on encouraging those with long term conditions to take part and we aim to ensure that at least 15% of patients with long term conditions will take part in 15/16.

Increase dementia diagnosis rates from 62.4% to 67% by July 2015.

Increase uptake of bowel cancer screening to 62% by the end of March 2016

Focus on cardiovascular disease by working closely with Public Health to achieve increased uptake in health checks from 61% to 66% of our eligible population by end of March 2016.

"Upstream" intervention for patients aged 75 plus. We will work with Age UK to pilot a scheme whereby 2 Personal Independence Co-Ordinators will be funded to guide and support patients not currently requiring medical or nursing intervention to help reduce their future dependency on health and social care.

Working with partners to identify and address gaps in local GP services to support carers.

6. THE CHANGE TO THE NON ELECTIVE TARGET

6.1 The 2 CCGs have reviewed their most recent non elective (NEL) admission data during the process of reviewing and refreshing their 2 year plans as requested by NHS England. This then revises the baseline denominator from which the % change in activity is calculated. The calculations include, as they did last year, all those improvement intervention schemes which are expected to have an impact on reducing NEL activity, including the better care fund, but also schemes that have been directly commissioned by the CCG's, for example, the community respiratory service.

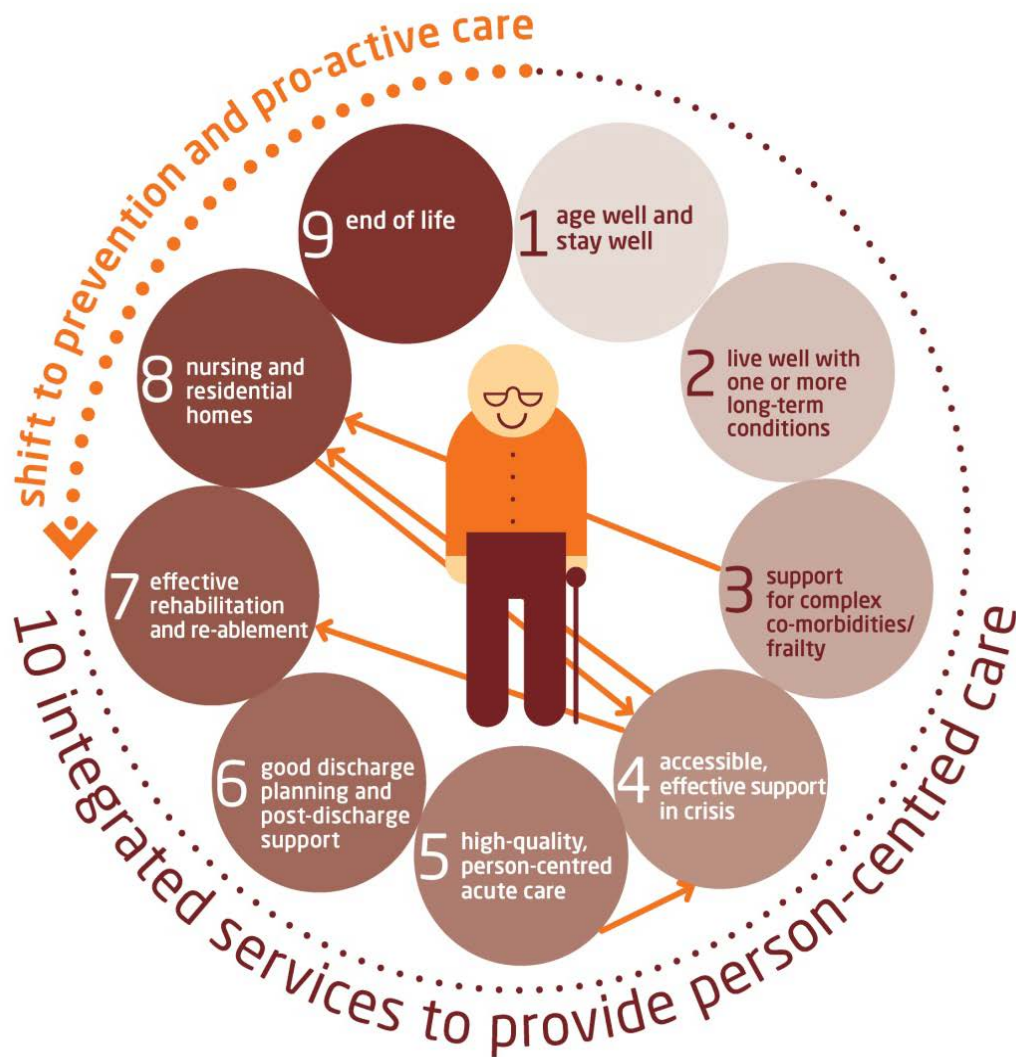
6.2 On 27th March 2015, Health and Wellbeing Board members were contacted via email for their views of a revised target from 2.8% to 0.6%. As this timing did not coincide

with a Health and Wellbeing Board, it has been necessary to seek an “in principle” agreement by Board members outside of the scheduled meeting. An email was sent out to board members on 27th of March seeking such approval. No adverse comments were received from board members.

- 6.3 However, since this point further analysis of the data has been conducted to secure an accurate and realistic figure. It is imperative that the impact both financially for the whole system and against capacity and service delivery are considered and any areas of risk identified and mitigated where possible. For this reason, the board is asked to note the work to date, with the assurance that once this has been fully analysed, a final recommendation will be put to the board members for agreement. As the timescales for approval again are not conducive with the Health and Wellbeing Board meetings, a plan will be put in place to achieve an agreement before the NHS England final submission deadline of 14 May 2015.

7. FRAIL ELDERLY CARE PATHWAY

- 7.1 Work on the Frail Elderly Care Pathway started in 2012 (preceding the Better Care Fund) in recognition of the need to improve older people’s experience of services and mitigate - from the patient/ user perspective - against the complex arrangements of care services across the system.
- 7.2 The drivers for this piece of work were the demographic pressures across the system; the scale of the costs of frail elderly care, the austerity across the system, as well as a long established aspiration for health and social care to be integrated.
- 7.2 The Frail Elderly Care Pathway came out of a number of stakeholder workshops, facilitated by the King’s Fund, which enabled the whole system to develop a local model. This model is centred round the needs of Sam, as described in Sam’s Story, rather than by which services are in place. Berkshire West care partners chose to work towards a model of what “good” looks like for an older person at various stages of health and wellbeing, from “Ageing and living well” to “end of life”. The work created a commitment for the whole system to be integrated in its approach.



© The King's Fund 2013

7.3 In the final King's Fund Report, a number of overarching themes were identified to inform future development. There were:

- Establishing a generic care worker role with identified skills and competencies
- An underpinning training and development process to enable the transition of the existing workforce into the new generic roles
- Information systems and IT requirements which communicate and share information across all the practitioners working with patients at any stage of the pathway.
- Development of a centrally-held care record to which all have access, which is shared and updated within a centrally-located information hub

7.4 A Frail Elderly Steering Group with senior leadership across the West of Berkshire has been established with the sole purpose of driving the development of a model and acting as the accountable forum for taking this work forward on behalf of the Berkshire West Partnership. This Group will be chaired by a single Senior Responsible Officer for the partnership, and the first task of this group will be to clarify expectations, identify the supporting roles required, and agree key priorities and proposed objectives and key milestones.

7.5 It is anticipated that the models that come out of this work will create greater opportunities for integration beyond those already in place. Once this work has been completed, it will be presented to the Health and Wellbeing board for discussion.

8. CONTRIBUTION TO STRATEGIC AIMS

8.1 Reading's integration plans are articulated within its BCF Plan, which in turn draws on and develops the strategic priorities set out in Reading's Health and Wellbeing Strategy (2013-16) and Prevention Framework (first published in 2011 and refreshed in 2015). The BCF Plan also 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'.

8.2 The proposals and schemes outlined in this report contribution to meeting the following priorities set out in the Council's Corporate Plan 2015-18:lt

- Ensuring that all vulnerable residents are protected and cared for;
- Enabling people to live independently, and also providing support when needed to families;
- Ensuring care and support provision is effective and of good quality;
- Building capable communities for local people to become more involved and help themselves;
- Changing the Council's service offer to ensure core services are delivered within a reduced budget so that the Council is financially sustainable and can continue to deliver services across the town; and
- Co-locating services with partners to have better joined up services and community hubs so that residents have better access to services.

8.3 The Council's 3 - 5 year plan for Adult Social Care approved by Policy Committee in September 2014 also includes consideration and participation in these integration projects.

9. COMMUNITY ENGAGEMENT AND INFORMATION

9.1 Reading's integration plans have drawn on patient, service user and public feedback gathered across a range of Health and Social care involvement channels, and continue to do so, for example through regular presentations at Reading's Care and Support Conferences and to Patient Participation Groups. Feedback continues to evidence that maintaining independence and having choice and control over how they receive care is very important to the people of Reading.

9.2 Patient / service user and carer representatives are being recruited to steering and project groups to inform the development of individual schemes and keep their perspective at the centre.

9.3 As the plans around neighbourhood clusters develop, there will be a number of engagement events with the public, and with key stakeholders including GP Council's. These are expected to take place during April and May 2015.

10. EQUALITY IMPACT ASSESSMENT

10.1 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.

10.2 With plans now in place for most schemes previous Equality impact assessments will be reviewed during April 2015.

11. LEGAL IMPLICATIONS

11.1 There are no direct legal implications arising from this report.

12. FINANCIAL IMPLICATIONS

Revenue Implications

12.1 The report sets out a number of schemes that will have revenue implications. The funding for these schemes has been identified and approved in the Council's main budget report and in previous reports to the Health and Wellbeing Board, but the key elements of funding that are provided are:

- Previous Health funding (through what was called the "Section 256 transfer") - this is funding existing Council services that support health outcomes (such as part of the intermediate care and the reablement team costs).
- Funding which protects investment in Adult Social Care service and also provides support to the costs of the implementation of the Care Act.
- Funding to cover the new schemes identified in section 4.

12.2 All of the above funding requires a formal agreement between the Council and the Clinical Commissioning Groups to establish a pooled fund (in the form of a Section 75 NHS Act 2006 Agreement). The details of this are set out Section 12.3 below.

12.3 This paper proposes a change to the Non-elective target which impact on the "performance" revenue that supports this. As the BCF is currently only a one year scheme, the partners to Reading's BCF submission agreed previously that this element should stay with the CCGs, but monitored through this Board which would take recommendations around the use of this element.

Capital

12.4 This report does not contain any specific capital implications. However, as identified in previous papers there are two main capital issues in relation to the Integration Programme: these are the Adult Social Care Capital Grant and the Disability Facilities Grant. These will continue to be used and work is ongoing in terms of how these can be better integrated into the joint working across partners.

Pooled Fund Arrangements

- 12.5 It is a requirement of the Better Care Fund that Clinical Commissioning Groups and the Council establish a pooled fund for the delivery of the local plan, and it is a condition of securing the funding that such agreements are in place with effect from 1 April 2015.
- 12.6 Section 75 of the NHS Act 2006 gives powers to local authorities and clinical commissioning groups to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed NHS functions.
- 12.7 Utilising the best practice S75 agreement template issued by NHS England, the Council and CCGs (the Partners) have drafted the terms on which they have agreed to collaborate and to establish a framework through which they can secure the future position of Health and Social Care services through lead or joint commissioning arrangements. It is also the means through which the Partners will pool funds and align budgets as agreed between the Partners and as defined in the Reading BCF submission.
- 12.8 The Berkshire West 10 Finance Sub-Group have been working collectively to finalise the agreement, which is now with Council solicitors for scrutiny prior to formal sealing by the Council and NHS South Reading CCG for 1 April.
- 12.9 Delegated authority to enter into the Section 75 agreements was sought and awarded at the Adults Social Care, Children's Services and Education Committee on 4 March 2015.

Risks

- 12.10 Integration with Health is a significant undertaking and the range of Section 75 agreements required is a complex undertaking. The volume of work required to establish these this would normally be expected to cover more than one year. A large amount of work has been undertaken by the Council and its partners across the West of Berkshire to arrive at a point that it is hoped that the Section 75 agreements can be signed prior to 1 April. That said, within all these agreements there are risks that are going to have to be managed and overspends on any particular scheme will be the responsibility of the named lead organisation.
- 12.11 For Reading mechanisms are being established to support the implementation of the various schemes and to manage the risks, future reports to the Board will update on progress and how (if required) risks are being managed.

13. BACKGROUND PAPERS

- 13.1 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/3694.

REPORT FROM SOUTH READING CLINICAL COMMISSIONING GROUP (SRCCG), NORTH & WEST READING CLINICAL COMMISSIONING GROUP (NWRCCG) AND NHS ENGLAND (SOUTH CENTRAL)

TO:	HEALTH AND WELLBEING BOARD		
DATE:	17 th April 2015	AGENDA ITEM:	6
TITLE:	PRIMARY CARE UPDATE REPORT		
LEADS:	CATHY WINFIELD	TEL:	0118 9822732
	DEBRA ELLIOTT		0113 8251512
JOB TITLE:	CHIEF OFFICER, SOUTH READING & NORTH AND WEST READING CCGS	E-MAIL:	cathywinfield@nhs.net
	DIRECTOR OF COMMISSIONING, NHS ENGLAND (SOUTH CENTRAL)		Debra.elliott1@nhs.net

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

Following discussion at the Health and Wellbeing Board meeting on 30th January 2015, this joint report by the CCGs and NHS England provides an update on primary care in Reading. It is split into two parts. The first part describes changes to commissioning arrangements which will enable the CCGs and NHS England to work together to implement our emerging strategy for primary care. This strategy will set out how we will work to address current challenges facing the local primary care system in order to ensure its future sustainability as a key component of an enhanced out-of-hospital sector. The report describes work undertaken to identify practices that may currently be facing particular pressures in order to work with them to address these challenges and plan for the future. It also gives information on national and local work to address the specific challenge of GP recruitment and retention.

The second part of the report provides an update on current issues which have previously been highlighted to the Health and Wellbeing Board. It describes progress following the publication of the CQC report for Priory Avenue Surgery and highlights the publication of further CQC reports for Reading practices. An update is also provided on forthcoming procurement exercise relating to the Reading Walk-in Centre and on the interim provider arrangement now in place at the Circuit Lane Surgery.

2. RECOMMENDED ACTION

The Health and Wellbeing Board is asked to note the content of the report.

3. POLICY CONTEXT

Responsibility for commissioning primary medical care sits with NHS England, with CCGs having a statutory duty to work with them to improve the quality of services. During 2014, NHS England invited CCGs to apply to take on co-commissioning responsibilities for primary medical care under joint or delegated arrangements.

4. PART 1 - Commissioning arrangements

4.1 Co-commissioning

Following consideration by member practices through GP Councils, and approval by Governing Bodies, the CCGs applied to jointly commission primary medical care with NHS England with effect from 1st April 2015. This proposal has now been approved subject to sign-off of final constitutional amendments. This is due to be completed by 9th April 2015.

The scope of the new arrangement, which is defined nationally, is as follows (see glossary at Section 11 for explanation of terms):

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach/remedial notices and removing a contract).
- Newly designed enhanced services ('Local Enhanced Services' and 'Directed Enhanced Services').
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF)
- Decision making on whether to establish new GP practices in an area
- Approving practice mergers; and
- Making decisions on 'discretionary' payment (e.g. returner/retainer schemes).

Certain aspects of primary care commissioning are specifically excluded from the arrangements and will remain the sole responsibility of NHS England. These include performance management of individual GPs, list management, administration of payments and complaints procedures.

The arrangements will be discharged by a Joint Primary Care Co-Commissioning Committee which will evolve from the existing Primary Care Programme Board. The Terms of Reference and workings of the Committee will reflect national guidance which is prescriptive in terms of membership, lay chairing, voting arrangements and a requirement to meet in public. This reflects the need to manage potential conflicts of interest associated with CCGs as membership organisations of GP practices commissioning primary medical care. The statutory guidance for CCGs on managing conflicts of interest has been re-issued to incorporate provisions around co-commissioning which are also reflected in the arrangements being put in place locally.

Healthwatch Reading is currently represented on the Primary Care Programme Board and will attend the new Committee in a non-voting capacity. Reading Borough Council, along with the other local authorities, has nominated a non-voting attendee. The Committee will meet in public quarterly with operational meetings held in between.

4.2 Primary Care Strategy

The current Primary Care Programme Board is working to develop a Primary Care Strategy for Berkshire West. This will build upon the Berkshire West Strategic Plan to describe in more detail the future vision for primary care in the area and our approach to addressing current challenges, in order to enable the sector to play a key role in the community-based system we are all working to develop.

The strategy sets out the following new 'ask' of primary care services:

- Managing the health of a population in partnership with others. Identifying patients at high risk of admission or ill health and working proactively with others in primary, community and social care to put in place co-ordinated care plans to support patients at home.
- Interfacing in new ways with specialisms historically provided in secondary care to manage increasingly complex chronic disease in a community setting.
- Ensuring appropriate access to primary care services in line with patient need. Offering extended provision to improve access and better meet the needs of patients requiring urgent care thereby ensuring patients get optimal care without needing to go to hospital.
- Making effective referrals to hospital when people will most benefit.

The strategy takes a maturation approach whereby an early priority will be to stabilise the existing system by working to address workforce issues, support practices to respond to growing demand in new ways and reduce bureaucracy associated with the administration of contracts. Going forward, co-commissioning will be used to better align investment with delivery of this new 'ask'. Over time it is anticipated that larger or federated providers will evolve as smaller practices find they need to work together to deliver the new models of care being commissioned, particularly where these require new ways of working with other organisations.

The development of the strategy has been guided by discussions in each of the CCG's GP Councils. South Reading GP Council discussions have focussed on the potential for collaborative working between practices whilst the North and West Reading GP Council have identified local priorities which reflect the 'asks' set out above. Further work will follow within GP Councils to develop more detailed local actions to underpin delivery of the strategy.

The CCGs have run a number of consultation events covering primary care issues, including the 'GP Question Time' event in November 2014 and feedback from these has been reflected in the strategy which is also now being discussed with Patient Voice groups. It is however recognised that more extensive engagement will be required around some of the workstreams that will result from the strategy and a key early priority will be to put in place a communications and engagement plan. This will sit alongside the broader implementation plan which will guide the work of the Joint Primary Care Commissioning Committee. It will link strongly with the CCGs' broader strategy around engaging with the public.

4.3 Risk mapping

As part of the preparations for co-commissioning, the CCGs have undertaken a mapping exercise to identify where practices might be facing particular challenges and may require support. The exercise brought together quantitative information from a range of sources including CQC intelligent monitoring data which risk rates practices based on performance against key measures, a recent audit of the state and size of premises conducted by NHS England and

financial projections showing the potential impact of forthcoming changes to contract funding as a proportion of the practice’s overall income. This was triangulated with more qualitative data regarding recruitment experience and other pressures collated through discussions between practices and the CCGs. Reported or anticipated growth in practice population and practice-expressed concerns regarding deprivation (which is associated with greater morbidity and higher consultation rates) were also factored in.

The following tables summarise the findings for the two Reading CCGs at this stage. The CCGs already have a programme of practice visits but this information will be used to prioritise more detailed proactive discussions with regard to current and future pressures with those practices highlighted as Red on a number of indicators. The information will also now be triangulated with quantitative data from other sources such as the national Primary Care Web tool, other CCG reporting tools, demographic data and a recent NHS England South Central ‘heat mapping’ exercise with a view to establishing an ongoing mechanism for identifying and responding to risks associated with primary care contracts.

Table 1: Summary of risk mapping - North and West Reading practices

Practice	Difference in £per head	Single Handed	Premises Score	CQC Elevated Risks	CQC Band	Population Growth (practice reported)	Deprivation concerns (practice reported)	Recruitment Issues / Staff changes (practice reported)
1	-5%	Yes	3	0	Band 6			
2	N/A	No	3	special measures	Band 6			Improvement plan
3	-19%	No	1	0	Band 6			
4	7%	No	2	0	Band 5			
5	-12%	No	1	0	Band 6			
6	-2%	No	1	1	Band 5			
7	-9%	No	1	0	Band 6			
8	-13%	No	4	0	Band 6			
9	-12%	No	3	1	Band 5			
10	-17%	No	1	0	Band 6			

Table 2: Summary of risk mapping - South Reading practices

Practice	Difference in £per head	Single Handed	Premises Score	CQC Elevated Risks	CQC Band	Population Growth (practice reported)	Deprivation concerns (practice reported)	Recruitment Issues / Staff changes (practice reported)
1	-13%	Yes	4	0	Band 5			
2	1%	Yes	3		Insufficient data			
3	-14%	Yes	3	0	Band 6			
4	-21%	Yes	3	0	Band 6			
5	-20%	No	3	0	Band 6			
6	-21%	No	3	0	Band 5			
7	N/A	No	1		Insufficient data			
8	1%	No	3	0	Band 6			
9	-22%	Yes	4	0	Band 6			

10	-5%	No	3	0	Band 6			
11	-7%	No	3	1	Band 5			
12	-14%	No	2	0	Band 6			
13	-24%	No	3	0	Band 6			
14	-10%	No	3	0	Band 6			
15	-6%	No	2	0	Band 6			
16	-16%	No	2	1	Band 1			
17	N/A	No	1	0	Insufficient data			
18	-15%	Yes	2	0	Band 6			
19	-26%	No	2	4	Band 1			
20	-15%	No	1	0	Band 6			
21	-19%	No	3	0	Band 6			

4.4 GP recruitment and retention

Nationally there is evidence of a shortage of GPs. The Royal College of General Practitioners (RCGP) reports that the number of unfilled GP posts has quadrupled in the last three years and that applications to undertaken GP training have dropped by 15%. The Nuffield Trust report that a third of GPs aged under 50 are considering leaving the profession in the next five years due to workload pressures. There is an increasing trend towards part-time posts with 12% of general practice trainees now working in this way and towards salaried employment with just 66% of GPs now working as partners compared to 79% in 2006.ⁱ

This is borne out by local experience where practices that have historically found it easy to recruit are now holding vacancies for both partners and salaried GPs. Practices also report difficulties in recruiting other staff and 63% of practice nurses in Berkshire West are aged over 50. A number of practices in Reading have GPs who are likely to retire in the next few years and there is therefore a need to plan for how practices will be staffed in the future.

A joint ten-point plan to address GP recruitment and retention has been published by the RCGP, the British Medical Association, NHS England and Health Education England. Entitled *Building the Workforce - the New Deal for General Practice*, this sets out key actions to be taken under the headings of 'Recruit, Retain and Return'. General practice will be promoted to newly qualified doctors and the breadth of training expanded. Practices will work in hubs to offer inter-professional training to GPs which will prepare them for working in a more integrated way in future. Financial support will be made available to trainees who commit to working in under-doctored areas for three years and there will be increased investment in retainer schemes. Opportunities for GPs to work in general practice whilst also pursuing other professional interests will be improved and returner schemes will be established to encourage GPs who have left practice to return.

A further key strand of the action plan relates to expanding the role of other professionals in delivering primary care, including pharmacists, advanced nursing practitioners and care navigators. Debra Elliot, Director of Commissioning for NHS England South Central sits on the national working group taking this forward and will be working with the CCGs and Health

Education Thames Valley to implement the plan locally. The CCGs are also currently working with Reading University and RBFT on the launch of a course which will ultimately train up to 20 Physicians Associates a year. Physicians Associates complete a two-year practice-based course which trains them to work alongside doctors to diagnose and treat patients under supervision, offering a significant opportunity to expand the primary care workforce. The first cohort of students will start the course in September 2015.

5. CURRENT ISSUES

5.1 Priory Avenue

The Health and Wellbeing Board received a report at its last meeting regarding the CQC inspection report of Priory Avenue Surgery which resulted in the practice being put into special measures for six months. The provider of the contract, SHS, has engaged effectively with NHS England and North and West Reading CCG to develop an Improvement Plan setting out action to be taken to address the areas of concern highlighted. Reports setting out progress against this have been submitted to the CQC in accordance with agreed timescales and a Quality Oversight Group involving the provider, NHS England and the CCG is meeting monthly. The development of the Improvement Plan and monitoring of its delivery has been supported by the RCGP who are working with the practice as part of the national support package made available to practices placed into special measures.

Many of the areas of concern identified related to administrative procedures and have now been addressed. A key issue however was clinical staffing and NHS England have been receiving weekly reports from the practice setting out the level of GP capacity they have in place. The practice has had to use locum arrangements quite extensively in recent months but have however now successfully recruited to a number of substantive clinical posts.

NHS England have also monitored the potential impact on other practices of patients transferring from Priory Avenue through weekly monitoring calls and reports from other practices in the area. Whilst there has been some patient movement, this has been relatively small (less than 100 patients in total).

5.2 Further CQC reports

Eight further CQC visits have been conducted in North and West Reading CCG. One practice's rating is still to be finalised, of the others six practices have been rated as good and one as requires improvement.

Five practices in South Reading CCG have recently been inspected and reports will be published shortly. It is anticipated that a further practice will be put into Special Measures as a result of this process. Patient representatives, Councillors and other stakeholders will be briefed in accordance with the timelines prescribed by the CQC. NHS England and the CCG are working with the practice to agree an Improvement Plan and in respect of other action required and a Quality Oversight Group will be established in due course to monitor progress.

5.3 Walk-in Centre procurement

The CCGs and NHS England will be working together through co-commissioning on the re-procurement of the Reading Walk-in Centre contract which comes to an end on 9th August 2016.

The stakeholder group which has met previously is being reconvened and work will commence shortly on the development of a new service specification which will reflect the helpful input already provided through the recent public engagement exercise undertaken by Healthwatch Reading and the Central Southern Commissioning Support Unit. A summary of the findings of this is attached at Annex A.

5.4 Circuit Lane Surgery

Since the last Health and Wellbeing Board meeting, Berkshire Healthcare NHS Foundation Trust (BHFT) have commenced providing services at Circuit Lane Surgery under an interim arrangement that runs until 1st February 2016. Services previously provided at the surgery are continuing and there has been no change to opening hours. Many of the clinicians and other staff previously at Circuit Lane have also chosen to remain.

As previously reported, BHFT were selected by a Panel involving NHS England, the CCG, Healthwatch Reading and the Chair of the practice's Patient Participation Group as an established provider of primary care in the area who would be in a strong position to take forward more integrated ways of working between primary, community and social care. Their progress over the coming months will be monitored closely and will inform the work that the CCGs and NHS England will undertake with patient representatives and other stakeholders to develop the specification to be used to procure an ongoing provider to take responsibility for the contract at the end of the interim period.

6. CONTRIBUTION TO STRATEGIC AIMS

The Primary Care Strategy and the approach to primary care commissioning described within it will support delivery of the Berkshire West CCGs' Strategic Plan and the individual CCGs' Operational Plans. Alignment between these plans and those for Adult Social Care, as well as the Joint Health and Wellbeing Strategy, is considered separately by the Health and Wellbeing Board.

7. COMMUNITY ENGAGEMENT AND INFORMATION

Community engagement arrangements are described as appropriate in the above sections.

8. EQUALITY IMPACT ASSESSMENT

Equality Impact Assessments will be carried out as appropriate for all decisions made under co-commissioning arrangements and in respect of any service changes proposed as a result of the implementation of the Primary Care Strategy.

9. LEGAL IMPLICATIONS

Under the Health and Social Care Act (2012), responsibility for the commissioning of primary care services sits with NHS England. However, The National Health Services Act 2006 (as amended) ("NHS Act") provides, at section 13Z, that NHS England's functions may be exercised jointly with a CCG, and that functions exercised jointly in accordance with that section may be exercised by a joint committee of NHS England and the CCG. Section 13Z of the NHS Act further

provides that arrangements made under that section may be on such terms and conditions as may be agreed between NHS England and the CCG.

Section 14Z9 of the NHS Act was amended by Legislative Reform Order (2014/2436) (“LRO”) to enable the joint exercise by NHS England and a CCG of any of the CCGs commissioning functions and any other functions of the CCG which are related to the exercise of those functions. Where such arrangements are made, the LRO enabled them to be exercised by a joint committee established between the parties.

10. FINANCIAL IMPLICATIONS

Not applicable.

10. BACKGROUND PAPERS

Next Steps Towards Primary Care Commissioning, NHS England, November 2014

Is Primary Care in Crisis?, The Nuffield Trust, November 2014

Building the Workforce - the New Deal for General Practice, RCGP/BMA/NHS England/Health Education England, January 2015

11. GLOSSARY OF TERMS

GMS - General Medical Services - this is the contractual arrangement under which most GP practices provide NHS services. The GMS contract is nationally negotiated between the General Practitioners Committee of the British Medical Association and NHS Employers working on behalf of NHS England as the statutory commissioners of primary care services. Practices are paid primarily through a weighted ‘global sum’ capitation payment calculated using a national formula. GMS contracts are not time-limited and can be held by individual GPs, partnerships including at least one GP and companies limited by shares with at least one GP shareholder.

PMS - Personal Medical Services - locally agreed contracts between NHS England and GP practices. Most Reading practices work under PMS contracts. PMS contracts are governed by national regulations and incorporate most provisions of the GMS contract. There is however flexibility to include local priorities as part of the contract. Practices are again paid mainly based on capitation, however the population figure used is unweighted. This, together with growth funding made available to some practices when they moved to a PMS contract, has created some inequity in funding between GMS and PMS practices. NHS England is in the process of reviewing all PMS contracts with a view to aligning funding levels. PMS contracts are not time-limited and providers who previously held GMS contracts have a right to return to GMS at any stage. PMS contracts can be held by individual practitioners (who may then operate in partnerships), NHS employees and companies limited by shares owned by medical practitioners, NHS trusts, individuals providing personal medical services or NHS employees.

APMS - Alternative Provider Medical Services (APMS) is a contractual route through which NHS England can contract with a wider range of providers to deliver primary medical services tailored to local needs. These include individuals who are not GPs or NHS employees, limited liability companies and partnerships, companies limited by guarantee and industrial and provident societies. APMS contracts are time-limited and part of the contract payment is usually payable on delivery of specified key

performance indicators. Procurement exercises relating to primary medical care now usually offer an APMS contract rather than any of the other contractual models.

Enhanced Services - Enhanced Services are services which have been identified by commissioners as being best delivered by primary care but which require an enhanced level of service provision above what is required under the above core contracts. They can be commissioned by NHS England, the CCGs or Public Health. There are a number of Directed Enhanced Services which commissioners have to give practices the opportunity to provide under a standard price and specification but the remainder of enhanced services contracts are locally agreed.

Quality and Outcomes Framework (QOF) - The Quality and Outcomes Framework (QOF) is a voluntary annual reward and incentive programme for all GP surgeries in England, detailing practice achievement results. It is not about performance management but resourcing and then rewarding good practice. QOF requirements are reviewed annually based on recommendations from NICE.

Discretionary payments - Payments to practices for specific purposes which are allowable under the GMS/PMS/APMS regulations but over which the commissioner has discretion with regard to whether a payment is made and/or the level of that payment.

Reading Walk in centre

At the end of 2014 early 2015 NHS England partnered with Healthwatch Reading and Central Southern Commissioning Support Unit (CSCSU) to seek the views of the patients and public about the service provided at the Reading Walk in centre, in order to understand:

- how and why people use Reading Walk-in Centre
- what patients most want from the service

A patient questionnaire was developed; it was available as a hard copy in the waiting room of the Reading Walk-in Centre and online for seven weeks between Monday 8 December 2014 and Saturday 24 January 2015. A briefing was developed for stakeholders to raise awareness of the engagement project and the online survey (hard copies were offered on request). The briefing included links to the online survey.

Information about the patient survey was circulated to:

- People registered on the Berkshire Health Network (349)
- Healthwatch Reading's membership newsletter (direct mail out to 587 members but distributed wider as membership also includes Patient Participation Groups in Reading)
- Healthwatch Reading's Twitter followers (995)
- Healthwatch Reading's Website
- Mailout of the survey to clients on Healthwatch Reading's database who do not access the internet (49)
- Reading Community and Voluntary Groups via Healthwatch Reading's Network
- Reading Walk-in Centre Patient Participation Group
- Voluntary and charity sector organisations that are based in Reading
- NHS Provider Organisations
- Reading Borough Council

In addition to this, Healthwatch Reading held eight two hour engagement sessions at Reading Walk-in Centre including sessions with Polish and Nepalese interpreters. The sessions included Healthwatch staff encouraging patients who attended the walk-in centre to complete the survey and assistance was given when required. These were held on the following dates and times:

- Monday 8th December - 11:00-13:00
- Wednesday 17th December - 18:00-20:00
- Tuesday 23rd December - 14:00-16:00
- Saturday 27th December - 10:00-12:00
- Monday 5th January - 16:00-18:00
- Sunday 11th January - 0900-11:00
- Friday 23rd January - 18:00-20:00
- Saturday 24th January - 17:00-19:00

A press release was sent to Reading media outlets including the Reading Post, Reading Chronicle, BBC Radio Berkshire, Heart and Reading 107. Healthwatch Reading posted a press release on their website at the launch of the engagement period to encourage people to respond to the survey.

It is estimated the patient survey was highlighted to more than 5,000 people through the above channels.

Key findings

Two hundred and twenty five people responded to the survey, 50 respondents were registered at the Reading walk-in centre, 164 were not and 11 were not registered with a practice anywhere. This gives a split of 22% registered and 78% non-registered patients who responded to the survey. Of those who responded 39 responded to the questionnaire online and 186 completed a hard copy of the survey. It is important to note that not all questionnaires were complete.

- 44% of respondents worked over 30 hours a week
- 47% of those who used the service had an the age range of 25-44 were (25-34 at 28% with 35-44 at 19%)
- 65% of those who responded were female
- 57% of the respondents were of white ethnicity
- 11% of respondents considered themselves to have a disability.

The key findings are as follows:

- There were relatively high satisfaction levels of the services at the Reading Walk-in Centre with 74% of respondents saying they would recommend the centre to a friend.
- The friendliness and attentiveness of staff was important to the majority of respondents (96%), along with respondents feeling confident about the clinical staff at the centre (96%). Ease of getting to the centre was also deemed important to those who responded (91%).
- Nearly half of respondents attended the centre because it was for convenient for them.
- A third (31%) of those who respondents who attended the Reading walk-in centre would have used A&E had they not been able to see a GP at the centre.

People were given the opportunity to make additional comments and suggestions

Eighty five people responded to this question, whilst a number of people took this opportunity to complain about waiting times, staff shortages and poor customer service (30), some commented on the value of the service as an alternative to A&E (10), and felt that the service had met their expectations (9). Below are a selection of comments made:

‘it was a good service but there was several hours wait after I took a ticket and registered at the walk-in centre’.

‘The Walk-in Centre should be for exclusively for walk in patients. Waiting times are prohibitive (3hrs), resources should be focused on walk in patients and let the surgery deal with registered patients. Alternatively, have more staff at hand to reduce waiting times considerably’.

‘Well good and helpful not having to go to hospital and being in the centre help me a lot. Thanks’.

‘Very impressed with the service, the staff, and the speed that we were seen’.

‘I had been to walk-in centre couple of times the nurses are very helpful’

‘Very friendly and helpful and do not make you feel you are wasting their time’

Some areas for improvement, that were highlighted and have been shared with the service provider, include:

- Increasing numbers of GPs/Doctors
- Improve access to patient records
- Enable the walk-in centre to onward refer patients to other specialities
- Provide translation/interpreter services
- Improve the waiting area (colour, volume of tannoy, entertainment for children, prioritisation of patients, tea and coffee vending machines)
- Better publicity of services – clarity for patients on what the walk-in centre can and can't do

Next steps

The themes and feedback identified in this engagement report will be fully considered by NHS England in the review of services provided at the Reading Walk-in Centre.

This engagement report will be shared with those who participated in the engagement activity (who gave their contact details). The report will also be made available on NHS England website <http://www.england.nhs.uk/south/tv-at/> , Healthwatch Readings' website www.healthwatchreading.org.uk

The service review group consisting of NHS England, the local Clinical Commissioning Groups, Patient groups and Healthwatch will further review the needs of the local population and develop proposals for the future of the services at Reading Walk-in Centre, when the current contract ends in August 2016.

READING BOROUGH COUNCIL

DIRECTOR OF EDUCATION, ADULT AND CHILDREN'S SERVICES

TO:	Health and Wellbeing Board		
DATE:	17 April 2015	AGENDA ITEM:	7
TITLE:	Letter from Ministers regarding sharing information effectively for the protection of children		
LEAD COUNCILLOR:	Cllr Jan Gavin	PORTFOLIO:	Children's Services
SERVICE:	Children's Services	WARDS:	All
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 A joint letter from Government Ministers, dated 3rd March 2015, has been sent to all Chief Executives, Directors of Children's Services, Local Safeguarding Children Boards and Health and Wellbeing Boards. It follows the publication of the Government response to the child sexual exploitation cases in Rotherham and states that a key factor in keeping children safe is the effective sharing of information.
- 1.2 This letter was discussed at the Reading Local Safeguarding Children Board (LSCB) on 5th March, with actions agreed to review the existing Information Sharing Protocol and produce a revised document in time for the next meeting on 14th May.
- 1.3 The Health and Wellbeing Board are asked to note the contents of the Ministers letter and sign up to the principles it contains (letter attached), and note the actions set by the LSCB (below). A further report will be produced for the July Health and Wellbeing Board to update on the progress.

2. RECOMMENDED ACTION

That the Health and Wellbeing Board:

- 2.1 Note the contents of the Ministers letter
- 2.2 Sign up to the principles of multi-agency information sharing as stated in the letter
- 2.3 Note the actions taken by the LSCB
- 2.4 Request a progress report for the July Board meeting

3. REPORT

- 3.1 The attached letter sets out how and when personal information should be shared and 'is clear on the need for genuinely integrated multi-agency approaches to underpin information sharing'. Local areas are asked to consider five principles for multi-agency work.
- 3.2 The letter was discussed at the Local Safeguarding Board meeting on 5th March, and Board members were challenged whether the current Information Sharing protocol, written on behalf of the Children's Trust in 2013, was sufficiently embedded into practice. A copy of this protocol can be found on the Children's Trust website: <http://www.reading2020.org.uk/childrens-trust/information-sharing-code-practice/>
- 3.3 The Board agreed that a multi-agency task and finish group be set up to review and update the current protocol, and report back at the next Board meeting on 14th May. Once agreed and disseminated/communicated, an audit will be undertaken in the summer to identify how well embedded the new protocol is in practice, with a report back to the LSCB in the autumn.
- 3.4. The Board also agreed that the 'Eight Golden Rules of Information Sharing' will be disseminated out to all frontline staff immediately. A copy of the document sent out to all Board members for dissemination is attached below.

4. LEGAL IMPLICATIONS

- 4.1 A protocol, signed up to by all partner agencies, must be in place to allow effective and appropriate sharing of information and data for the protection of children and young people.

5. BACKGROUND PAPERS

- Letter from Ministers dated 3rd March 2015
- Reading Children's Trust Information Sharing Protocol



EIGHT GOLDEN RULES FOR INFORMATION SHARING

1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
2. If there are concerns that a child may be at risk of significant harm or an adult at risk of serious harm, then it is your duty to follow the relevant procedures without delay. Seek advice if you are not sure what to do at any stage and ensure that the outcome of the discussion is recorded.
3. Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
4. Seek advice if you are in any doubt, without disclosing the identity of the person where possible.
5. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You should go ahead and share information without consent if, in your judgement, that lack of consent can be overridden in the public interest, or where a child is at risk of significant harm. You will need to base your judgement on the facts of the case.
6. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
7. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
8. Keep a record of your decision and the reasons for it - whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.



Department
of Health



Home Office



Department for
Communities and
Local Government



Ministry
of Justice



3 March 2015

To the Chief Executives of local authorities, Directors of Children's Services, Police and Crime Commissioners, Local Safeguarding Children's Boards, Health and Wellbeing Boards and GPs.

Our joint commitment to share information effectively for the protection of children

Today we have issued the Government's response to the chronic failures to protect children from sexual exploitation in Rotherham, which were the subject of recent reports by Alexis Jay and Louise Casey. The findings of these reports show that organised child sexual exploitation had been happening on a massive scale, over many years. This complete dereliction of duty in safeguarding vulnerable children is shocking. But it is not unique to Rotherham. We must use the tragedies experienced here and elsewhere across the country as opportunities to transform our processes, our ways of working and our cultures to tackle this threat. A key factor in this is sharing information. This letter sets out how and when personal information should be shared.

We all know that decisions to share information, with whom and when, can have a profound impact on a child's life. These decisions enable action to disrupt and deter offenders early on, to protect children from risk and support them to recover from the harm they may have suffered. These decisions can even mean the difference between life and death.

There can be no justification for failing to share information that will allow action to be taken to protect children. We know that skilled frontline staff can be hesitant and uncertain as to when and how they should be sharing information with other agencies. There can be many reasons for that, including a blame culture, bureaucracy and a fear of being challenged. Professional staff need to be able to

make these crucial decisions on a day to day basis. They need clarity and simple guidelines about when and how personal information should be shared.

An overview of the existing legislation and guidance on information sharing is annexed to this letter, together with a summary of our package of cross-Government information sharing guidance which will be published by the end of March 2015. The golden thread throughout all of this is that the duty to safeguard children must be paramount. Let's be absolutely clear - a teenager at risk of child sexual exploitation is a child at risk of significant harm. Nothing should stand in the way of sharing information in relation to child sexual abuse, even where there are issues with consent. The updates we are making to the Working Together to Safeguard Children guidance will be clear on everyone's responsibility in this regard. We will also publish a myth busting guide to help professionals take informed decisions.

Of course, failures to share information are not just due to legal barriers. We, as Secretaries of State, are clear on the need for genuinely integrated multi-agency approaches to underpin information sharing. Local processes or models must ensure that the right input from the right agencies is reflected and considered as part of risk assessments at the right time and in the right way, with jointly agreed and executed actions.

Every agency should commit to this approach. Local areas should consider the following principles for multi-agency working¹:

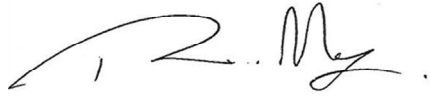
- **Integrated working (e.g. co-location)** – Close collaboration in multi-agency working is essential in developing 'real time' risk assessments to enhance decision making. A truly integrated approach helps to break down cultural barriers, leading to greater understanding and mutual respect among different agencies.
- **Joint risk assessments** – these ensure clear and sufficient information about particular cases and joint plans for individual interventions.
- **A victim focused approach** – the needs of the victim must be at the forefront of our approach not systems and processes.
- **Good leadership & clear governance** – strong leadership can often bind different organisations together to develop a shared culture.
- **Frequent review of operations** – to continue to drive improvement of service.

We know that there have been persistent and complex barriers to the effective sharing of information over the course of many years. We also appreciate that implementing the changes outlined in this letter will require sustained efforts at the local level. But it can and must be achieved. As leaders, you are responsible for developing a culture where the interests of the child are put first through championing the appropriate sharing of information and dealing robustly with staff who block, hinder or fail to share.

¹ Further detail on best practice arrangements can be found in the Multi Agency Working and Information Sharing Project Final Report, July 2014, <https://www.gov.uk/government/uploads/system/.../MASH.pdf>

We understand that the Information Commissioner is today welcoming our initiative. This is a joint commitment. If there is anything more we can do to support you in achieving the goals set out in this letter please do not hesitate to tell us.

Sincerely



THERESA MAY



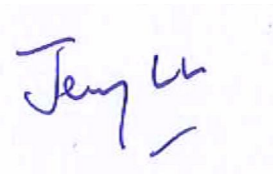
NICKY MORGAN



ERIC PICKLES



CHRIS GRAYLING



JEREMY HUNT

ANNEX

A summary of existing legislation and guidance on information sharing

- The Data Protection Act is the foundation of good information sharing practice. It places duties on organisations and individuals to process personal information fairly and lawfully. The Act is not a barrier to information sharing where a child is at risk.
- The seven Caldicott principles² build on this, setting out the approach to the handling of information to protect patient confidentiality. In order to provide effective care for children, information often needs to be shared beyond the normal boundaries of health and social care services. The seventh Caldicott principle makes clear that the duty to share information can be as important as the duty to protect patient confidentiality.
- The Information Commissioner's Office Data Sharing Code of Practice explains how the Data Protection Act 1998 (DPA) applies to the sharing of personal data. It provides helpful checklists for data sharing and advice on privacy impact assessments and data sharing agreements.
- In addition, we are streamlining and simplifying our approach to information sharing. By the end of March 2015, we will publish a comprehensive package of information sharing guidance. The package will include:
 - Her Majesty's Government '*Working Together to Safeguard Children*' statutory guidance which spells out the legislative requirements and expectations on individual services to safeguard and promote the welfare of children; and provides a clear framework for Local Safeguarding Children Boards (LSCBs) to monitor the effectiveness of local services.
 - *Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers* specifically for all frontline practitioners and senior managers working in child and/or family services who have to make decisions about sharing personal information on a case by case basis. This simplifies current legislation and guidance into six overarching principles, and dispels common information sharing myths.

² The term Caldicott refers to a review commissioned by the Chief Medical Officer in 1997 on the sharing of patient information in respect of confidentiality. The subsequent Caldicott report recommended key principles for effective sharing and access to patient information.

JOINT REPORT FROM SOUTH READING CLINICAL COMMISSIONING GROUP, NORTH & WEST READING CLINICAL COMMISSIONING GROUP, READING BOROUGH COUNCIL

TO:	HEALTH AND WELLBEING BOARD		
DATE:	17 April 2015	AGENDA ITEM:	8
TITLE:	Status report on comprehensive CAMHs		
LEAD + JOB TITLE:	Gabrielle Alford Director of Joint Commissioning, Berkshire West CCGs Vicki Lawson, interim Head of Children's Services, RBC	TEL:	0118 937 4163
		E-MAIL:	Gabrielle.alford@nhs.net viki.lawson@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 To provide an update on service development and improvement across the comprehensive CAMHs system.

2. RECOMMENDED ACTION

For the Health and Wellbeing Board

- 2.1 To note the progress made in terms of strategic direction and service improvement.
- 2.2 To provide partnership commitment to the Action Plan that aims to build a transformed comprehensive and integrated full CAMHs service offer to families.
- 2.3 To ensure that the JSNA to be improved in its analysis and recommendations for CAMHs
- 2.4 To delegate responsibility for overseeing the implementation of the action plan to the Children's Trust Board

3. POLICY CONTEXT

- 3.1 A range of national, regional and local reviews have been undertaken in the last 12 months that relate to CAMHs services. A very good summary of the policy context is to be found in the Commons Select Committee report, published 28th Oct, which says;

'There are serious and deeply ingrained problems with the commissioning and provision of Children's and Adolescents' mental health services. These run through the whole system from prevention and early intervention through to inpatient services for the most vulnerable young people.'

- 3.2 The report cites that the reasons for this as being:
- Rising demand for specialist services that is leading to increased waiting lists at this level. The national reasons for rising demand are unclear. It is thought that this could be due to greater awareness and less-stigma attached to mental health issues. Additionally, the current arrangements are characterised by fragmented care pathways that result in children not accessing universal and targeted provision but going straight to specialist provision. The Select Committee also highlights the increasing influence and prevalence of the digital culture that young people are growing up in as having a significant impact on demand.
 - Nationally there has been variation on whether CCGs and partners are prioritising CAMHs services. In Berkshire however there has not been a cut in funding at the specialist level, but there is variation at the universal and targeted service level across the county.
 - Nationally there are major problems with access to Tier 4 inpatient services, with children and young people's safety being compromised while they wait for an inpatient bed to become available. Locally temporary beds are always found and police cells are never used while Tier 4 beds are sourced. However because there are no tier 4 beds in Berkshire, young people have to be placed out of county and this makes contact with family, friends and local services difficult, leading to longer in patient stays.
 - Many of the children's work-force nationally currently feels ill-equipped and lacking in confidence in dealing with mental health issues in children and young people, and that their current training does not prepare them adequately for this.
- 3.3 Berkshire completed a comprehensive engagement exercise about Berkshire Children's and Adolescent Mental Health Services (CAMHs) service during spring 2014. Views were gathered from children and young people, parents and foster carers, staff who work in the service, GPs and others who refer into the service and others with an interest in the service.
The results of this, including the findings and recommendations are available on the Berkshire Clinical Commissioning Groups' (CCGs) websites.

4. PROGRESS TO DATE

- 4.1 The JSNA document which describes Child and Adolescent Mental Health Services (CAMHS) is currently been refreshed. The specific area on emotional and mental health of children was one of the last ones to be completed last year and will be improved during the refresh. The latest update data from the shared team in Bracknell Forest is expected in April 2015. Data will be analysed and comparisons made with statistical neighbours and against national averages where possible. Any relevant and available trend data will be included to demonstrate changes, if any, over recent years. The recommendations for service improvement will be based on those identified in existing NICE guidelines and new ones identified in recent reports published by Health watch Reading.
- 4.2 The action plan in Appendix 2 provides a full range of commitments to improve the service delivery to meet the 10 recommendations that were made in the recent Child and Adolescent Mental Health service engagement report.
- 4.3 Currently Tier 3 performance across the Berkshire West (i.e. Reading, Wokingham and West Berkshire areas) is showing;

- 4.4 An increase in referrals compared to the same months last year, but this is rising at a slower rate than was the case in 2013/14.
- 4.5 All urgent referrals are being seen by tier 3 CAMHS within 24 hours.
- 4.6 In addition 77% of referrals classed as needing to be seen 'soon' were seen within 4 weeks.
- 4.7 Finally 27% of routine referrals were seen within 7 weeks. The 7 week target is a Berkshire target and is ambitious, as other parts of the country often use up 26 weeks as the routine referral benchmark. (54% is our 16 week plus figure for Berkshire West).
- 4.8 It is important to note that the vast majority of those that are waiting over the 7 week benchmark are on the ASD diagnostic pathway. This is acknowledged as an action to address in the action plan.
- 4.9 The CCG have secured approx. £300k mental health operation resilience funding and have agreed with BHFT that the priorities continue to be reducing waiting times starting with those young people who are assessed as being at most risk. The short term aim is to reduce the number of young people who reach crisis point. It is anticipated that this will impact positively on the overall waiting lists but will not clear the backlog, the majority of whom have been identified as not being at immediate high risk.
- 4.10 A business case has been received from BHFT to the CCGs regarding additional recurrent revenue investment in Feb 2015 to achieve sustainable shorter waiting times, as well as deliver a high quality, safe, efficient and easily accessible service. RBC continues to retain its investment in Tier 2 services for families below the statutory threshold for investment as a range of Early Help services. RBC corporate plan for 2015 - 2018 commits to a review of these services with support from partners to understand what it can continue to afford to offer into the future.
- 4.11 A range of work has also been underway at the universal and targeted levels of support. Importantly RBC provides regular training opportunities for non-mental health practitioners in the general field of mental health as well as in specific topics such as self-harm or anxiety.
- 4.12 RBC targeted support for families continues to be part of the Children's Action Teams. Primary Mental Health workers provide assessment and interventions when there is a clear or emerging mental health need. RBC commissions 'Time to Talk' youth counselling services in Reading and this compliments a range of other voluntary sector and school based youth counselling provision in the town. For 15/16 Berkshire West CCGs have allocated grant funding to a number of voluntary sector organisations who support families in the Reading area including Time to Talk and ARC for youth counselling; and various voluntary sector organisations who support children and young people with Autism. The CATs support many families with emerging emotional health needs with non-mental health practitioners such as our youth workers, family workers and parenting courses.

- 4.13 Following a supportive challenge from Berkshire West and East CCGs (Summer 14) the six Berkshire Local Authorities have begun to discuss ways to work more cooperatively across the emotional wellbeing/ mental health pathways.
- 4.14 There has been officer agreement to focus on these areas:
- Map the current offer in each Local Authority at a universal and targeted level to begin to understand levels of consistency as well as gaps/ variations. To also look at how to communicate clearly about thresholds and discuss step up and step down protocols.
 - Development of a screening tool - establishing a range of tools to help non-mental health professionals collect information to help with decision making to access help at a range of tiers
 - Create an agreement with CPE and Tier 3 that mental health assessments at Tier 2 can stay with the child/ young person. This should avoid duplication and importantly avoid families repeating processes and information sharing.
 - Exploration of a Pan Berkshire offer of access to youth counselling at tier 2 level, in particular an on line service offer.
 - Creating a school survey of EHWP to undertake a needs analysis of what schools need in terms of support, advice and interventions to enhance their offer to pupils.
 - Explore how the Slough Public Health project that has begun to map universal and targeted care pathways that correspond with the specialist established pathways already in place can be replicated in each Local Authority.

5. FUTURE OPPORTUNITIES

- 5.1 Developing further cooperation between local CCGs, RBC and the neighbouring Local Authorities in these key areas
- Joint commissioning both in voluntary and statutory sector
 - Workforce development
 - Building links between care pathways to create a more seamless journey up and down the system, particularly between Tiers and providers
- 5.2 Building collaboration with University of Reading to develop an evidence base for anxiety and depression in a stepped care model.
- 5.3 Using digital technology to increase both access and support e.g. MindFull online counselling; an App for Self harm, anxiety and depression (Slough pilot); Young SHaRON online support platform for CAMHS users, young mothers and Children in Care.
- 5.4 Reading Borough Council has the opportunity to commission School Nursing and Health Visiting to support integrated pathways, universal prevention services and early identification for support.
- 5.5 A “good” CAMHS service has been described in the new national service specification for Tiers 2 and 3 and is described in www.jcpmh.info “Guidance for commissioners of child and adolescent mental health services”. Berkshire West CCGs and BHFT constantly use benchmarking information and national exemplars of good practice to develop services. For example CAMHS workers at

the Berkshire Adolescent Unit are currently being trained in Dialectical Behaviour Therapy which has a good evidence base for people who self-harm. Thames Valley Strategic Clinical Network continues to have a focus on improving CAMHs, transition into adult services and perinatal mental health services in this area.

- 5.6 A number of national pilots are underway to improve transition between child and adult mental health services. Lessons learned could aid in developing local mental health services in the future.

5. NEXT STEPS

- 6.1 For the Children's Trust Board to oversee implementation of the action plan and to hold partners to account.
- 6.2 To report progress on the action plan at future Health and Wellbeing board meetings on a six monthly basis.

7. COMMUNITY ENGAGEMENT AND INFORMATION

- 7.1 A significant engagement exercise was undertaken in early 2014 which has been fully reported in this report
- 7.2 It is crucial to begin a discussion with school and voluntary sector colleagues to look at the shape and range of delivery that can support a comprehensive CAMHs offer locally. This fits well with action planning items; Redesign the CAMHs care pathway so that more help and advice is available at an earlier stage and how existing and new resources and services at Tier 2 become a shared Early Help responsibility across the LSCB partnership.

8. BACKGROUND PAPERS

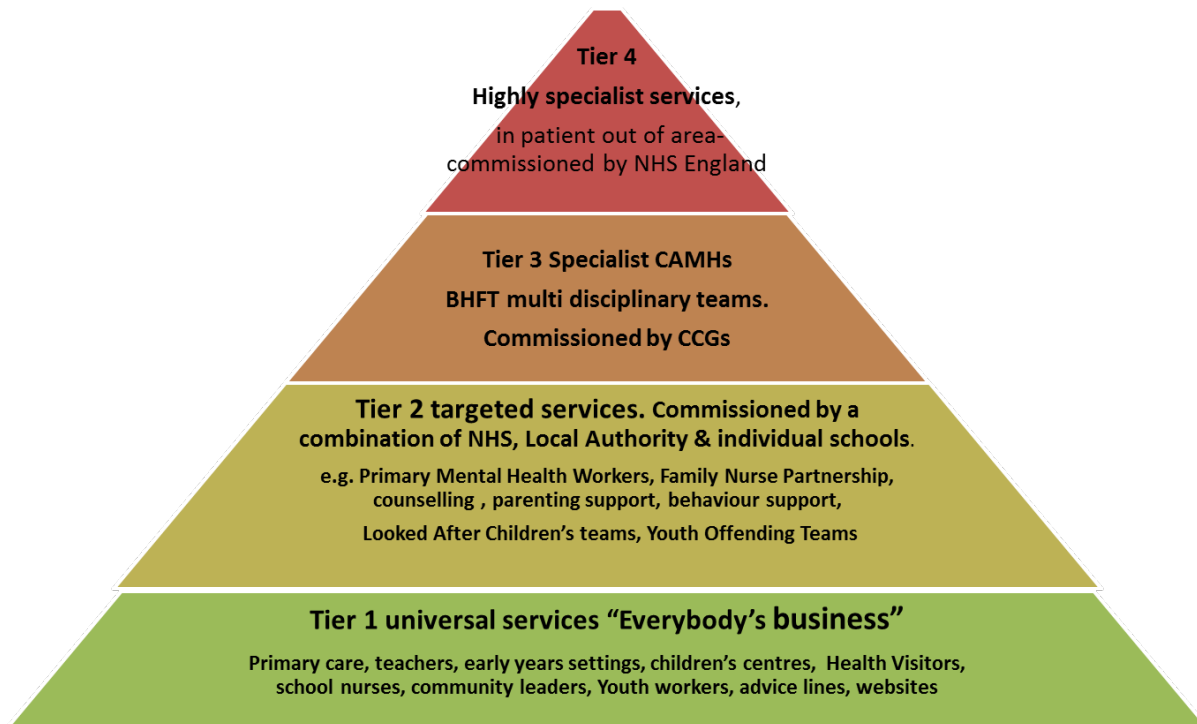
- 8.1 Commons Select Committee report - Oct 14 <http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhealth/342/34202.htm>
- 8.2 Engagement exercise link <http://southreadingccg.nhs.uk/news/entry/review-of-children-and-adolescent-mental-health-services-camhs-in-berkshire>
- 8.3 Local Offer link <http://servicesguide.reading.gov.uk/kb5/reading/directory/results.page?familychannel=6-6&q=&term=&sorttype=field>
- 8.4 Future in Mind -March 2015 <https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people>

Appendix 1 - Acronyms used in the report

Acronym	Full description
CAMHs	Child and Adolescent Mental Health Service
CCGs	Clinical Commissioning Group
JSNA	Joint Strategic Needs Assessment
ASD	Autistic Spectrum Disorder
BHFT	Berkshire Healthcare Foundation Trust
CATs	Children's Action Team
CPE	Common Point of Entry for BHFT
EHWB	Emotional Health Wellbeing
LSCB	Local Safeguarding Children's Board
PMHW	Primary Mental Health Worker
ELSA	Emotional Literacy Support Assistant
HV	Health Visitor
YOS	Youth Offending Service
ADHD	Attention Deficit Hyperactivity Disorder
RBH	Royal Berkshire Hospital

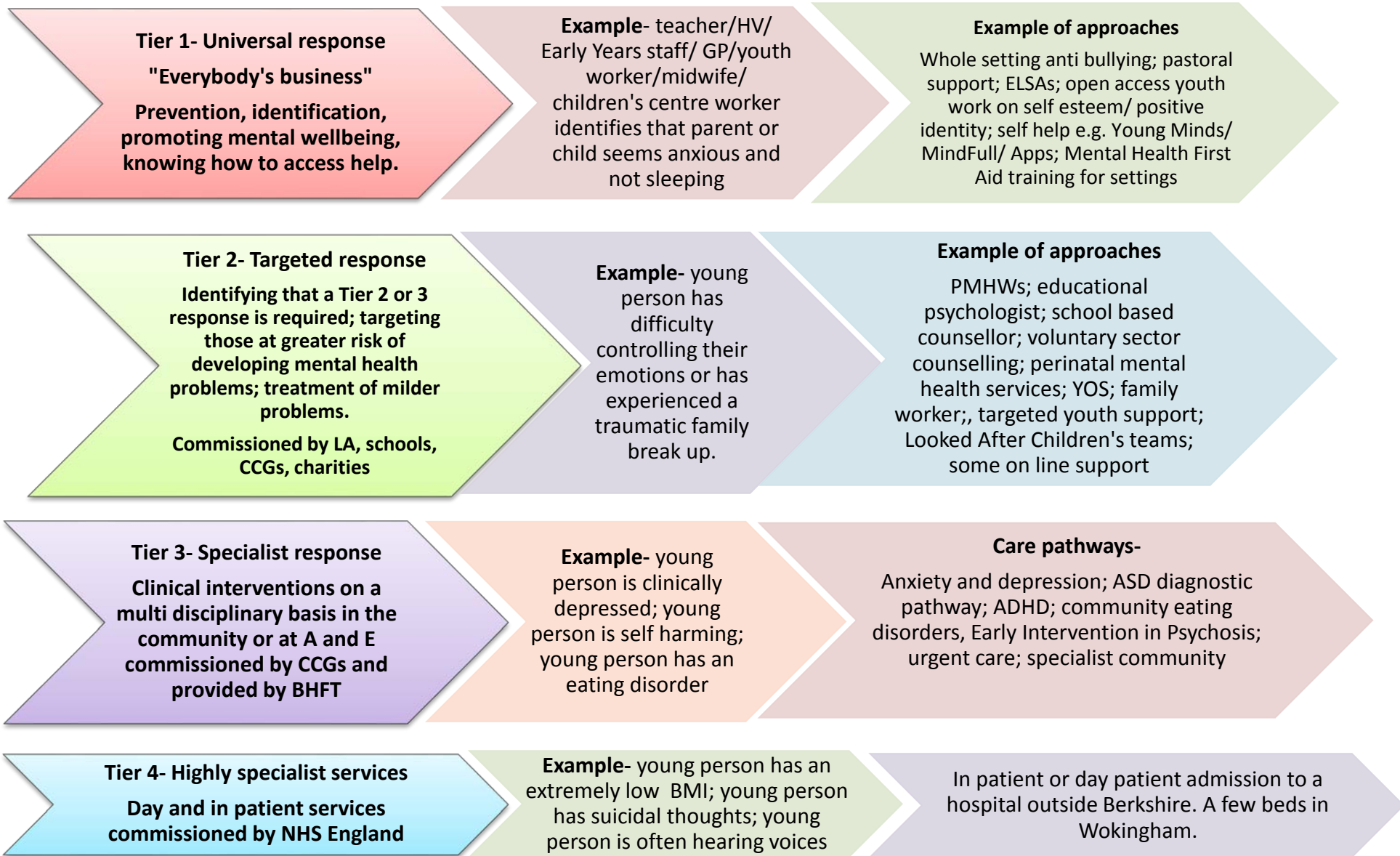
Appendix 2

How emotional health and wellbeing/ CAMHs services are commissioned in Berkshire



A "good" CAMHs service has timely, effective and efficient integrated working across Tiers (and therefore agencies) - reference Joint Commissioning Panel for Mental Health 2013 www.jcpmh.info. This means that children, young people and families should be able to access emotional health and wellbeing support in early year's settings, voluntary sector, schools, the community and primary care before needs escalate to Tiers 3 or 4.

Appendix 3: Comprehensive Mental Health service provision for children and young people in Reading



Appendix 4 - Reading Action plan to improve Comprehensive CAMHs service delivery

NUMBER	RECOMMENDATION	ACTION TO BE TAKEN (SHOULD BE SMART) TO ADDRESS RECOMMENDATION	WHO IS RESPONSIBLE FOR THE ACTION	DATE THE ACTION WILL BE COMPLETED	PROGRESS TOWARDS COMPLETION INCLUDING EVIDENCE OF ACTION TAKEN
1	Reduce waiting times for help and increase resources to meet the increased demand.	Berkshire West CCGs have secured additional winter resilience funding from NHS England for 2014/15 to provide enhanced CAMHs help that reduces the number of young people whose needs escalate to crisis point.	CCGs	Dec 2014	<ul style="list-style-type: none"> Some posts have been recruited to. Others are still vacant. BHFT working proactively to fill all vacancies. Service partially up and running since Dec 2014. Monthly update reports being provided.
		Redesign the CAMHs care pathway so that more help and advice is available at an earlier stage, meaning that fewer children and young people will a service from specialist CAMHs.	Local Authority (children's services), LA (Public Health), CCGs, BHFT	Dec 2015	<ul style="list-style-type: none"> Pilot underway in Slough for anxiety and depression and self-harm. Learning to be disseminated to Reading. Jointly funded pilot project to improve care pathways for perinatal mental health in Reading has been agreed and recruitment has taken place. Other pathways to follow.
		Consideration of business case to increase investment into Tier 3 CAMHs.	BHFT and CCGs	July 2015	<ul style="list-style-type: none"> Initial business case received by CCGs from BHFT- Feb 2015. Commissioners and provider will use learning from additional winter resilience funded projects to shape investment.
		Work with schools, children's services voluntary sector and CAMHs to develop a more integrated approach to accessing help when ASD is suspected or diagnosed. Access to help should be based on the child's needs not just the presence/ absence of a diagnosis.	Local Authority (children's services), CCGs, BHFT, schools	March 2016	<ul style="list-style-type: none"> Discussed at CCGs Feb 15 Discussed in principle by CCG and BHFT March 2015 Business case submitted to CCGs includes additional resources to support Tier 3 ASD diagnostic pathway.
2	Increase Tier 2 provision, to ensure	To discuss how existing and new resources and services at Tier 2 become a shared Early Help	Local Authority (children's	July 2015	

	timely 'early intervention', reducing escalation of mental health problems and reducing the need for specialist Tier 3 and 4 services.	responsibility across the LSCB partnership. Pilot and research studies are underway to <ul style="list-style-type: none"> • evaluate online (Young SHaRON/online counselling), telephone and face to face support. • A CAMHs app to be finalised following engagement with service users. • Identify and support women with perinatal and postnatal mental health issues earlier. • Develop the workforce, including GPs, Early Years, schools, children's centre staff, school nurses, youth workers 	services) BHFT and CCGs Local Authority (Public Health) LA (Public Health) with CCGs	Dec 2015 June 2015 March 2016 March 2016	<ul style="list-style-type: none"> • Young SHARON being developed and trialled. • Online counselling being trialled in a nearby Local Authority- learning to be disseminated to Reading. • CAMHs App being trailed in 3 Slough schools to then refine prior to national launch. • Finances secured. Project manager appointed. • Training is taking place on an ongoing basis.
3	Free CAMHS staff to work more collaboratively with partner agencies.	Consideration of business case to increase investment into Tier 3 CAMHs to enable this to happen.	BHFT and CCGs	July 2015	<ul style="list-style-type: none"> • Initial business case received by CCGs from BHFT- Feb 2015. • Commissioners and provider will use learning from additional winter resilience funded projects to shape investment.
4	Improve support in schools.	A pilot project on school based management of ADHD.	BHFT and LA (children's services)	Dec 2015	<ul style="list-style-type: none"> • Pilot started in January in a single school in the South of Reading.
		Offer schools a package of support, supervision and training to enhance the current Emotional Literacy Support Assistant (ELSA) role in schools.	LA (children's services)	Sept 2015	<ul style="list-style-type: none"> • Package of support is on school websites.

		To provide regular training opportunities for school staff in the general field of mental health as well as specific topics such as self-harm or anxiety.	LA (children's services) LA (Public Health) BHFT	March 2016	<ul style="list-style-type: none"> • Training is taking place on an ongoing basis. • Regional conference on self-harm taking place on 27-2-15. • PEP Care training to be offered to GPs, schools and LA staff from July 2015
5	Provide more detailed information about services and how to access them.	Make sure that up to date information is on key websites including the local offer.	LA (children's services) LA (Public Health) BHFT CCGs	July 2015	<ul style="list-style-type: none"> • Local authorities have compiled lists of services that are available at Tier 2 and this is improving signposting within CAMHs. This directory of services supports teachers, GPs and others working with CYP, detailing where services are available and how to access them easily. • BHFT have launched a new CAMHs website which will include a 'Supporting You' section. This section will contain information and links to other agencies offering local support to families, as well as links to online resources and top tips.
		Following engagement with service users, BHFT to update information, resources and the website.	BHFT	June 2015	<ul style="list-style-type: none"> • Engagement with service users to develop website and resources underway
6	Deliver improved communications and administration.	Engage with service users and their families to find out what they want to know about the service <ul style="list-style-type: none"> • Service leaflet on what to expect from BHFT CAMHs. • Review service letters to be clear on wait times and service offer. • Improve website, add a section called "Our service". Site to be available as an App for smart phones and tablets 	BHFT	<p>March 2015</p> <p>March 2015</p> <p>July 2015</p>	<ul style="list-style-type: none"> • Process in place for service users to be consulted on all forms of communication and publicity. • "CAMHs web" and new website under development

		<ul style="list-style-type: none"> • Improve information in waiting areas. • Text reminder system to be set up. • Implement online tool “CAMHs web” which will facilitate shared decision making with young people- they will be able to access their own care plans which they have jointly agreed and developed with their clinician using tablets and smart phones. This will facilitate the self-reporting of outcomes. 		<p>May 2015 May 2015</p> <p>April 2015</p>	
7	<p>Improve the environment where CYP are seen or are waiting including more privacy for confidential conversations and availability of toys</p>	<p>Service users suggestions to improve clinical spaces and waiting rooms are</p> <ul style="list-style-type: none"> • Artwork, produced by service users, to be displayed throughout CAMHs buildings. • Positive and inspiring messages within CAMHs buildings. • Uplifting posters. • Access to helpful and reliable information on the issues they are experiencing within the waiting areas. • Fidget toys and stress balls as distraction aids. • A selection of up-to-date magazines. • Annuals and other books to ‘dip into’ whilst they are waiting for their appointment. • Less “gloomy” information and publicity on issues that are not directly related to young people’s mental health. 	BHFT	<p>March 2015</p> <p>March 2015</p> <p>March 2015 March 2015</p> <p>April 2015 April 2015</p> <p>April 2015</p> <p>March 2015</p>	<ul style="list-style-type: none"> • 2 art workshops held to date. Plans to continue this as part of ongoing service user engagement • Materials ordered • Materials ordered • Materials ordered • Materials ordered • Materials ordered • Materials ordered

8	Better post-diagnostic support, particularly for children with Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD).	To discuss how existing and new resources and services that support children with ASD and ADHD can be better coordinated across the LSCB partnership.	Local Authority (children's services) CCG BHFT	March 2016	<ul style="list-style-type: none"> • CCG have awarded grants to voluntary sector organisations who support young people with ASD • Discussed at CCSG Feb 15 • Discussed in principle by CCG and BHFT March 2015
9	Provide better access to services in a crisis and out of hours.	Secure additional resources to extend the availability of CAMHs help in a crisis into the evening and over weekends and Bank Holidays.	CCGs	Jan 2015	<ul style="list-style-type: none"> • Finance has been secured using mental health operation resilience funding
		Secure staff to be able to offer this service.	BHFT	Feb 2015	<ul style="list-style-type: none"> • Partial delivery due to vacancies
		Evaluate effectiveness of the service with a view to mainstreaming this with recurrent funds.	BHFT and CCG	May 2015	
		Enhance the Early Intervention in Psychosis service for young people.	BHFT	March 2015	<ul style="list-style-type: none"> • Finance has been secured using mental health operation resilience funding Dec 2014. • Partial delivery due to vacancies.
		Evaluate the new Psychological Medicines Service for teenagers aged 16+ that has opened at Royal Berkshire Hospital (RBH), providing rapid response mental health assessments for people who are being treated for physical conditions.	BHFT with RBH	March 2015	<ul style="list-style-type: none"> • This service works across the hospital, including in A&E, so that children and young people who are in hospital for physical health problems can be assessed for any mental health issues without a further referral. This enables more rapid access to mental health services when required.
		CCGs are working with the police, ambulance service, Local Authorities, Public Health, hospitals, Drug and Alcohol Teams and BHFT to develop and implement the action plan as part of the Crisis Care Concordat.	BHFT CCG LA SCAS Police RBH	May 2015	<ul style="list-style-type: none"> • Action plan drafted band being consultation with service users is underway. • Crisis Care Concordat Declaration was signed off Dec 2014. • Engagement with service users on the

					Crisis Care Concordat action plan is underway
10	Provide a local 24/7 inpatient service for those CYP with the most complex needs.	To increase opening hours of the Berkshire Adolescent Unit from 4 nights per week to 7 nights per week.	NHS England BHFT	Dec 2015	<ul style="list-style-type: none"> Since September longer term plans have been agreed in principle with the CCGs and NHS England to change the Berkshire Adolescent Unit, based in Wokingham from a Tier 3 unit (with some Tier 4) into a Tier 4 provision so that it can be open for 7 days, 52 weeks per year. It will eventually be expanded (7 beds currently) to form a larger inpatient residential unit (12-15 beds) as well as catering for day patients. This unit could also provide some crisis intervention beds. Under this new proposal a proportion of the funding for running the provision will transfer to NHS England. The remaining Tier 3 resources for the community based Eating Disorders service and Early Intervention in Psychosis will be included within the Tier 3 CAMHs service specification. Other centrally funded grants will be considered and applied for as and when opportunities arise
		To increase the number of Tier 4 beds available in Berkshire	NHS England BHFT	March 2017 TBC	

**READING BOROUGH COUNCIL
REPORT BY DIRECTOR OF EDUCATION, ADULT SOCIAL CARE AND CHILDREN'S SERVICES**

TO:	HEALTH & WELLBEING BOARD		
DATE:	17 APRIL 2015	AGENDA ITEM:	9
TITLE:	READING'S AUTISM STRATEGY		
LEAD COUNCILLORS:	CLLR EDEN CLLR ENNIS CLLR GAVIN CLLR HOSKIN	PORTFOLIO:	ADULT SOCIAL CARE EDUCATION CHILDREN'S SERVICES HEALTH
SERVICE:	DISABILITY SERVICE	WARDS:	ALL
LEAD OFFICER:	SUZANNE WESTHEAD HELEN MCMULLEN	TEL:	0118 937 4164
JOB TITLE:	DIRECTOR OF ADULT CARE AND HEALTH SERVICES DIRECTOR OF CHILDREN, EDUCATION AND EARLY HELP SERVICES	E-MAIL:	Suzanne.Westhead@reading.gov.uk Helen.McMullen@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 Autism is a lifelong developmental disability that affects how a person communicates with and relates to others, and how a person learns and processes information.
- 1.2 In 2014 Berkshire Autism Society completed a needs assessment on support for people with autism in Reading, including consultation with people with autism and their families and carers. This needs assessment informed the development by Reading Borough Council and partners of an Autism Strategy that sets out the plans to improve support for children, young people and adults with autism in the borough.
- 1.3 Reading's Autism Strategy is included as Appendix A to this report. An Equality Impact Assessment is included as Appendix B.

2. RECOMMENDED ACTION

- 2.1 To approve the Autism Strategy and recommend it for sign-off by the Council and other partners
- 2.2 To endorse the establishment of the Autism Partnership Board to progress work on the Strategy through an Action Plan
- 2.3 To agree for the Strategy Action Plan for be presented to the Health and Wellbeing Board at a future meeting

3. POLICY CONTEXT

- 3.1 The first national autism strategy, 'Fulfilling and Rewarding Lives' was published by the Department of Health in 2010. The Strategy set out how a range of services across

the public sector should improve support for adults with autism. 'Fulfilling and Rewarding Lives includes the government's vision for adults with autism:

'All adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them. They can get a diagnosis and access support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping them make the most of their talents.'

3.2 In 2014, the Department of Health published 'Think Autism', an update to the 2010 Strategy following a review of progress. 'Think Autism' reaffirmed the commitment to the five areas of action originally identified in 'Fulfilling and Rewarding Lives' to improve the lives of adults with autism:

1. Increasing awareness and understanding of autism
2. Developing clear, consistent pathways for the diagnosis of autism
3. Improving access for adults with autism to services and support
4. Helping adults with autism into work
5. Enabling local partners to develop relevant services

3.3 The national autism strategy addresses support for adults with autism, and the transition of children and young people into adult services. Support for children and young people with autism will change as the legislation governing Special Educational Needs & Disability included in the Children and Families Act is implemented, with statements of SEN phased out and replaced by Education, Health & Care Plans (EHCPs).

3.4 Reading does not currently have a local Autism Strategy, although the Learning Disability Partnership Board does cover support for people with a learning disability who also have autism (estimated to be 1 in 3) through its 'A Big Voice in Our Lives' Strategy. People with learning disability and autism are involved in consultation and engagement events completed by the Learning Disability Partnership.

3.5 In Reading's Autism Self-Assessment Exercise in 2013, five areas were rated as 'Green', ten areas as 'Amber' and two as 'Red'. The next Autism Self-Assessment is due in early 2015. The Autism Strategy will set out how Reading intends to address areas identified as needing improvement.

4. DEVELOPMENT OF READING'S AUTISM STRATEGY

4.1 In 2013, Berkshire Autistic Society were commissioned by Reading Borough Council to complete an assessment of the needs of people with autism in the borough, and the services available to support children, young people and adults with autism and their families and carers. The report was informed by a consultation with people with autism and their families, mapping of existing provision in Reading, and an examination of population projections and data to understand need.

4.2 Progress with the research by Berkshire Autistic Society, including initial findings, was reported to the Health and Wellbeing Board in December 2013. The Board agreed to a future report on the Autism Strategy once completed.

4.3 The Berkshire Autistic Society research was used to develop an Autism Strategy for children, young people and adults with autism in Reading. Drafts of the Strategy have been shaped by feedback from the multi-agency Steering Group and wider partners across the local authority, health services, the voluntary sector, and people with autism and their families.

- 4.4 The Strategy sets out the national and local context for people with autism and their families, and the current service provision. The main part of the Strategy presents six priorities for improving support for people with autism in Reading:
1. Increasing awareness and understanding of autism
 2. Improving access to diagnosis
 3. Supporting better outcomes for people with autism
 4. Supporting people with autism to live safely and as independently as possible
 5. Supporting families and carers of people with autism
 6. Improving how we plan and manage support
- 4.5 The Strategy is aligned with a number of other key strategic documents that outline support for people with autism. This includes the Special Educational Needs and Disability Strategy that is in development for children and young people aged 0-25, and the Berkshire West Joint Commissioning Plan for Services for People with Learning Disabilities and Challenging Behaviour.
- 4.6 Work is underway to produce an Action Plan that sets out how the actions identified in Strategy will be delivered. It is proposed that the Strategy Steering Group continues to meet to oversee this work, as an Autism Partnership Board. The Health and Wellbeing Board is asked to endorse the establishment of an Autism Partnership Board that builds on the existing membership.
5. CONTRIBUTION TO STRATEGIC AIMS
- 5.1 The Strategy supports Priority 1 in the Council's Corporate Plan 2015-18, "Safeguarding and protecting those that are most vulnerable". The focus on early support through universal services also supports Priority 2, "Providing the best life through education, early help and healthy living".
- 5.2 The Strategy is aligned with Reading's Health & Wellbeing Strategy 2013-16, which includes a Goal to 'reduce the impact of long term conditions with approaches focused on specific groups'.
6. COMMUNITY ENGAGEMENT AND INFORMATION
- 6.1 Consultation with people with autism and their families and carers heavily informed the needs assessment completed by Berkshire Autistic Society and the Autism Strategy. A wide range of partners and providers were also contacted by Berkshire Autistic Society in their research, and made comments on draft versions of the Strategy that were used to inform the final version. The Strategy's development has been overseen by a multi-agency steering group.
- 6.2 One of the statutory requirements for local authorities is that the views of people with autism and their carers are taken into account when developing services; engagement is therefore an ongoing need throughout the life of the Strategy as the Action Plan is developed and implemented in partnership with people with autism and their families.
7. EQUALITY IMPACT ASSESSMENT
- 7.1 An Equality Impact Assessment for Reading's Autism Strategy has been completed and is attached as an Appendix to this report.
8. LEGAL IMPLICATIONS

8.1 The Strategy sets out how Reading will continue to develop support to people with autism to meet the responsibilities placed on local authorities by the statutory guidance supporting the implementation of 'Fulfilling and Rewarding Lives'. The statutory guidance requires each local authority to:

- Develop the area's commissioning plan around services for adults with autism using the best available information about adults with autism in the area
- Appoint a joint commissioner/senior manager who has in their portfolio a clear commissioning responsibility for adults with autism
- Ensuring that the views of adults with autism and their carers are taken into account in the development of services locally

9. FINANCIAL IMPLICATIONS

9.1 The Strategy is set in the context of reducing budgets across Council services and other partners. It aims to support organisations to work creatively and in partnership to ensure support is delivered to people with autism who need it as early as possible, to minimise the longer-term impacts.

9.2 The Council will ensure that people with autism who are eligible for Adult Social Care services continue to be able to access support to meet their needs, while working with partners to support people with autism across the spectrum to live as independently as possible, and prevent, reduce or delay their needs from becoming more serious.

9.3 Delivery of the Strategy will be supported by the development of an Action Plan by the Partnership Board to set out more detail around the specific actions identified to implement the Strategy, and how this will be completed with the resources available, including working more effectively across partners.

9.4 It is proposed that the Action Plan is presented back to the Health & Wellbeing Board once finalised, with more detail about plans, responsibilities and timescales. The Action Plan will demonstrate how Reading is narrowing the gap and improving outcomes for children, young people and adults with autism, their carers and families with partners within the resources available.

10. BACKGROUND PAPERS

10.1 Reading's Autism Strategy (Appendix A)

10.2 Equality Impact Assessment for Reading's Autism Strategy (Appendix B)

10.3 'Think Autism: Fulfilling and Rewarding Lives, the strategy for adults with autism in England: an update' (2014)

10.4 'Fulfilling and Rewarding Lives: The Strategy for Adults with Autism in England' (2010)

Reading's Autism Strategy for Children, Young People and Adults

2015 - 2018

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Introduction

Autism is a condition that affects people in a variety of different ways and degrees. Reading Borough Council is committed to improving the lives of people with autism living in the town. This Strategy sets out how we aim to achieve this, through our own commissioning and delivery of services and our close working with partners locally.

This is a broad strategy that covers all autistic people, across the spectrum. It is a “life-long” Strategy that considers children, young people and adults, as well as the wider impacts for their families and carers. For people with autism who are assessed as eligible for statutory support from social care or health services, the Strategy explains how we will ensure their needs are met in a consistent and person-centred way. However, we recognise the importance of support that is available to all people on the autistic spectrum, and the key role of universal services and preventative or low-level support. One of the aims of this Strategy is to encourage all services and organisations to “think autism”, maximising the opportunities to better support autistic people in Reading.

A range of partners across the public sector (including health services), private sector (such as providers of care and support) and the voluntary, community and faith sector already work together to support children and adults with autism and their families and carers. At a time of reducing budgets across public services, we need to strengthen this partnership working even further. There is no new money to deliver this Strategy, and so the focus for the actions identified is making the most effective use of existing resources. This might mean reshaping current provision and taking creative approaches towards the use of resources across partners to continue to develop our services. Autistic people and their families and carers are central to this service development, and their involvement is key in shaping and delivering services, such as informal or peer support.

Developing Reading’s Autism Strategy

In 2013, Reading Borough Council commissioned Berkshire Autistic Society (BAS) to carry out an assessment of the needs of people with autism locally and the services available. This needs assessment and the recommendations from the work have informed the development of Reading’s Autism Strategy. The needs assessment included a survey with autistic people and their carers and families. Feedback from people with experience of living with autism in Reading was central to the development of Reading’s Strategy.

The Autism Strategy was drafted during 2014, with input from a wide range of stakeholders to make sure that the Strategy represented the work of the variety of

services and organisations that support people with autism. The Autism Strategy Steering Group of key partners has helped with the detailed work on the Strategy, such as ensuring that it aligns with existing work in other areas.

We would like to thank the many people and organisations that have been involved with the development of the Council's Strategy. This list is not exhaustive, but some of those involved include:

- Reading Borough Council staff and councillors
- People with autism, their carers and families
- Berkshire Healthcare NHS Foundation Trust
- NHS Central Southern Commissioning Support Unit (for North & West Reading and South Reading Clinical Commissioning Groups)
- Autangel
- Berkshire Autistic Society
- Reading Children's & Voluntary Youth Services
- Reading Families Forum
- Reading Mencap
- Talkback

The Structure of this Strategy

The Strategy presents some clear actions aimed at improving support for autistic people in Reading. These are identified in the boxes throughout the Strategy organised by the six priorities that are identified for improving support for people with autism in Reading:

1. Increasing awareness and understanding of autism
2. Improving access to diagnosis & beyond
3. Supporting better life outcomes for people with autism
4. Supporting people with autism to live safely and as independently as possible
5. Supporting families and carers of people with autism
6. Improving how we plan and manage support

The final part of the document sets out how we plan to deliver the Strategy through the development of an Action Plan to be overseen by Reading's Autism Partnership Board.

What is Autism?

The term “autism” is used in this Strategy as an umbrella description for all autism conditions, including Asperger Syndrome, that fall under the headings of Autism Spectrum Disorder (ASD) or Autism Spectrum Condition (ASC). Autism is a lifelong developmental disability that affects how a person communicates with and relates to others, how a person learns and makes sense of the world, and processes information. People who are on the autistic spectrum share difficulties in the following three areas:

- Social communication (e.g. understanding verbal and non-verbal language)
- Social interaction (e.g. recognising and understanding other people’s feelings)
- Social imagination (e.g. restrictive repetitive patterns of behaviour)

As a spectrum condition, autism affects people in varying ways and requires differing levels of support. Some people with autism are able to live relatively independent lives, but others will need a lifetime of specialist support. Autistic people may have other co-existing conditions, such as a learning disability, or mental health needs. We use the terms “people with autism” and “autistic people” in this Strategy.

Autism can be a “hidden disability”, meaning that it is not always possible to tell that someone has the condition from their outward appearance or behaviour. This makes raising awareness of the condition even more important. People with high-functioning autism may go for many years without a diagnosis, even if they experience less obvious difficulties such as difficulties in social situations throughout their lives.

What have people with autism told us?

The Berkshire Autistic Society (BAS) survey with children, young people and adults with autism, and their families highlighted some important themes and some areas to be addressed to improve support in Reading:

- People wanted more support to increase knowledge and understanding of autism - both for children and adults to know how to manage the condition, and for those who are providing support. Parents especially flagged strategies to manage challenging behaviour as an area where they wanted more training and support.
- Increasing awareness was seen as an important thing to do, especially among those people who come into contact with autistic people in everyday life.
- There was a desire for improved access to information about the support available and what people can expect from different services.
- Parents highlighted the challenge of accessing support when children are not attending school, such as if they've been excluded.
- Many people said there was a need to support carers and families with their health and well-being better, and especially the siblings of autistic children.
- There were strong concerns from carers about the future for the person with autism that they cared for when they are no longer there to provide support.
- Support to ensure that people with autism can succeed in education, employment and training post-16 and into adult life was seen as highly important.
- People felt there should be more accessible leisure opportunities for autistic people to develop their social skills and reduce their isolation.

Some of the feedback given to BAS by people with autism and their carers or family members is quoted throughout the Strategy.

National Context

The 2009 Autism Act and the first national Autism Strategy in 2010 ('Fulfilling and Rewarding Lives') set the national vision for improving the lives of adults with autism. The Department of Health published the updated 'Think Autism' Strategy in 2014, reaffirming the importance of the five areas for action in the original Strategy:

1. Increasing awareness and understanding of autism
2. Developing clear, consistent pathways for the diagnosis of autism
3. Improving access for adults with autism to services and support
4. Helping adults with autism into work
5. Enabling local partners to develop relevant services

The Care Act introduces a wide range of changes to care and support for adults, including a national eligibility criteria and updated rules for assessment and support planning. It gives local authorities a new duty to ensure people can access preventative services and information and advice about care and support. The Care Act gives carers the right to an assessment of their needs in their own right.

While there is no equivalent national strategy for children with autism, there are significant changes to the law for children and young people with special educational needs and disabilities (SEND) through the Children and Families Act. This includes the introduction of single Education Health Care Plans (EHCPs) to replace SEN statements. EHCPs last until a person turns 25 to allow for a more seamless transition between children and adult services. Carers of disabled children also gain similar rights to assessment of their needs as in the Care Act.

The National Institute for Health & Care Excellence (NICE) regularly updates its clinical guidelines that advise on the standards of support for people with autism.

Local Context

One of the aims of this Strategy is to align with existing local plans and strategies across the wide range of areas that cross-over with support for people with autism. Some of the key documents for Reading include:

Health

- Reading's Joint Strategic Needs Assessment
- Reading's Health & Wellbeing Strategy

Children & Young People

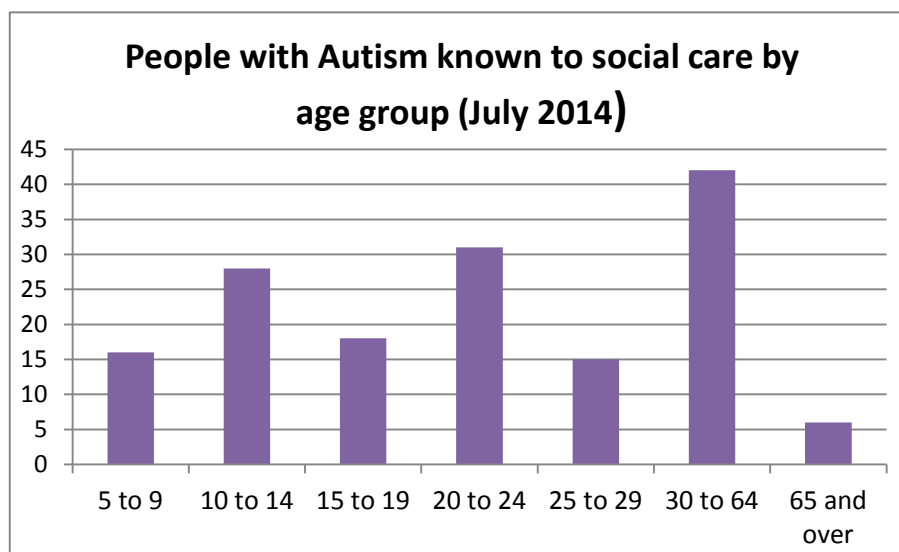
- Reading's Special Education Needs and/or Disability (SEND) Strategy
- Reading's Early Help Strategy

Adults

- Reading's Adult Learning Disability Partnership 'Big Voice' Workplan
- Berkshire West's Joint Commissioning Plan for Services for People with Learning Disabilities and Challenging Behaviour
- Reading's Market Position Statement for Adult Social Care
- Reading's Prevention Framework and Reading's Adult Social Care Information & Advice Plan

Autism in Reading - Local Profile and Needs Analysis

In July 2014, 156 people with autism in Reading were receiving support from the Council's Social Care services. The graph below shows that the numbers are particularly high for children and young people; 62 (40%) of those known to social care are aged 0-19. While this is consistent with the younger than average population in Reading as a whole, it does suggest there may be increasing demand for support in future years as these people grow older.



Of those adults with autism who meet the threshold for social care support, a majority (59%) also had a learning disability. A smaller percentage (6%) of the autistic adults meeting the eligibility criteria also had mental health problems.

The number of people known to social care services only represents a small proportion of the actual number of autistic people. Because many people with autism do not have a diagnosis of their condition or do not meet the threshold for social care support, it is difficult to know how many autistic people live in Reading, and understanding of needs is often based on estimates.

Information on the diagnosis pathway for adults with autism shows high demand, with a waiting time of 28-30 weeks for assessment - an increase on previous years. Of those seen for assessment by the service between April 2013 and March 2014, 46% received a diagnosis of autism and 38% received a partial diagnosis of autistic traits.

The National Autistic Society suggests that 1.1% of the UK population may be on the autistic spectrum or around 700,000 people. In Reading it is estimated that the number of people with autism is slightly higher than the UK ratio, as factors such

as the high number of ICT jobs in the area (a sector that is popular with some autistic people) and the amount of autism support in primary, secondary and tertiary education, mean that autistic people are more likely to choose to live here. With the higher ratio of 1.3%, the number of people with autism in Reading is estimated at 2024 people (using 2011 Census population data) - 1526 adults and 498 children and young people aged 18 and under.

Reading's ethnic diversity has increased by 50% (from 12% to 25%) between the 2001 Census and 2011 Census, so it is now estimated that there are 510 people from black and minority ethnic (BME) groups with autism in Reading, of which 124 are aged 0-18. There is no evidence that autism is more common for different ethnicities, but Reading's diverse population means that the needs of different communities should always be considered when we are looking at providing services and support, and addressing any barriers to accessing these, such as language barriers.

	Adults		Children and young people (0-18)	
Number of people estimated to have autism in Reading	1526		498	
	Female	Male	Female	Male
	381	1145	125	373
	BME	Non-BME	BME	Non-BME
	386	1140	124	374

The Projection of Adult Needs and Service Information (PANSI) suggests an increase of 12.5% in the number of working age adults (aged 18-64) with autism in Reading over the next twenty years, rising to 1219 people by 2030. It is expected this rise will come from the number of children and young people with autism growing older in Reading as well as a number of autistic people drawn to Reading for local jobs and education. This expected future increase means that it is important that there are appropriate services and support in place to meet this need.

Outcomes for people with autism

Education data does give an indication about the experiences of children with autism in Reading schools. In the 2013-14 academic year, 105 pupils in Reading schools had a Statement of Special Educational Needs that identified ASD as the primary need - 19% of all pupils with a statement. Of those pupils who were excluded from school during the first two terms of the academic year (September 2013-April 2014), 19 children had ASD as the primary need on their statement - 20% of all exclusions for pupils with a statement. Absence rates for the first two terms of the 2013-14 academic year at Reading schools are recorded as 5.7% for pupils

with ASD as the primary need. This is higher than the 4.6% absence rate for all pupils, but lower than the 7.6% absence rate for all pupils with statements.

This data suggests that pupils with a statement for autism are more likely to be excluded or absent from school than other pupils, although not more likely than pupils with a statement for other needs. It should be noted that this data only covers those pupils with an autism diagnosis and a statement that identifies this as their primary need, and not those with a lower level of need or without a diagnosis. Parents and carers have raised concerns about children with autism being “unofficially” excluded, although data isn’t available to evidence this.

Current Services and Support for People with Autism

Like all Reading residents, people with autism will come into contact with a wide range of services and organisations throughout their life. It is impossible to list all of these, but some of the main support currently available (either specifically for people with autism, or where autistic people can access help) is explained below:

Children and Young People

Universal support

Services that support all children and young people - children's centres, schools, youth services, GPs and other health services, and voluntary and community organisations and activities - all play their part in helping families to identify the signs of autism and access diagnosis, as well as with developing strategies to support their child and ensuring that children with autism can access support and opportunities.

Additional support

Berkshire Healthcare NHS Foundation Trust provides a single diagnostic pathway for any child aged 0-18 years through the Autism Spectrum Disorder Pathway. The team includes a Community Paediatrician, a Clinical Psychologist and a specialist Speech and Language Therapist. Depending on a child or young person's need, they may be referred for further support from the Children and Young People's Integrated Therapies (CYPIT) team - including Speech & Language Therapy, Occupational Therapy, Physiotherapy, and Specialist Dietetics services - or Children and Adolescent Mental Health Services (CAMHS).

Reading Borough Council's Autism Support Worker provides support post-diagnosis including a home visit, a free Introduction to Autism Course, and acts as an ongoing point of contact. For families who need additional help, Reading Borough Council's Children's Action Teams provide help, guidance and support. The multi-disciplinary teams include Family Workers, Educational Psychologists, Education Welfare Officers, Primary Mental Health Workers and Youth Workers who can help with managing behaviour and children's attendance and attainment at school. Families can also access parenting programmes including the Time Out for Special Needs course through the Parenting Service and that are run by voluntary sector organisations.

Most children with autism in Reading are in mainstream education. Schools can access support from Educational Psychologists, Speech and Language and

Occupational Therapy for pupils who need this. Pre-school children including those attending nursery provision with a diagnosis of autism can be supported by the Portage workers. In primary schools, two part-time ASD advisory teachers give advice on individual children and provide staff training. A massage therapist also works across primary schools in Reading, primarily with children with identified special educational needs including autism.

Adviza provides support to young people aged 13-20 with identified Special Educational Needs to prepare for leaving school. Reading Information, Advice & Support Service for SEND (formerly Parent Partnership) provides confidential, impartial advice and support to parents and carers of children with special educational needs and/or disability, including autism, offering practical help, attending meetings at school and explaining the legal rights.

A range of voluntary groups and organisations support children with autism and their families. Berkshire Autistic Society provides post diagnosis support including home visits and training. Parenting Special Children provides support pre and post diagnosis including peer support for parents and carers of children recently diagnosed. Reading Mencap's Family Advisors also supports families one to one and the Alpha Service supports families of children with learning disabilities and autism from BME communities. Reading has a good range of supported activities and short breaks for children. Autism specific activities run by BAS, Children of the Autistic Spectrum Young People's Project (CATSYPP), and Engine Shed cover different age groups. Some children with autism access activities provided by Reading Mencap or The Avenue School Holiday Play Scheme for children with learning disabilities.

Specialist support

Reading Borough Council's Children and Young People's Disability Team provides assessment and care management to children and young people up to the age of 25 who are eligible for social care support. This can be defined as a level and type of support that cannot be gained from universal services, and where children are at risk of significant harm and statutory processes need to be followed. This includes support in the community such as accessing short breaks provision. Children with complex needs can access overnight and daytime respite at Cressingham Resource Centre.

Reading has a range of specialist education provision across all school years, including the Thames Valley School which currently supports children with a statement of special educational needs where the primary need is autism. There are specialist resource units at Christ the King Primary School, Blessed Hugh

Farringdon Secondary School and Reading College that support pupils with autism alongside the mainstream education provision. Children with autism alongside more complex needs may be supported at Dingley Nursery or Snowflakes Nursery (0-5 years), or at The Avenue School (2-19 years). Some children travel out of the borough to Brookfields School in West Berkshire and Addington School in Wokingham.

Adults

Universal support

As with children and young people, universal services play a key role for adults with autism. GPs are often the gateway for access to diagnosis services. Organisations such as the emergency services, transport providers, health services such as hospitals, leisure services and other statutory services like the Job Centre must make reasonable adjustments to make sure that autistic people can access and benefit from their services.

Additional support

Berkshire Healthcare Foundation Trust runs an Autism Spectrum Condition Service for people suspected of having High Functioning Autism (HFA) or Asperger syndrome. Post-diagnosis, people with autism are offered a 'Being Me' course to understand their condition more. A referral to Talking Therapies for a range of therapies, including cognitive behaviour therapy and counselling, may be made if appropriate.

Young people with a learning disability and/or autism can access additional support and specialist courses at further education settings such as Reading College. The Council's Adult Education service New Directions delivers adult education and provide specialist support for those with learning disabilities, including those with autism. A number of organisations, including Reading Jobcentre and GRAFT Thames Valley provide support to autistic people to prepare for and find employment. Royal Mencap deliver a supported employment service for people with disabilities including autistic people.

There are a number of voluntary and community sector organisations that provide support that prevents people needing more specialist support or that supports them to live as independently as possible in their communities. Some of this support is specific to people with autism. Berkshire Autistic Society runs a helpline and information service, and a range of social clubs. BAS also offers an

Autism Alert card to people with a diagnosis that can be shown to explain the condition. Reading Mencap provides a number of clubs and regular activities for adults with learning disabilities (including those with autism). Other voluntary groups provide social clubs and events that support people on the autistic spectrum, including Berkshire PHAB.

People with autism involved with the criminal justice system can access the Liaison and Diversion Support Worker who supports vulnerable offenders.

Specialist support

Reading Borough Council provides assessment and care management to people with autism who meet the Adult Social Care eligibility criteria. Depending on a person's age, the Children and Young People's Disability Team (0-25) or the Adult Disability Team (25+) provides or arranges support that aims to help them to lead safe and fulfilling lives, with a focus on promoting independence and giving choice and control to service users, through access to Personal Budgets. The support can take many forms and may be from an organisation that specialises in supporting autistic people.

Berkshire Healthcare NHS Foundation Trust runs the Community Team for People with Learning Disabilities which provides specialist health services for people with learning disabilities, including some people with an autism diagnosis. The team has community nurses, occupational therapists, physiotherapists, psychologists, psychiatrists and speech and language therapists. Where people with autism present with complex and challenging behaviours, the teams work closely with assessment and treatment centres to support and reduce the impacts of such behaviours on people's ability to lead independent and safe lives.

Reading's Community Mental Health team is a partnership between Berkshire Healthcare Foundation Trust and Reading Borough Council to provide support. The team provides no autism-specific services, but a number of service users have autism alongside mental health needs.

Priority 1 - Increasing Awareness and Understanding of Autism

Widening awareness and knowledge of autism

Berkshire Autistic Society's research highlighted the importance of raising awareness of autism as much as possible among everyone who has contact with people with autism in a professional capacity. Understanding among GPs is critical as they are often the gateway to diagnosis. Increasing access to training and ensuring that existing training is accessed by the right people and across a broad range of organisations and services is key to widening awareness. Autistic people and their families should be involved in planning and delivering this training as much as possible. Taking opportunities to raise public awareness of autism through local events and information sources is also important.

People with significant contact with people with autism such as teachers, social care and health staff should be supported to deepen their understanding of autism. This should include building confidence to respond to autistic traits and behaviour and provide appropriate support, even before or without a diagnosis. Specific training may also be needed for those who support young autistic people transitioning to adult services, or for those supporting older people with autism.

- Review existing training across different organisations and identify gaps
- Develop a training programme with the involvement of people with autism with options such as online training
- Encourage organisations to access autism awareness training for their staff
- Support staff across health and social care teams to develop knowledge through accessing specialist training and sharing with others
- Work with education settings to develop understanding of autism and the confidence to respond to the behaviour of pupils with autistic traits

Helping people to access information, advice and support

The research by BAS found that people felt they did not always know what they could expect from various services, or find clear information in one place. The Council will continue to develop its information and advice offer to support people. A key element of this is the Reading Services Guide that is accessible online and through other methods

"The Autism Support Worker was great. Other support was good, but I found it difficult knowing where to look for support."

Parent of a child with autism

such as by phone or with the support of a professional/volunteer. This will be supported by other methods of providing information, advice and guidance, including working with groups who are trusted or already have a relationship with people to provide effective and timely information.

- Continue to develop information and advice offered so that people with autism, families and carers can access clear, accurate and timely information in a range of ways
- Promote autism awareness through the Reading Services Guide

Supporting autistic people and their families/carers to understand autism

People diagnosed with autism and their families stressed the importance of training and education that supports them to explain and manage behaviour, and to develop communication and social skills. For parents of children with challenging behaviour, this could include support with strategies to manage behaviour from school staff or the Children's Action Teams. This support needs to be adapted to ensure that it meet the needs of different people, such as those with limited literary or English skills. The Council will continue to work with partners in the voluntary and community sector to ensure that support reaches different parts of the community, such as those from different BME groups.

- Work across partners to ensure people with autism and their carers are supported to access training and support to manage their condition, including different BME groups

Priority 2 - Improving Access to Diagnosis & Beyond

Autism diagnosis services

"I was first mistaken for having a learning disability for 11 years, and misdiagnosed with a borderline personality disorder from 1999."

Adult with autism

Raising awareness of autism is especially important for getting a diagnosis of autism, as universal services such as schools and GPs are often the starting point for someone to discuss concerns. Helping people to understand autism and access services for assessment can be particularly important for adults who may have never had a formal diagnosis. Not everyone will want a diagnosis, but for some it is important to be able to understand their condition and explain their behaviour to others.

Reading has diagnosis pathways in place for children and young people and, separately, for adults. There are currently waiting lists for both services. In the research completed by BAS, 58% of parents said it was hard to get their child diagnosed, with the most common reason being the wait for an appointment. Diagnosis services are the responsibilities of the Clinical Commissioning Groups. Reviews of the current pathways are needed to ensure that capacity is available to see people within the timescales recommended by the National Institute for Health and Care Excellence (NICE) clinical guidelines.

- Work with health services to review the effectiveness and capacity of the children's and adult's diagnosis pathways
- Establish processes to signpost adults awaiting diagnosis to available support

Support after diagnosis services

After a diagnosis of autism, children and young people can access support from a range of places, depending on the level of need identified. Parents responding to the BAS survey were especially positive about the support of the Council's Autism Support Worker and liked the idea of someone to co-ordinate their child's ongoing support from across services. In the future this co-ordination will take place for any child eligible for one of the new Education, Health and Social Care Plans (EHCPs) through this process. A possible gap in existing post-diagnosis support is for young people who receive a diagnosis, who could benefit from support specifically developed for their age range.

Adults who have received a diagnosis are offered a range of additional support including courses provided by voluntary organisations, and access to further health services such as Talking Therapies as appropriate to their individual situation. The research by BAS does note that this can only support a small number of those diagnosed, particularly as the number of adults being referred and diagnosed continues to increase. There is more work to do to ensure there is sufficient post-diagnosis guidance and support for people, including those who do not receive a diagnosis and may need to access provision such as Talking Therapies.

- Align with work through the Special Educational Needs & Disability Strategy to better co-ordinate support for children with autism
- Work with partners to ensure that people receiving a diagnosis can access appropriate support such as training, peer support, and resources to support self-management

Priority 3 - Supporting Better Life Outcomes for People with Autism

Education

Reading's Special Educational Needs and Disability (SEND) Strategy sets out how the Council will meet the requirements in the Children & Families Act, including the move to single Education Health Care Plans (EHCPs) to replace SEN statements. Work is underway to review all pupils who currently have SEN statements and, if appropriate, transfer these to EHCPs by 2017. EHCPs cover provision 0-25, to support improved transitions, and include all partners in an integrated process. The child or young person and their family are an essential part of this, to ensure the plan is personal to meet the individual needs identified.

"Previous schools have not taken his needs into consideration and my son was left unsupported, behind in his work, with no friends."

Parent of a child with autism

"School has been amazing, putting immediate interventions into place."

Parent of a child with autism

Many parents stressed the importance of getting the right support for their autistic children in school. The Council will continue to work in partnership with schools (both mainstream and specialist) to improve outcomes for pupils with autism, supporting their learning and attainment, and their development of social and communication skills. Using routes such as the Pre-School SENCO network supported by the Educational Psychologists to share learning and build knowledge that can be taken back to settings are important ways that this can be further developed. Pupils who have low attendance or are excluded are currently a particular area of focus, and Reading Borough Council's School Improvement Service is focusing on addressing issues for pupils with SEN (including those with autism identified as a need) through a number of measures to support and challenge schools and settings. Another opportunity is to facilitate support offered between schools, particularly from those with more specialist expertise.

- Align with work to deliver the SEND Strategy to improve support for pupils with autism, including those move to Education, Health & Care Plans
- Continue to work with schools to strengthen knowledge and skills to support pupils with autism, encouraging links between specialist and mainstream settings
- Support the Virtual Head for CME (Children Missing Education) to work

with schools to reduce exclusions and low attendance among children with autism

Training and Employment

"I have not worked due to inaccessibility in employee selection during a job interview in 1985-86"

Adult with

Moving on to further education, training or work is an important time for people with autism. While there are a number of options available in Reading, person-centred support is important to help young people to find the right opportunity. Local employment support organisations already help people with autism with taking steps towards employment, and the Elevate Reading project offers an opportunity to strengthen the support available in an integrated way. The Elevate Reading project will introduce a co-located central hub for employment support for 16-24 years - including traditional services such as Jobcentre Plus and wider support such as mentoring schemes run by the voluntary sector. The Hub will bring together organisations that work with employers to increase job opportunities, including for people with autism. The Council's newly commissioned supported employment service for people with disabilities will be based at the hub, to enable it to specifically support people with autism to find and retain employment in partnership with other local organisations.

- Establish the supported employment service for people with disabilities including autism to help people find work that is appropriate for their skills
- Work with partners in the Elevate Reading project to increase awareness among employers about autism and to increase opportunities for people with autism to experience, find and retain work

Health, Social and Leisure

Ensuring people with autism can access universal services should be the starting point to support people in Reading's communities to stay healthy, live fulfilling lives and develop social skills. The Council will continue to work with a range of local services such as leisure facilities to support them to make reasonable adjustments that enable autistic people to access their services. Specific activities for children, young people and adults with autism are also important, and the Council works with a mix of voluntary organisations to offer a range of social and

leisure opportunities, including support groups. The Council's Early Help Strategy (for children, young people and families) and Prevention Framework (for adults and carers) both confirm the commitment to provide low-level, community-based services - particularly for those who are not eligible for social care services and often rely on these services for support and advice. People have suggested areas for development such as peer support groups and buddying at transitions e.g. when leaving school; the opportunities to introduce these will need to be explored within existing funding.

- Support a wide range of organisations to develop autism awareness, to ensure people with autism are confident to access their services
- Work with partners including voluntary and community sector groups to explore ways to further develop local autism community support

For people with autism where their needs are more complex, health and social care staff will continue to support them to develop skills to live as independently as possible. Those people who are eligible for support from health and social care teams are helped by staff to feel confident and comfortable about accessing health services such as health screenings and reviews. More widely, there is work that partners including health services and the Council's Public Health team can do to ensure that all autistic people are supported to stay healthy, e.g. attending GP health checks. Parents were concerned about access to health support for their child with autism, particularly the waiting times and lack of clear pathways for some specialist services. The establishment of the Children and Young People's Integrated Therapies (CYPIT) with a single referral route aims to address some of these issues.

"Larger swimming groups with teachers who do not understand ASD was not a good experience"

Parent of a child with autism

- Work across partners to ensure that people with autism are supported to access services that help their health and wellbeing
- Gather feedback on the effectiveness of the new Children and Young People's Integrated Therapies (CYPIT) to support plans to shape the future service

Priority 4 - Supporting People with Autism to Live Safely and as Independently as Possible

Transitions to adult services

Moving from children's to adult's service can be a challenging time for young autistic people and their families. Schools, colleges and other education providers have a critical role to ensure that young people can access the right support at this point in their lives. Voluntary sector organisations and peer support opportunities can also be important support to people through this period.

- Align with work for the SEND Strategy to review pathways for transitions between children and adult services

Housing

As adults, the level of support that people with autism need will vary greatly. Promoting independence is a key principle in Reading, and all services will aim to help people to live as independently as possible for their own level of need. There are a range of housing options available to people on the autistic spectrum, from living alone or with a family, to supported living and residential accommodation. Reading Borough Council's recent tender for a Supported Living Accreditation Select List (SLASL) aims to ensure that high quality and good value Supported Living is available for all people who need this type of accommodation. The aim is that the providers on the list can develop their specialist knowledge so their provision can meet the range of needs in Reading, including people with autism. However, there will still be an option to have some level of specialist provision if someone with autism (for example) has very specific needs that cannot be met by any of the providers.

For those people with autism and challenging behaviour who need very specialist support, Reading Borough Council is working with neighbouring authorities and health partners on the Berkshire West Joint Commissioning Plan for Services for People with Learning Disabilities, Autism and Challenging Behaviour. The Plan has developed in response to the Winterbourne Review and aims to ensure that people with challenging behaviour are supported to remain living in their local communities and that any in-patient assessment and treatment is timely and, where possible, provided locally. Where people are placed out of Berkshire they are regularly reviewed and moved back to Berkshire where appropriate. Working together across Berkshire and across organisations will be critical to ensure that very specialist support is available to those that need this.

- Support providers on the Supported Living Accreditation Select List develop their skills and expertise to support people with autism
- Work with the Council's Housing team and local housing providers to ensure there is a range of accommodation for people with autism
- Work with partners across Berkshire West to improve support for people with autism and challenging behaviour

Staying safe and independent

"I don't have any help meeting appropriate people safely. There is a lack of opportunity to make genuine friends."
Adult with autism

Adults with autism need to feel confident and safe in their communities. The research completed by BAS found that autistic people are more likely to be at risk of financial abuse and other forms of abuse such as 'mate crime'. Advice and support should be accessible to adults with autism where needed to help them to live independently - managing money or staying safe online, for example. We will continue to work with agencies such as Jobcentre Plus to support people to access universal services, and offer travel training for children, young people and adults with autism to help people feel confident to get around independently. Other tools that provide practical support to help people with autism to live safely, such as the Berkshire Autistic Society's Autism Alert Card, will also continue to be supported. Autistic people are more likely to come into contact with the criminal justice system, and these services should be linked to other support available across partners to ensure that vulnerable defendants are supported pre-sentencing, including access to diagnosis if this is identified as a need. As adults with autism get older there may be a need for further support, if carers develop their own support needs, or to address additional health problems such as dementia. The Council will work to ensure that its team and other organisations supporting older people can understand and be aware of the potential impact of autism on the people they work with.

- Work with partners in the criminal justice system to raise awareness of autism and ensure that people with autism are supported appropriately
- Promote and support local initiatives that help people with autism to feel safe in their communities
- Ensure that services and organisations working with older people are aware how people with autism may need further support

Priority 5 - Supporting Families and Carers of People with Autism

Parents, families and other carers often provide valuable ongoing support to autistic people, both as children and through adulthood. The demand on carers will vary depending on the individual needs of the person being cared for, but in Berkshire Autistic Society's Survey of Carers in 2013, 33% of carers said that they never get a break from caring, and 50% reported suffering from depression and physical problems such as difficulty sleeping.

The Care Act introduces new rights for carers of adults, so that they are entitled to an assessment of their needs and support if they are eligible. Adult carers of disabled children get similar rights from the Children and Families Act. Not everyone will provide a level of support that will mean they qualify for support funded by the Council, but the assessment can also identify other types of support available in the local area that carers might benefit from. The Council is using the changes to the law to refresh its existing offer to carers and to make sure more carers are aware of their role and the support available to them. Locally we are choosing to support adult carers in the same way, whether they care for a child with a disability or an adult.

"I feel that while I am living I can continue to protect my daughter's interests, but I worry about the time when I shall not be around"

Parent of an adult with autism

A gap identified by BAS in their research was support for siblings of children diagnosed with autism; as part of our whole-family approach, we will make sure that siblings are referred to services for young carers and know about other opportunities that will support them. Opportunities for short breaks were highly popular with parents, and a review of current provision is under way currently.

- Align with the work to implement the Care Act and the Children and Families Act to make sure carers of autism are aware of their rights and offered an assessment and further support (depending on their needs)
- Work with partners to promote the support available to carers and families of people with autism
- Review existing short breaks provision for children with autism

Priority 6 - Improving how we Plan and Manage Support

Collecting and using data

There is limited data available on autism, with planning based mostly on estimated data and on the small percentage of people with autism known to Social Care services. We will work with partners to look at how data could be better collected about levels of autism locally and the outcomes for autistic people, to support further work and identify areas for development. While projections show that the number of people with diagnosis is increasing, improved use of data on local diagnosis rates would help local services to ensure that there is sufficient capacity to meet increasing demand and to inform the development of education provision, for example. This should be addressed in future policies and plans across different services and organisations, such as the Joint Strategic Needs Assessment.

- Work across partners to improve data collection about people with autism, and the use of this to inform service planning
- Ensure that the needs of people with autism are included in plans and policies for developing services
- Work with the Public Health team to explain the needs of people with autism (including any specific issues for different genders, ethnicities and age groups) in the Joint Strategic Needs Assessment

Providing support across the spectrum

Previously, young autistic people transitioning to Adult Social Care services were assessed and, if eligible, moved to the Learning Disability or the Long-Term Support teams. The Council's reorganisation into a life-long Disability service aims to address this split for those who are eligible for ongoing support. We will continue to monitor the effectiveness of this rearranged service to meet the needs of adults with autism. While a number of adults with autism are eligible for Social Care services, many others across the spectrum live independently or with family support. We are committed to working with partners to provide appropriate support at all levels, from signposting and support groups up to specialist support to people with autism.

- Work together across partners to ensure people with autism can access appropriate support, including those who do not meet the eligibility threshold for social care services

Overseeing support and involvement

More detail about how the Strategy will be overseen with the input of a range of partners is set out in 'Delivering the Strategy' below. These partners will support the work to involve and engage autistic people and their families and carers in the delivery of the Strategy and the shaping of services, building on the work so far to ensure that the Strategy is built on the views of people who use services that support people with autism already.

- Continue to work to involve people with autism, their families and carers in delivering the Strategy and shaping future services

Delivering the Strategy

Developing the Autism Partnership Board

The production of this Autism Strategy has been underpinned by the Berkshire Autistic Society research, and particularly by their consultation with people with autism and their families and carers to inform our future plans. BAS set up a Steering Group with representative from key agencies and organisations. The Autism Strategy Steering Group (with a refreshed membership) has continued meeting to drive the development of the Autism Strategy and to make sure that it is focused on the needs of autistic people and their families and carers in Reading.

The Group will continue meeting quarterly once the Strategy is published, as an Autism Partnership Board. Terms of Reference set out its role to oversee the delivery of the Strategy through an Action Plan and to support a wide range of organisations to improve their awareness of autism and “think autism” in their delivery and development of services. The Board will continue to focus on partnership working with members from social care, education and health services, other organisations across the statutory and voluntary and community sectors, and people with autism and their families and carers.

Autism Strategy Action Plan

Delivery of the Strategy will be supported by the development of an Action Plan by the Partnership Board to set out in more detail how the work will be progressed. This might involve setting up sub-groups to do more detailed work, or involving different services and organisations as appropriate.

The Partnership Board will report back on progress with the delivery of the Autism Strategy to Reading’s Health & Wellbeing Board and to Reading’s Learning Disability Partnership Board. The Strategy and the Action Plan will support the completion of the Autism Self-Assessment (for adults with autism). It will demonstrate how it is narrowing the gap for people in Reading, in line with the Council’s ambitions in the Corporate Plan 2015-18, and improving outcomes for children, young people and adults with autism, their carers and families.

Improving Outcomes for People with Autism

Delivery of the Strategy and the Action Plan should enable Reading to meet its aim of improving outcomes for children, young people and adults with autism, and their families and carers. Achieving the actions set out in this Strategy should support changes for people so that we can show that we meet the following outcomes:

Adults with autism

- People with autism achieve better health outcomes
- People with autism are included and are economically active
- People with autism are living in accommodation that meets their needs
- People with autism are benefitting from the personalisation agenda in health and social care and can access personal budgets
- Adults with autism are no longer managed inappropriately in the criminal justice system
- People with autism, their families and carers are satisfied with local services
- People with autism are involved in service planning

Children and young people with autism

- Better educational outcomes - narrowing the gap in attainment, ensuring good attendance and reducing exclusions (linked to the objectives of Reading's Special Educational Needs & Disabilities Strategy)
- Being safer - improving parenting skills and confidence to manage behaviour related to autism
- Being included and able to participate
- Improving access to universal services and use of these services
- Improving access to and use of information and advice
- Being independent - reducing the number of young people not in education, employment or training

Equality Impact Assessment

Provide basic details

Name of proposal/activity/policy to be assessed

Reading's Autism Strategy

Directorate: Directorate of Education, Adult Social Care and Children's Services (DEACS)

Service: Disability Service

Name and job title of person doing the assessment

Name: Emily Hodges

Job Title: Project Manager

Date of assessment: 9th December 2014

Scope your proposal

What is the aim of your policy or new service?

The Autism Strategy sets out how Reading Borough Council will work with partners across health services, the voluntary and community sectors and people with autism and their families to support children, young people and adults with autism in the borough.

The Strategy is informed by a needs assessment and mapping exercise completed by Berkshire Autistic Society which included consultation with people with autism and their families and carers.

One of the main aims of the Strategy is to set out the local support for adults with autism that meets the requirements set out in the Think Autism Strategy, published by the Department of Health in 2014 as an update to the Fulfilling and Rewarding Lives Strategy. The parts of the Strategy addressing the support for children and young people with autism aligns with local work to implement the changes to Special Educational Needs legislation in the Children and Families Act 2014.

Who will benefit from this proposal and how?

The Strategy aims to improve support for all people with autism, whether their needs are high enough to be eligible for support from the Council or not, or if they have not yet received a formal diagnosis of their condition.

What outcomes will the change to achieve and for whom?

The Strategy has six priorities that it aims to achieve for people with autism and their families or carers:

1. Increasing awareness and understanding of autism
2. Improving access to diagnosis
3. Supporting better life outcomes for people with autism
4. Supporting people with autism to live safely and as independently as possible
5. Supporting families and carers of people with autism
6. Improving how we plan and manage support

Who are the main stakeholders and what do they want?

- Children, young people and adults with autism
- The families and carers of people with autism
- Staff across Reading Borough Council services and partners such as education providers, health services and voluntary and community sector organisations who support people with autism

Do you have evidence or reason to believe that some (racial, disability, gender, sexuality, age and religious belief) groups may be affected differently than others?

Yes No

Is there already public concern about potentially discriminatory practices/impact or could there be? Think about your complaints, consultation, feedback.

Yes No

If the answer is Yes to any of the above you need to do an Equality Impact Assessment.

Impact of the Proposal

Consultation

How have you consulted with or do you plan to consult with relevant groups and experts?		
Relevant groups/experts	How were/will the views of these groups be obtained	Date when contacted
People with autism and their families and carers	Consultation exercise completed by Berkshire Autistic Society as part of the Needs Assessment	June 2013 - March 2014
Staff across Reading Borough Council services and partners such as education providers, health services and voluntary and community sector organisations who support people with autism	A multi-agency Autism Strategy Steering Group of key partners	Meetings held between June 2013 - March 2014
	Sharing the draft Strategy with key people for comments and input	April - October 2014

Describe how this proposal could impact on Racial groups

No negative impact in terms of racial groups has been identified from this proposal. There is no evidence that autism spectrum conditions are more prevalent in different racial groups. The profile of RBC Adult Social Care clients with autism matches the profile of the borough as a whole, with 75% of clients from a white background.

The Strategy does not contain any actions that relate specifically to different racial groups, but will involve working with different communities as appropriate to deliver the aims of the Strategy - increasing awareness of autism across all racial groups for example.

Is there a negative impact? Yes No Not sure

Describe how this proposal could impact on Gender/transgender (cover pregnancy and maternity, marriage)

The National Autistic Society presents research that five times as many males as females are diagnosed with autism. Developing and improving services for people

with autism may therefore impact on more males than females; however, no negative impact in terms of gender has been identified from this.

Research shows that autism is more likely to go undiagnosed for females than for males. Females with autism may benefit positively from the actions in the Strategy to increase awareness of autism and improve access to diagnosis services.

Is there a negative impact? Yes No Not sure

Describe how this proposal could impact on Disability

Although data on autism is limited, research estimates that around 50% of people with autism also have a learning disability. Of the 92 clients of Reading's Adult Social Care services recorded with a diagnosis of autism, 75 are also identified as having a learning disability (Autism Self-Assessment 2013). The Strategy aims to improve and develop the support available to all people with autism and should have a positive impact on people whether they have additional disability needs or not.

Autism is a spectrum condition that affects people in different ways and to different degrees. While some people with autism are assessed to have needs that meet the eligibility criteria for the Council's social care support, there are other people with autism that do not meet this threshold. The Strategy covers support for people with autism across the spectrum, with actions to meet the range of needs and that consider those accessing social care support and those with lower-level needs.

Is there a negative impact? Yes No Not sure

Describe how this proposal could impact on Sexual orientation (cover civil partnership)

No negative impact in terms of sexual orientation has been identified from this proposal.

Is there a negative impact? Yes No Not sure

Describe how this proposal could impact on Age

No negative impact in terms of age has been identified from this proposal. The Strategy covers children, young people and adults with autism and contains some specific priorities for the different services and support available - however the overarching aims and priorities are consistent regardless of age.

The Strategy should have a positive impact on young people aged 14-25 years as one of the specific aims is to improve transitions between children and adult

services. The Strategy should also have a positive impact for older people as research shows they are more likely to not have a formal diagnosis of autism and the Strategy aims to improve access to diagnosis.

Is there a negative impact? Yes No Not sure

Describe how this proposal could impact on Religious belief

No negative impact in terms of religious belief has been identified from this proposal. The Strategy does not contain any actions that relate specifically to different religious beliefs, but services will respond to the needs of people and their families and communities as required - working with local faith groups, for example.

Is there a negative impact? Yes No Not sure

Decision

- 1. No negative impact identified Go to sign off

- 2. Negative impact identified but there is a justifiable reason
You must give due regard or weight but this does not necessarily mean that the equality duty overrides other clearly conflicting statutory duties that you must comply with.
Reason

- 3. Negative impact identified or uncertain
What action will you take to eliminate or reduce the impact? Set out your actions and timescale?

How will you monitor for adverse impact in the future?

An action plan that sets out the detail for implementing the areas of work identified in the Strategy will be developed across partners. Producing and monitoring the action plan will include work to ensure that there is no negative impact on different groups of people.

Signed (completing officer)

Date

Signed (Lead Officer)

Date

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF CHILDREN, EDUCATION & EARLY HELP SERVICES

TO:	HEALTH AND WELLBEING BOARD		
DATE:	17 April 2015	AGENDA ITEM:	10
TITLE:	UPDATE ON CHANGES TO SEN PROVISION 2014-16		
LEAD COUNCILLOR:	COUNCILLOR ENNIS	PORTFOLIO:	EDUCATION
SERVICE:	SPECIAL EDUCATIONAL NEEDS	WARDS:	ALL
LEAD OFFICER:	Chris Stevens	TEL:	0118 937 2094
JOB TITLE:	Inclusion Services Manager	E-MAIL:	Chris.stevens@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This report follows from reports made to ACE during 2014 which outlined four strands of a strategic approach to providing education support for children with additional needs. These priorities remain:

Priority 1: To ensure that Children and Young People with Statements of Special Educational Needs/Education, Health and Care Plans will have their education, health, social and emotional needs met from provision within the locality of Reading or neighbouring Local Authorities whenever possible.

Priority 2: Develop provision within Reading or in partnership with our neighbouring Local Authorities which reduces reliance on the most expensive and remote options.

Priority 3: Work with families to enable them champion better outcomes for their children.

Priority 4: Work with schools and other providers to make best and transparent use of the finances available to narrow the achievement gap for SEN children.

1.2 It sets out progress by the council, schools and parents in the development of a proposed action plan and in meeting the statutory duties required of us.

2. RECOMMENDED ACTION

2.1 Note that the Statutory requirements set out in the Children and Families Bill for September 14 have been met, including the publication of the Local Offer.

- 2.2 Note the SEN Strategy action plan has been co-produced with parents and school representatives, setting out the direction of travel for officers, schools and parents to follow, this may require further decisions to be taken at policy level which will be reported to the Adult Services, Children's Services and Education committee in due course.

3. PROGRESS TO DATE

- 3.1 A review of the SEN formula has been carried out. The 2015/16 budgets for schools an increase in the quantum of the "notional SEN budget" and introduced 'prior attainment' as an indicator of need alongside the more traditional 'deprivation' factors. This was considered by the Schools Forum and has been agreed.

- 3.2 A review of the SEN funding and resource unit provision has been completed by an external consultant who has made recommendations regarding the need for clarity of funding and the requirement to review and monitor both costs and outcomes of our provision. Once the consultant's report has been approved the process of reviewing the pattern of existing provision can be started.

Additionally a short life working group of Head Teachers, parent and LA representatives has been set up to look at the effectiveness of existing specialist provision. The discussions during the first two meetings have focused on Special Educational Needs funding and understanding the costs and banding that apply to funding individual placements.

- 3.3 The benefits for co-producing key strategy and working documents with parents has been considerable. There is now parental representation on key strategic groups such as the SEN Strategy group, the Head Teachers SEN short life working group and working groups looking at developments to Transition planning and Personal Budgets.

Ways for generating greater participation and engagement with schools are underway between schools, Parents Forum and the Local Authority. The intention is to establish regular fora between families and schools whose purpose is to review and discuss SEN issues. These for are now beginning to be established including a pilot based in one of our mainstream secondary schools.

Representation from the Private, Independent and Voluntary Sector remains at the SEN panel. Their input has been important when considering Providers to support children and young people with Special Educational Needs.

- 3.4 Recommendations for a new system for allocating additional support special educational needs support for those children considered to have exceptional needs have been met. The first round of moderating cluster groups have been completed. The central meeting of the chairs of the cluster groups, SEN manager and SEN finance Officer have met to consider the funding proposals for those children considered to have exceptional needs. Timetables for future cluster and central chair meetings have been arranged for the coming year.

- 3.5 A communication plan is currently been written. At the conference for parents and Special Educational Needs Co-ordinators (SENCOs) held in September 14 it was confirm that :-
- a SEN charter for parents and schools has been written and circulated to schools and parents and placed on the Reading Services guide.
 - A“Statement of Intent” has been published as part of the Local Offer. This describes what should normally be available in all schools in Reading when supporting children with SEN in the classroom, in small groups and individually.
 - Regular forums where a school and the families meet to discuss Special Educational Needs are currently being established. Reading’s Parent Forum is leading on this.
- 3.6 Conversion plans to Education, Health and Care plans for children with Statements of Special Educational Needs are well underway to meet this years timetable, with a focus on those approaching transition to a new setting.
- 3.7 Meetings have taken place with parents, providers and (in May 15) with special schools to raise awareness about:-
- The new independence training team and new arrangements to rationalise the use of taxis.
 - The need to be vigilant about potential child protection issues.
 - The skills required to be an effective child escort in buses or taxis and to seek views on how best to train escorts and how best to communicate a child’s needs to the escorts, their travel companies and via engaging families in this exercise.
 - What the Local Authority expects of each Travel company to ensure safety, statutory requirements and efficiency of service.

4. NEXT STEPS

- 4.1 The working group set up to look into developing consistency of funding will now consider how to make structural savings of 900K within the SEN High Needs block and to make recommendations on changes in the current configuration of Reading’s special education provision in order to ensure best value and to best meet needs as described by parents and schools. This will inform what needs to be done to achieve consistency of funding and to establish provision that demonstrates best value and meets the profile of needs for Reading children. A booklet will then be written for parents and schools to explain how resources are allocated for pupils and the pattern of provision that that these refer to.
- 4.2 The external consultant who was asked to review the SEN finances has been asked to complete a review of the effectiveness of Reading Borough Council’s Specialist resources and Specialist teams the context of effectiveness of service delivery, value for money and outcomes for children.
- 4.3 Personal budgets will become a legal right for families with an approved EHC plan if they request it so they can directly buy the support identified in the plan. No formal date for implementation has been given by the Department

for Education but it is expected that this needs to be in place by September 2017. Discussions with Health, parents and Service users are under way.

- 4.4 The additional project officer who was appointed to establish the Local Offer will now be focusing their attention on drawing up strategies for Personal Budgets to be covered by Education, Health and Social Care and Joint Commissioning.
- 4.5 Joint commissioning between Local Authorities and Clinical Commissioning Groups (CCGs) will be required for services for disabled children and young people and those with SEN. No date for implementation has been given but it is expected that a system for joint commissioning needs to be in place by September 2017. A cross agency working group has been set up by the Commissioning team for Berkshire Health. This group is now well under way and intends to make presentation to the Childrens Joint Commissioning Strategy group in November 15.
- 4.6 A short life working group has been set up to review the provision that currently exists in Reading to meet the needs of children who present with challenging behaviours. This group will agree the best configuration of provision to meet needs, including preventative measures, identify gaps in current provision and make proposals to the SEN strategy group on potential savings to fund what is considered to be the spectrum of provision best suited to meet needs.

5. CONTRIBUTION TO STRATEGIC AIMS

- 5.1 This report directly contributes to a healthy population and the development of good educational attainment.

6. COMMUNITY ENGAGEMENT AND INFORMATION

- 6.1 There have been specific consultation events which have informed the proposals in this paper. Meetings have been held with families, mainstream schools, SENCO's and special schools along with colleagues from Health and the Voluntary sector, to seek their views on the organisational and financial aspects of the changes.
- 6.2 The Schools Forum has been engaged in the development of this work and has appointed a sub-group to be part of the development of the funding approach required for improved clarity.

7. EQUALITY IMPACT ASSESSMENT

- 7.1 This report does not require an EIA as it deals with those people who already share a protected characteristic. An EIA will be undertaken as part of the development of the detailed action plan referred to in the main body of the report.

8. LEGAL IMPLICATIONS

8.1 There are no specific legal implications arising from this report.

9. FINANCIAL IMPLICATIONS

9.1 A grant of £250k has been allocated by central government to support the implementation of these changes and to ensure the effective communication with parents, carers, schools, voluntary organisations and young people themselves.

9.2 A number of the financial decisions required will either be: made by, or consulted on with, the Schools Forum as the expenditure is predominantly from the Dedicated Schools Grant. Recent regulatory changes require that more decision making is devolved to this group which reports in public.

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF EDUCATION, CHILDREN AND EARLY HELP SERVICES

TO:	HEALTH & WELLBEING BOARD		
DATE:	17 APRIL 2015	AGENDA ITEM:	11
TITLE:	TRANSFER OF 0-5 COMMISSIONING RESPONSIBILITIES - HEALTH VISITORS/FAMILY NURSE PARTNERSHIP		
LEAD COUNCILLOR:	COUNCILLOR GAVIN HOSKIN	PORTFOLIO:	CHILDREN SERVICES PUBLIC HEALTH
SERVICE:	CHILDREN SERVICES PUBLIC HEALTH	WARDS:	BOROUGHWIDE
LEAD OFFICER:	Robert Poole	TEL:	0118 937 2750
JOB TITLE:	Corporate Finance Business Partner	E-MAIL:	robert.poole@reading.gov.uk

1. PURPOSE AND SUMMARY OF REPORT

- 1.1 The transfer of the commissioning responsibility to Reading Borough Council for the Public Health 0 - 5 Health Visiting (HV) and Family Nurse Partnership (FNP) Service has progressed at a steady state both national and locally over the last few months.
- 1.2 The national allocations of the resources have been confirmed and work has progressed to agree the service specification that will be provided from 1 April 2015. The first six months of 2015/16 will be commissioned by the NHS England Area Team and from 1 October 2015 the Council will become responsible for commissioning these services.
- 1.3 This report will set out the progress to date in terms of the HV/FNP transfer/contracting arrangements and the decisions made by the Adults Social Care, Children Services and Education Committee on the 4th March

2. RECOMMENDED ACTION

- 2.1 That the Board acknowledges progress to date in terms of development and agreement of the Health Visitor and Family Nurse Partnership service specification and contract.
- 2.2 That the Board endorses the decision made by the Adult Social Care, Children's Services and Education Committee on the 4th March (Section 4).

2.3 That the Board endorse continuing with the existing partnership working processes to ensure a safe transfer of 0 - 5 commissioning responsibilities.

3. BACKGROUND

3.1 The Health and Social Care Act changed the pattern of commissioners for a range of Health Services including those that serve children.

3.2 Local authorities already have established and extensive responsibilities with regards children's care: education, safeguarding and social care services as well as early intervention and prevention services. As part of the movement of Public Health responsibility to the local authority, Public Health Services for children and young people aged 5-19 have been transferred. Currently all six local authorities within Berkshire have an overview role on immunisation and directly commissions school nursing.

3.3 The transfer of the commissioning responsibility to Local Authorities for the Health Visiting and Family Nurse Partnership Service is scheduled for 1 October 2015. This follows the expansion of the Health Visitor "Call to Action" Programme. This expansion is part of a national government commitment to expand the number of Health Visitors by 4200 and to ensure sustainability of service for the future. This service is provided by Berkshire Healthcare Foundation Trust (BHFT).

3.4 Over the last nine months the six Berkshire local authorities (with the Public Health Service Shared Team) have been working with the NHS Area Team and Berkshire Healthcare NHS Foundation Trust to review the finance and contracting issues. Baseline funding has now been announced by the Department of Health (which was in line with the expectations from the local work undertaken to agree the baseline) and the Council is now working to commission the service within this envelope and the national regulations.

4. CONTRACTING ROUTE

4.1 In order for the Council to deliver its responsibility from 1 October it has been working with The Public Health Shared Team and the NHS England Area team to review the national specification and make adjustments for local variations. This work has progressed and to support this, the Council was required to state its contracting intentions. Therefore the following was proposed for both the Health Visitor and the Family Nurse Partnership service:

Main Health Visitor Contract

- That the NHS England Area team will contract for the service from 1 April 2015 to 30 September 2015.

- That Reading Borough Council works with the Public Health Shared Team, the NHS England Area Team and Berkshire Healthcare NHS Foundation Trust to agree within the contract that allows the single NHS contract to be transferred from an individual contract to the six Berkshire local authorities on 1 October 2015.
- That Reading accepts a transfer of the contract for the HV service (for the Reading locality) from 1 October 2015 for a period of 12 months (this will be managed on behalf of the Council by the Public Health Shared Team based in Bracknell Forest Council).
- That on 1 October 2015 the Council gives 12 months' notice of our intention to re-commission the service (if the Council is ready at that point to ensure a new service can be commissioned by 30 September 2016).
- That the Council includes an option to extend the contract by a further 12 months from 1 October 2016. However this decision will need to be taken at least 12 months before the end of the extension, for example: if RBC wishes to extend by 3 months to 1st Jan 2017 then this will need to relay to the provider by 1st Jan 2016.

4.2 Family Nurse Partnership (FNP) contract

As this is a very different service and can only be provided under a license from the Department of Health, the recommendation is:

- That the NHS England Area team will contract for the service from 1 April 2015 to 30 September 2015.
- That Reading works with the Public Health Shared Team, the NHS England Area Team and Berkshire Healthcare NHS Foundation Trust to agree within the contract a deed of novation that allows the single NHS contract to be novated to the Shared Team to hold two contracts, one for the East of the County and one for the West on 1 October 2015.
- That the Public Health Shared Team accepts a transfer of the contract for the FNP Service (for the Reading, Wokingham and West Berkshire locality) from 1 October 2015 for a period of 12 months (this will be managed on behalf of the Council by the Shared Team in Bracknell).
- That the Public Health Shared Team includes an option to extend the contract by a further 12 months from 1 October 2016

Reason for the above suggestion is that in reviewing the funding it was identified that this is more a West and East of Berkshire based service due to the low numbers and who are actually eligible. It would be very difficult to deliver this at a borough level alone.

4.3 Other options considered

In reviewing the contract the Council has limited options. The main variation is the length of the contract from 1 October 2015. It was considered that the contract should be 6 months and the procurement exercise be carried out to deliver a new service from 1 April 2016. This is discounted due to:

- It was unlikely that the Council would be able to undertake a full procurement exercise with this time span.
- It may unduly destabilise the provider and the quality of the service.
- That by tendering immediately it would not allow the Council to review how well the new service performs before the 1 April date.

4.4 Adults Social Care, Children Services and Education Committee Decision

The Committee decision on the 4th March was as follows:

- That the contracting approach, set out in Section 4.1 and 4.2 of the report, for both the Health Visitor and Family Nurse Partnership Services be agreed;
- That the Director of Children, Education and Early Help Services, in consultation with the Lead Councillors for Children's Services and Families and Health, the Head of Legal and Democratic Services and the Head of Finance, be granted delegated authority to enter into the contracts for Health Visitor and Family Nurse Placements Services, referred to in sections 4.1 and 4.2 of the report

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The context for the delivery of Council services is outlined in the Corporate Plan and the following new priorities are proposed as the focus of our service delivery:

1. Safeguarding and protecting those that are most vulnerable;
2. Providing the best start in life through education, early help and healthy living;
6. Remaining financially sustainable to deliver these service priorities.

5.2 To deliver these priorities within the new Corporate Plan there is a continued focus on the Council's contribution to narrowing what the gaps are within Reading. To do this the Health Visiting Service works across a number of stakeholders, settings and organisations to lead delivery of the Healthy Child Programme 0-5 (HCP). This is a prevention and early intervention Public Health programme that lies at the heart of the universal service for children and families and aims to support parents at this crucial stage of life, promote child

development, improve child health outcomes and ensure that families at risk are identified at the earliest opportunity.

This includes safeguarding children and working to promote health and development in the '6 high impact areas' for early years -

- Transition to parenthood and the early weeks
- Maternal mental health (perinatal depression)
- Breastfeeding (initiation and duration)
- Healthy weight, healthy nutrition and physical activity
- Managing minor illness and reducing hospital attendance and admission
- Health, wellbeing and development of the child age 2 - 2.5 year old review (integrated review) and support to be 'ready for school'.

5.3 These '6 high impact areas' of the service are entirely consistent with the Council's Early Help Strategy, as agreed by the ACE Committee in October 2013, which recognises the important role that Health Visiting plays in our local Early Help offer. This commissioning process gives opportunities to strengthen these Early Help Strategy key priorities:

1. Earlier identification and access to services will improve with the wider universal coverage and provision of development checks and information about parenting and immunisations.
2. Effective Help will improve with a renewed focus on key issues like breastfeeding and immunisation take up from vulnerable families
3. Supporting the more vulnerable and sustaining the change will strengthen as we further integrate this service into Reading's Early Help offer and especially with our Children's Centre programme. In particular the universal coverage of Health Visiting will enable other Early Help services to further target remaining resources to the most vulnerable.

6. COMMUNITY INVOLVEMENT

6.1 Across Berkshire, including Reading, there have been a number of partner consultation workshops that both provided an update on the Health Visitor commissioning process as well an opportunity to discuss service priorities for Reading itself. A range of statutory, community and voluntary sector partners were able to take part in the workshop. Feedback that we received included:

- Gaps in provision include low level support for parents with emerging mental health needs, ante and post natal education opportunities for families about their child's development and consider out of hours support for families.
- Opportunities identified include focusing on communication of both service offer and service successes, continuing to build relationship and providing services in Children's Centres and more joint training across the workforce.

7. LEGAL IMPLICATIONS

- 7.1 The Health and Social Care Act 2012 (“the 2012 Act”) transferred Public Health functions from the NHS to local authorities commencing on 1 April 2013 with the transfer of different services being staged. The relevant statutory provisions in respect of Health Visitor Services and Family Nurse Placement Services come into effect on 1 October 2015.
- 7.2 From 1 October 2015 it will be necessary to enter into the joint contracts with the other Berkshire local authorities as detailed in Sections 4.1 and 4.2 of this report and the replacement contracts thereafter as detailed.

8. EQUALITY IMPACTS

- 8.1 Members 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, Members must seek to prevent discrimination, and protect and promote the interests of ‘protected’ groups.
- 8.2 An equality analysis has been prepared by the NHS Area Team for 1 April - 30 September period. The Public Health Team in Reading have completed Equality Impact Analysis assessments individually for both the HV and FNP services from 1 October 2015. Copies of these are attached as an appendix to this report so that Members can give conscious and open minded consideration to the impact of the equality duty before taking further decisions.

9. FINANCIAL IMPLICATIONS

9.1 Revenue Implications

The Department of Health have recently confirmed the allocation that the Council will receive to fund this service (£1.466m - part year funding). This funding is expected to fully cover the commitment the Council will take on from 1 October 2016. This funding will become part of the Council’s Public Health grant which is ring fenced and subject to specific grant conditions.

Funding for 2016/17 has yet to be confirmed as the Government is undertaking a review of how the Public Health grant is allocated. The Government is currently seeking views around how the formula for allocation resources for the Health Visitor and Family Nurse Partnership schemes could be developed.

9.2 Capital Implications

There are no capital implications associated with this transfer.

9.3 Value for money

The Council is currently working with NHS England and Berkshire Healthcare NHS Foundation Trust on performance measures for the service at the point of service which will support the Council in monitoring the appropriate levels of performance are being achieved. The procurement exercise will allow a full test of value for money outcomes.

9.4 Risks

There are no specific financial risks for the new financial year (2015/16) as the funding has been identified however there maybe a risk for 16/17 as the level of funding available has not yet been identified.

There however maybe a commissioning and transfer risk if one or more of the other Berkshire authorities do not agree to a standard approach to the transfer to ensure stability of the service.

Revised Public Contract Regulations are due to come into force on 1 April 2015. The regulations have just been published (6 February) and compliance with a new “light touch” regime for health services of high value will be required once the new regulations are in force.

SUPPORTING PAPERS

Department of Health Commissioning and Finance Fact sheets:

<https://www.gov.uk/government/publications/transfer-of-0-5-childrens-public-health-commissioning-to-local-authorities>

Health Visitor background documents:

<https://www.gov.uk/government/publications/health-visitor-implementation-plan-2011-to-2015-sets-out-call-to-action>

Health Visitor National Plan

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/208960/Implementing_the_Health_Visitor_Vision.pdf

Equality Impact assessments

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	Health and Wellbeing Board.		
DATE:	17 th April 2015	AGENDA ITEM:	12
TITLE:	SUMMARY REPORT - WEST OF BERKSHIRE SAFEGUARDING ADULTS PARTNERSHIP BOARD ANNUAL REPORT 2013-14		
LEAD COUNCILLOR:	COUNCILLOR EDEN	PORTFOLIO:	ADULT SOCIAL CARE
SERVICE:	SAFEGUARDING ADULTS	WARDS:	ALL
LEAD OFFICER:	Melanie O'Rourke	TEL:	0118 9374053
JOB TITLE:	Interim Head of Adult Social Care	E-MAIL:	Melanie.o'rourke@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The purpose of this report is to provide a summary of the information contained within the West of Berkshire Safeguarding Adults Partnership Board (SAPB) Annual Report 2013-14.
- 1.2 The SAPB Annual Report 2013-14 provides an overview of the Board's activity and progress in 2013-14 and its priorities in 2014-15. The data within the report is sourced from the statutory AVA (Abuse of Vulnerable Adults) return for 2012-13.

2. RECOMMENDED ACTION

- 2.1 That the Health and Wellbeing Board to note the contents of the West of Berkshire Safeguarding Adults Partnership Board Annual Report 2013-14, for which a summary is provided below.

3. POLICY CONTEXT

- 3.1 The SAPB covers the geographic areas of Reading, Wokingham and West Berkshire and is a multi-agency partnership that leads the strategic development of Safeguarding Adults work across the West of Berkshire. The SAPB holds individual agencies to account on their effectiveness in delivering their responsibilities under Safeguarding Adults policies and protocols.
- 3.2 'Safeguarding Adults' relates to all work that enables 'Adults at Risk' to be able to live a life that is free from abuse and neglect. An Adult at Risk is a person who is 18 years or over and who is, or may be, in need of community care or health care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.
- 3.3 An Adult at Risk may therefore be a person who:
- Is elderly and frail due to ill health, physical disability or cognitive impairment;
 - Has a learning disability;
 - Has a physical disability and/or a sensory impairment;
 - Has mental health needs including dementia or a personality disorder;
 - Has a long-term illness/condition;
 - Misuses substances or alcohol;
 - Is a carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse; or
 - Is unable to demonstrate the capacity to make a decision and is in need of care and support.
- (This list is not exhaustive)
- 3.4 Safeguarding Adults practice includes working with those people who are assessed as being able to purchase all or part of their community care services, as well as those who are eligible for community care services but whose need - in relation to safeguarding - is for access to mainstream services such as the police. Safeguarding Adults is about preventing abuse and neglect as well as promoting good practice for responding to concerns on a multi-agency basis.

4. KEY DEVELOPMENTS IN 2013-14

- 4.1 A guidance document around Multi-Agency Safeguarding Adults Reviews of Serious Cases was developed by a pan-Berkshire working group, and adopted by the SAPB for the West of Berkshire. This guidance clarified expectations on partners within a Serious Case Review.
- 4.2 Health partners underwent some reorganisations which served to streamline Safeguarding Adults work and responses. During the reporting year, the Royal Berkshire Hospital NHS Foundation Trust's Safeguarding Team was re-located allowing the team to be based together. The Berkshire Clinical

Commissioning Groups (CCGs) developed a pan-Berkshire Safeguarding Committee which meets four times a year to address safeguarding children and adults issues, to review action plans from serious case reviews, and to share information and learning about safeguarding matters at a senior level.

- 4.3 The annual Joint Adult and Children's Safeguarding Conference, planned with the three West of Berkshire locality Safeguarding Children's Boards, took place on Friday 27 September 2013 at Sindlesham Court. The focus of the conference was the various forms that the sexual abuse of children and vulnerable adults can take.
- 4.4 The SAPB participated in a pilot run by Social Care Institute for Excellence (SCIE) on the Learning Together Model. During the reporting year, the Board also commissioned a Learning Together review into the sad death of "Mrs E". The findings from the SCIE pilot and the Mrs E Review were taken forward as areas for development within individual organisations, whereas those findings that had clear implications for multi-agency working were embedded into the Business Plan for 2014-15.
- 4.5 Using an audit tool, partner agencies completed a self-assessment in order to assure the SAPB that each has in place robust strategic and operational arrangements to safeguard adults. Common findings were shared at the Board's Business Planning Day in January and key areas were incorporated either into the work plans of the Subgroups or into the Board's Business Plan for 2014-15.

5. PERFORMANCE IN 2013-14

- 5.1 Much of the data provided within the report represents combined data for Reading, West Berkshire and Wokingham local authorities and is sourced from the statutory AVA (Abuse of Vulnerable Adults) return for 2012-13. More detail can be found within the report.
- 5.2 Across the three local authority areas the total number of referrals continued to increase in 2012-13. Referrals for Reading were high: 560 compared to 220 (comparator group average) and 260 (national average).
- 5.3 Reading's activity was in line with its comparator group for the number of alerts per 100,000 population and the breakdown of primary client groups. Reading had a higher number of referrals for alleged abuse occurring within the person's own home and for protection plans accepted than was the case for others in Reading's comparator group. Across the area, the two most prevalent types of abuse were physical abuse and neglect. This was followed by financial and psychological abuse.
- 5.4 Most alerts in Reading were received for people over the age of 65 who had a physical disability, followed by those for adults between the age of 18 and 64 who had a learning disability. Reading had slightly more repeat referrals

than the England average, and a slightly higher than average number of referrals where the adult was previously known to the Council.

5.5 Social Care staff continued to be the most common source of referrals across the area. However, the percentage of referrals in Reading from Social Care, Health, Police and Housing colleagues is lower than the percentage for Reading's comparator group and the national average. 31% of referrals in Reading were made by family, friends and neighbours compared to a national average of 11%, illustrating a good awareness of safeguarding procedures within the community. BHFT (Berkshire Healthcare Foundation Trust) raised 176 alerts with Reading between in 2013-14 compared to 93 for Wokingham and 54 for West Berkshire. However, the Mental Health Hospital is based in Reading which may partially explain these much higher numbers. More work is required to understand this better.

6. PRIORITIES FOR 2014-15

6.1 One of the Board's priorities for 2014-15 is to develop expertise amongst a wider group of staff to become accredited Lead Reviewers for SCIE Safeguarding Adult Reviews. Partner agencies nominated staff to participate in a three-day training course by SCIE which took place in August 2014.

6.2 The Board has recognised the need to manage the pressure on safeguarding teams arising from the dramatic increase in the number of Deprivation of Liberty Safeguarding applications. Following a Supreme Court judgement on cases in Cheshire West and Surrey, there is now a broader interpretation of what circumstances of care might constitute a Deprivation of Liberty. In contrast, throughout the 2013-14 year, Deprivation of Liberty Safeguarding application numbers continued to be extremely low in the West of Berkshire.

6.3 The Communication and Publicity Subgroup is currently working to commission a website provider, with the aim of launching the Safeguarding Adults Partnership Board Website by the end of 2014-15.

7. CONTRIBUTION TO STRATEGIC AIMS

7.1 The work of the SAPB contributes to meeting the following priorities set out in Reading Borough Council's Corporate Plan 2015-18:

- Ensuring that all vulnerable residents are protected and cared for;
- Enabling people to live independently, and also providing support when needed to families;
- Ensuring care and support provision is effective and of good quality;
- Promoting resilience for children, young people and adults who are at risk of harm

7.2 The SAPB also works to the value of 'fairness' as described in the Council's Corporate Plan 2015-18, particularly in its efforts to ensure protections are

extended to all members of the community. The SAPB has worked to develop a Multi-Agency At Risk Pathway for working with those who do not engage with services, and adopted a revised 'Difficult to Work With' protocol to reflect recent learning from the Social Care Institute for Excellence (SCIE).

8. COMMUNITY ENGAGEMENT AND INFORMATION

- 8.1 The SAPB Annual Report 2013-14 is a public document. However, the Board recognises that the publication of an Annual Report needs to be supplemented by additional work to raise public awareness of the issues involved in as well as the benefits of supporting adults at risk. A detailed communications strategy is to be developed in 2014-15.

9. EQUALITY IMPACT ASSESSMENT

- 9.1 An Equality Impact Assessment is not applicable to this report and its contents. The contents of the SAPB Annual Report describe Safeguarding Adults work across the West of Berkshire to protect and promote the best interests of all Adults at Risk. Older adults and adults with disabilities are more likely to be the subject of Safeguarding Adults work, but not to their detriment. There should not be any differential impact on different racial groups, people of different genders, people of a particular sexual orientation, or people holding particular religious or other beliefs.

10. LEGAL IMPLICATIONS

- 10.1 There are no legal implications as a result of the SAPB Annual Report. However, it is worth noting that the Care Act will put Safeguarding Adults Boards onto a statutory footing from 2015. The Care Act will set out core membership and make mandatory a yearly strategic plan along with a legal duty to conduct a Safeguarding Adults Review into certain cases.

11. FINANCIAL IMPLICATIONS

- 11.1 There are no financial implications resulting from this report.

12. BACKGROUND PAPERS

- 12.1 West of Berkshire Safeguarding Adults Partnership Board Annual Report 2013 - 14.

West of Berkshire



Safeguarding Adults Partnership Board
'Achieving by working together'

West of Berkshire
Safeguarding Adults Partnership Board

Annual Report
2013-14

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Forward by the Independent Chair

Welcome to the 2013-14 Annual Report of the West of Berkshire Safeguarding Adults Partnership Board.

I am delighted to have the opportunity to thank all the Board members and those who have supported the Board within subgroups and task and finish groups for all their commitment and hard work this year. I hope the content of this report will give you all a flavour of some of the achievements and progress made in a number of areas of work.

This coming year is going to be both exciting and challenging for the Board with the long awaited arrival of the Care Act in April 2015 which, for the first time, will place safeguarding responsibilities for adults on a statutory footing. These are exciting times and I am determined that the Board will embrace all opportunities and challenges that this will bring.

Once again this year, adult safeguarding has received greater media attention but locally there is still a gap in the wider community regarding adult safeguarding responsibilities, and specifically the work of the Safeguarding Adults Partnership Board. The Board has seen this as one of its priorities and has produced its first Communication Strategy this year. This work is still in its infancy but I am committed to explore ways of improving links both with partner agencies but more importantly the wider community that we all serve.

I look forward to an exciting year ahead for the Board and commend this Annual Report to you.



Sylvia Stone

Independent Chair

West of Berkshire Safeguarding Adults Partnership Board

Introduction

The Safeguarding Adults Partnership Board and its member agencies continue to work hard to ensure residents in the West of Berkshire live full and safe lives. This involves a range of activities, from raising awareness of safeguarding adult issues; delivering and commissioning high quality services; training and developing staff to recognise and respond appropriately to potentially harmful situations; investigating allegations of abuse or neglect; and supporting victims and perpetrators of abuse and neglect.

The Board recognises that there is much work still to be done, not only in the provision of quality services but in raising public awareness of the risks as well as the benefits of supporting adults at risk.

Board Members

As the Board at this time is not statutory there is no clear authority over partner agencies in terms of their engagement. However, we are fortunate that there is excellent commitment to the Board and to its subgroups by our partners.

The Board is made up of representatives from the following agencies:

- Berkshire Healthcare Foundation Trust
- Berkshire West Clinical Commissioning Groups
- Emergency Duty Service
- Joint Legal Services
- Reading Borough Council
- Royal Berkshire Fire and Rescue Service
- Royal Berkshire NHS Foundation Trust
- South Central Ambulance Trust
- Thames Valley Police
- Thames Valley Probation Service
- West Berkshire District Council
- Wokingham Borough Council

Membership of the Board is broad, although the significant majority of those attending Board meetings are from statutory health and social care services. In the coming year the Board is looking to widen the membership of both the Board and its subgroups to ensure better representation from the private, voluntary and independent sectors.

Local Context

The function of the Board is to co-ordinate strategic safeguarding adult activity across all sectors and service user groups in order to prevent abuse and neglect occurring and to ensure that when it does, it is recognised and appropriately responded to. The Board forms a view of the quality of safeguarding locally, challenging organisations when necessary.

The West of Berkshire Safeguarding Adults Partnership Board Mission Statement:

**“West of Berkshire Safeguarding Adults Partnership Board:
Preventing abuse and empowering adults to stay safe.”**

This mission statement has been a reference point for the Board, shaping and driving its actions throughout the year.

The four goals of the Partnership Board were reviewed and revised during the reporting year. These are to:

- Establish effective governance structures for the Board to align the Board to the new statutory requirements, improve accountability and ensure the safeguarding adults agenda is embedded within other organisations, forums and Boards,
- Raise awareness of safeguarding adults, the work of the Board and improve engagement with a wider range of stakeholders.
- Develop oversight of safeguarding activity and need in order to target resources effectively and improve safeguarding outcomes.
- Ensure effective learning from good and bad practice is shared in order to improve the safeguarding experience and outcomes for service users.

The Business Plan details how these four goals will be achieved. The Plan is delivered through five subgroups, with progress monitored regularly by the Board, and is updated annually to ensure that priority areas remain relevant. The Business Plan 2014-15 is included as Appendix A.

Subgroups

Partnership and Best Practice Subgroup

The Partnership and Best Practice Subgroup assists the Board in promoting good quality safeguarding practice. During the reporting year, the group has audited partners' strategic and operational arrangements to safeguard and helped to link the three Safeguarding Forums across the area in order to develop communication routes and improve ways to engage with service users. The group has revised the Difficult to Work With Protocol to reflect recent learning from the SCIE pilot. The end product has been termed the *Multi-Agency At Risk Pathway for working with those who do not engage with services*. Further information is given below.

Performance and Quality Subgroup

During the reporting year, the function and membership of the Information and Analysis Subgroup was reviewed and widened, and the title Performance and Quality Subgroup was felt to more accurately reflect its broader purpose.

The purpose of the Performance and Quality Subgroup is to oversee performance of adult safeguarding activity in the West of Berkshire, highlighting the effectiveness and risks of key processes and practices. The group will assure the Board that good practice to safeguard vulnerable adults is delivered consistently by partner agencies. Areas of weakness will be identified and strategies developed to make improvements when the need arises.

Governance Subgroup

The purpose of the Governance Subgroup is to ensure the Board has robust governance arrangements with clarity of purpose and public accountability. In the previous year the group commissioned an independent evaluator to assess the governance arrangements and communication processes of the Board. The findings from this audit were embedded into the Business Plan 2013-14 and the Governance Subgroup has been key to delivering the priorities. Other highlights include establishing a bi-annual meeting between the three Directors of Adult Social Care and Independent Chair, and a Protocol Agreement between the SAPB and Health and Well-being Boards.

Communication and Publicity Subgroup

The Communication and Publicity Subgroup was convened in 2013 in response to the findings of the external assessment earlier in the year. Its purpose is to support the messages that safeguarding is everyone's business and that good communication is the responsibility of all partners sitting on the Safeguarding Adults Partnership Board.

The subgroup developed a Communications Strategy which was approved by the Board in March 2014. The overall aim of this Strategy is to improve people's understanding of the work in relation to safeguarding adults in the area. To support this aim, there are three main objectives:

- I. To promote public awareness in the wider community about how everybody can contribute to safeguarding and work towards the prevention of abuse.
- II. To promote awareness across organisations within the area - statutory, independent and voluntary agencies - of how they should co-operate to safeguard and promote the welfare of vulnerable adults and ensure that developments in safeguarding practice are widely communicated.
- III. To ensure an effective process for communicating with the media, thereby promoting public confidence in the arrangements for safeguarding and promoting the prevention of abuse.

The need to further promote Safeguarding Adults is recognised. One of the main strategies moving forward will be to develop a dedicated, independent Safeguarding Adults Website.

Learning and Development Subgroup

The purpose of the Learning and Development Subgroup is to develop, implement, review and update the multi-agency Workforce Development Strategy for the protection of adults at risk. The aim of this Strategy is to provide an effective, coordinated

approach to learning in order to support all agencies to prevent abuse and respond to safeguarding concerns with timely, proportionate and appropriate action. This year the group has:

- Completed a joint awareness training mapping;
- Reviewed Level 2 training delivery and resources;
- Updated the Workforce Development Strategy to be valid for a further 3 years 2014-17;
- Supported the delivery of SAPB/LSCB Joint Conference;
- Delivered a pilot project by Kingwood Trust to produce a resource pack to support learners after attendance on Level 1 training was completed, with positive evaluation. Kingwood Trust shared this resource as an example of good practice.

Two Level 1 Train the Trainer programmes have been delivered by Wokingham BC in September 2013 and March 2014, with places offered to PVI sector across the West of Berkshire.

In Berkshire Healthcare Foundation Trust (BHFT), Safeguarding Adult Level 1 training has continued to be delivered as part of Induction for all new starters working in clinical services and the compliancy figure for the Trust is 92%. Level 1 continues to be refreshed every three years and the Trust has introduced an E-Assessment. In addition across BHFT there are now over 300 Senior Clinicians Trained at Level 2. Overall the Trust is 7% above the target set for safeguarding adult's compliance of 85% for 2013/14. The Trust's safeguarding team have been delivering Health WRAP training as part of the national Counter Terrorism Strategy during 2013/14; across the organisation over 350 staff have been trained. During 2013/14, BHFT identified that further Mental Capacity Act and Deprivation of Liberties training was required. A training needs analysis was completed and a training Strategy developed and launched in January 2014.

All Royal Berkshire Hospital NHS Foundation Trust staff, both clinical and non-clinical, are expected to undertake safeguarding adults (level 1 awareness) training every three years. Work is ongoing to improve levels of compliance with training and current compliance figures as of March 2014 are 76% of all Trust staff having attended training.

Training Data for 2013-14 is included in Appendix 2.

Key Developments in 2013-14

Safeguarding Adults Reviews



During 2012-13 the West of Berkshire Safeguarding Adult's Partnership Board took part in a pilot run by Social Care Institute for Excellence (SCIE) on the Learning Together Model. The pilot aimed to develop a more systemic way of undertaking reviews into serious incidents.

The SCIE process is *not* primarily about blame, but about open and transparent learning from practice, in order to improve inter-agency working. This does involve appraising the quality and appropriateness of individual and team practices, but always in tandem with explaining *why* particular actions and decisions were made. The process highlights what factors in the system contributed to actions making sense at the time. Importantly, it also highlights what is working well and patterns of good practice.

The pilot was completed in May 2013 when the findings were shared more widely with local partners and neighbouring Safeguarding Adults Boards and Local Safeguarding Children's Boards.

During the reporting year, the Board also commissioned a Learning Together review into the sad death of Mrs E.

The findings from the SCIE pilot and the Mrs E Review have been explored by Board members. Certain findings have been taken forward as areas for development within individual organisations, whereas those findings that have clear implications for multi-agency working have been embedded into the Business Plan for 2014-15.

The review of a serious incident in Wokingham towards the end of the reporting year included a well attended and productive multi-agency learning day. Learning has already been put in place within individual organisations and teams, and the final report will be presented to the Board in June 2014 for consideration and action.

MULTI-AGENCY SAFEGUARDING ADULTS REVIEW OF SERIOUS CASES

A *Multi-Agency Safeguarding Adults Review Of Serious Cases* guidance document has been developed by a Pan-Berkshire working group. It includes high level principles and a toolkit of options, in order to encourage more consistent, flexible and proportionate response to serious cases. In developing the guidance, the Safeguarding Adults Boards in Berkshire seek to ensure that:

- We have processes for learning and reviewing that are flexible and proportionate and open to professional and public challenge.
- We can determine locally what type of review is appropriate dependent on the nature of the case and the agencies involved.
- A culture of transparency is created that provides for a positive shared learning culture.

This guidance document sets out the Boards' expectations for a Safeguarding Adult Review of a serious case, within which there is room for professional judgement and flexibility.


Newbury and District
Clinical Commissioning Group


North and West Reading
Clinical Commissioning Group


South Reading
Clinical Commissioning Group


Wokingham
Clinical Commissioning Group

Clinical Commissioning Groups

As reported in last year's annual report, the NHS has experienced extensive restructuring. There are four CCGs serving the populations of Berkshire West and each has their own safeguarding children and adults policy. CCGs in Berkshire West commission health services from two main healthcare provider organisations: Berkshire Healthcare Foundation Trust and Royal Berkshire Hospital NHS Foundation Trust.

NHS England (NHSE) provides oversight and assurance of the safeguarding arrangements of Clinical Commissioning Groups and supports them in meeting their responsibilities. This includes working with the Care Quality Commission (CQC), professional regulatory bodies and other national partners. The four CCGs in Berkshire West are supported and held to account locally by the Thames Valley Area Team (TVAT) which is the Local Area Team of NHSE.

A Berkshire West CCG federation has been developed by the four CCGs to share some of their activity across Berkshire West, with safeguarding a federated activity. Wokingham

CCG is the host CCG for safeguarding for Berkshire West and has responsibility for employing the Designated Nurse for Safeguarding, the Named GP Safeguarding Children and also the Named Nurse Safeguarding Children for primary care. A service level agreement is in place between the CCGs and BHFT to secure the role of Designated Doctor Safeguarding Children.

CCGs are now the major commissioners of local health services and, in turn, need to assure themselves that the organisations from which they commission services have effective safeguarding arrangements in place. This is achieved in a number of ways including contract monitoring arrangements and self- assessment. In addition the services commissioned by Berkshire West CCGs are required to complete an annual self-assessment of their organisations safeguarding activities. Where there are deficits, an action plan is agreed between the provider organisation and the CCGs to address the deficits.

The CCGs have also developed a pan-Berkshire Safeguarding Committee which meets four times a year to address safeguarding children and adults issues, to review action plans from serious case reviews, and share information and learning about safeguarding matters at a senior level. Any risk areas, or areas of non-compliance, are reported through the Berkshire West Quality Committee, when a decision will be made to add to the corporate risk register and what further action may need to be taken.

The CCGs are represented on the Board by the Nurse Director and the Designated Nurse for Safeguarding. Since April 2014, the Designated Nurse for Safeguarding role has been extended to include the strategic role for safeguarding adults. To support this, two new posts to support the safeguarding agenda have been recruited to. The new roles will enable wider representation of the CCGs on subgroups of the SAPB.

Joint Adult and Children's Safeguarding Conference



The annual Joint Adult and Children's Safeguarding Conference, planned with the three West of Berkshire's Local Safeguarding Children's Boards, took place on Friday 27 September 2013 at Sindlesham Court.

The focus of the conference was the various forms that the sexual abuse of children and vulnerable adults can take and topics included: recent high profile cases; local and national trends and themes; the grooming process; female genital mutilation; forced marriage; understanding child sexual abusers; post-sentencing interventions; and protecting vulnerable people from sexual predators.

Keynote speakers included Belinda Schwehr and Dr Cornelius Ani with workshops facilitated by the Lucy Faithfull Foundation, Forced Marriage Unit, Barnardos, AFRUCA and Thames Valley Probation. The hard-hitting performance of Chelsea's Choice by the Alter ego Theatre Company was cited as the highlight of the day by many delegates.

Partner Agencies' Self-Assessment

Using an audit tool developed by the Partnership and Best Practice Subgroup, partner agencies completed a self-assessment in order to assure the Board that they have in place robust strategic and operational arrangements to safeguard adults. Common findings were shared at the Board's Business Planning Day in January and these key areas have been incorporated into the work plans of the Subgroups or the Board's Business Plan for 2014-15. Areas for development by particular agencies are being taken forward within that agency and the Board has requested an update on progress during 2014.

Engaging with Service Users

The Board and its partner agencies have been exploring ways to increase service user involvement and this continues to be a key priority for the Board moving into the next year.

During the reporting year **BHFT** have continued to explore strategies to increase service user involvement and participation in safeguarding adults' policies and procedures. Patient involvement and participation are included as a central part of both level 1 and level 2 training. Methods of raising awareness for both patients and visitors are currently being explored but a number of challenges have been noted in developing procedures and information that can be used across all six Berkshire Local Authorities. This target will be carried over to the 2014/15 work plan.

A workshop was held in July for all three **Safeguarding Forums**, attended by local authority and health representatives and people who use services in the Wokingham area. With the help of Wokingham's Learning Disability Partnership, common overarching terms of reference for the Forums have been developed, which can be localised to reflect the needs of each area.



Wokingham
Learning Disability
Partnership Board

The agreed aims and functions of the Forums are:



- To tell everyone about their local Forum.
- To get good results for people who need their help.
- To set good standards so that the risk of abuse and neglect is less.
- To work with other groups to make sure everyone knows what they should be doing and they are doing it well.
- Act as champions for safeguarding.
- Ask people what they think about the safeguarding process.
- Tell everyone about local and national issues.
- Think about what training people need.
- Work with other agencies to find out what is needed to keep people safe.
- Write an action plan.
- Make reports in different formats.

A further workshop is planned for 2014 so that all three areas have the opportunity to explore how to further develop the function of the Forums and widen the membership to include community groups and service users.

Working with those who do not engage

Adults at risk who, for whatever reason, do not engage with services can have complex and diverse needs that often fall between different agencies; their needs are generally longstanding and recurring and they may put themselves and others at high risk.

An analysis of such cases in Reading indicated potential cost savings of £110,000 pa in staff time could be made by a post specialising in complex cases. Specialist practitioners have been appointed in the West of Berkshire. Holding a small caseload, the workers provide intensive support and, importantly, also provide advice and support to other practitioners working with people with complex needs.

An *At-Risk Pathway for working with those that do not engage* has been developed, to be followed where the level of risk previously being managed has reached a level that is unacceptable, and all other reasonable attempts to minimise this risk have failed. Aims of the pathway are:

- To improve outcomes for adults at risk who do not to engage with services.
- To deliver a coordinated, multi-agency response to providing solution based approaches.
- To establish consistent best practice across the West of Berkshire.
- For agencies to work in partnership and share information to ensure the best outcomes for the person.

Royal Berkshire Hospital NHS Foundation Trust

During the reporting year, the Royal Berkshire Hospital NHS Foundation Trust's Safeguarding Team has been re-located allowing the team to be based together. The team includes Lead Nurse for safeguarding adults, Learning Disability Coordinator, Mental Health Coordinator, Named Midwife for Child Protection and Named Nurse for Child Protection. The team members give professional support and supervision to each other and cross cover when individuals are on leave. This cohesive safeguarding philosophy underpins the Trust's commitment to patient safety and this is further re-enforced with wider members of the safeguarding team [Child Protection administrator, Designated Doctor for Child Protection, Professor of Elderly Care Medicine, Sexual Health Nurse Consultant, Corporate Lead for Safeguarding] supporting the safeguarding function.

Moving Forward – Priorities for 2014-5

The Board acknowledges that there is much work still to be done to build on the successes of 2013-14. The Board's Business Plan attached as Appendix A outlines the key priorities the Board will focus on in the coming year.

Implications of the Care Bill

The Care Bill will put Safeguarding Adults Boards on a statutory footing from 2015, with core membership including the local authority, an appointed representative from each Clinical Commissioning Group (CCG), and the chief officer of police for the area.

Under the Bill, the SAPB must publish a yearly strategic plan that sets how it will meet its main objective and what each member will do to achieve that objective. This plan should be developed involving the local community and in consultation with the Local Healthwatch organisation. An Annual Report must be published describing what the SAPB has done during the year to achieve its main objective and its strategy, and how each member of the SAPB has helped to contribute to the strategy. Findings of Safeguarding Adults Reviews must be recorded, with the number of ongoing reviews

Under the Bill, the SAPB will have a legal duty to conduct a Safeguarding Adults Review into certain cases, to ensure that lessons are learned to improve future practice and partnership working, and to minimize the possibility of it happening again. Every member of the SAPB must contribute to carrying out the review and applying the lessons learnt.

SCIE Learning Together Training

Following the successful participation in the national pilot in 2012-13 and a subsequent review of a serious incident in Reading using the SCIE Learning Together model, the Board is assured that the SCIE model supports transparent learning in order to improve inter-agency working. One of the Board's priorities for the coming year is to develop expertise amongst a wider group of staff to become accredited Lead Reviewers, and partner agencies have nominated staff to participate in a three-day training course by SCIE in August.

Joint Adult and Children's Safeguarding Conference

The annual Joint Adult and Children's Safeguarding Conference, planned with the three West of Berkshire's Local Safeguarding Children's Boards, will take place on Friday 26 September at Easthampstead Park in Wokingham.



The conference will be based on the theme of domestic abuse and some acclaimed speakers and facilitators have already been secured to present on a range of topics including, the Local Government Association's Safeguarding Lead, Berkshire Women's Aid, Wokingham BC Safeguarding Adults Team, A2 Dominion, Action on Addiction and CAADA (Coordinated Action Against Domestic Abuse).

It is again expected to be a well attended and thought provoking event where delegates will also have the opportunity to learn about support services available locally.

Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards (DoLS) provide additional protection for the most vulnerable people living in residential homes, nursing homes or hospital environments through the use of a rigorous, standardised assessment and authorisation process. They protect those who lack capacity to consent to arrangements made for their care and/or treatment, but who need to be deprived of their liberty in their own best interest to protect them from harm.

They also offer the person concerned the right to challenge the decision to deprive them of their liberty, the right for a representative to act for them and protect their interests and the right to have their status reviewed and monitored on a regular basis.

DoLS help to make sure that a care home or hospital only restricts someone's liberty safely and correctly, and that this is done when there is no other way to take care of that person safely.

The Local Authority manages this process for residential homes. From April 2013 Local Authorities became responsible for assessing any applications from registered hospitals, in place of the PCT. Throughout the reporting year, DoLS numbers continued to be extremely low in the West of Berkshire although there is a wide variation of applications across the country.

However, following the Supreme Court judgement on cases in Cheshire West and Surrey, there has been a broadening the circumstances of care that might now constitute a deprivation of liberty and reports indicate that figures have increased dramatically in the first quarter of 2014-15. A priority for the coming year is to understand the impact of these changes in the local area.

Protocol Agreement between Reading, West Berkshire and Wokingham Health and Well-being Boards and the SAPB

The Health and Well-being Board aims to improve health and well-being for people in Reading / Wokingham / West Berkshire. It is a partnership that brings together the Council, NHS and the local Healthwatch organisation. It is important that the HWB in each area and the SAPB align priorities and share information a protocol agreement has been developed to support closer working. Under this agreement, both organisations will:

- Have an ongoing and direct relationship, communicating regularly.
- Work together to ensure action taken by one body does not duplicate that taken by another.
- Ensure they are committed to working together to ensure there are no unhelpful strategic or operational gaps in policies, protocols, services or practice.

Board members look forward to building even further on these collaborative partnerships through support, integration and challenge.

Communication and Publicity

The Board is clear that it needs to communicate better with external partners and stakeholders. The results of the on-line survey undertaken as part of the external assessment in 2013 suggests that communications need to be delivered through various routes and methods, such as emails, briefings, a newsletter and a website. The Communication and Publicity Subgroup is currently working to commissioning a website

provider, with the view that the Safeguarding Adults Partnership Board Website will be launched at the end of the year.

Berkshire Healthcare Foundation Trust Clinical Champions

In the last Annual Report, BHFT reported that they aimed to develop a Mental Health Safeguarding Adult Champions Group across the Trust. BHFT are taking a proactive stance and raising awareness directly on the wards, which has involved attending ward rounds, being available for staff on site, attending the mandatory Mental Health staff training week and the physical intervention training for the Learning Disability staff. In light of considerable changes in the Mental Health services, including ward relocation, it was decided that this work would be carried over to 2014. Mental Health Staff have been offered an opportunity to engage in the current Clinical Champions group until a specialist Mental Health Group is formed. The current Clinical Champions group continues to meet on a quarterly basis to share best practice and learning from Serious Case Reviews to ensure that information is disseminated across the organisation.

Thames Valley Probation

In June 2014, Thames Valley Probation will cease to exist as a Probation Trust. It will be replaced by two organisations - the National Probation Service (NPS) and Thames Valley Community Rehabilitation Company (TV-CRC). Both organisations will continue to cover the Thames Valley area but with different responsibilities. NPS will provide a service to the courts, hold all MAPPA and high risk cases, deliver sex offender treatment interventions, manage the area's five Approved Premises and deliver Victim Liaison services. TV-CRC will manage the remaining offenders, Integrated Offender Management, Domestic Abuse and general offending behaviour programmes and Unpaid Work. In addition, TV-CRC will supervise all prisoners serving less than twelve months once new legislative changes are enacted. In autumn 2014, there will be tendering of the TV-CRC with share-sale planned for October 2014 and full mobilisation from 1 April 2015. Both NPS and TV-CRC will continue to meet partnership responsibilities.

Thames Valley Probation has been a valued member of the SAPB and partners look forward to working with colleagues from the re-configured services in the coming year.

Workshops for Managers and Practitioners

Over the coming year, the Partnership and Best Practice Group will develop opportunities for practitioners and managers to learn from recent cases and share good practice in an open and supportive forum.

A series of multi-agency workshops have been planned, with topics reflecting findings from recent local serious case reviews as well as other pertinent local and national issues.

Performance and Quality

One of the Board's key priorities is to develop its oversight of the quality of safeguarding performance and practice, and challenge organisations where poor practice is identified. This has been achieved in part through an audit of partner agencies' strategic and operational arrangements to safeguard.

In the coming year the Board will be supported by the Performance and Quality Subgroup in its efforts to:

- Analyse data to evaluate the impact and importance of specific initiatives and ensure effective analysis is in place to target future work.
- Identify appropriate performance targets for the SAPB and partner agencies, including outcomes for service users and carers and their experience of the safeguarding process.
- Identify risks for the SAPB.

Performance Data

There continues to be no national performance indicators for safeguarding adults and there are also differences in operational practice between the three local authorities, which influence the type and volume of data recorded. These factors make it difficult to draw meaningful comparisons between the performance and activities of the three authorities, between the Board and other Safeguarding Adults Boards, and even across individual agencies within Berkshire West.

Annual safeguarding performance data is collected and analysed by Reading, West Berkshire and Wokingham local authorities and presented in their safeguarding annual reports.

Additional detailed performance information for each authority is included in the AVA Comparator Reports published on the NASCIS website <https://nascis.hscic.gov.uk/index.aspx>

Performance data for 2013-14 submitted as part of the statutory return is in the process of being validated.

2012-13 Combined Headline Data West of Berkshire SAPB

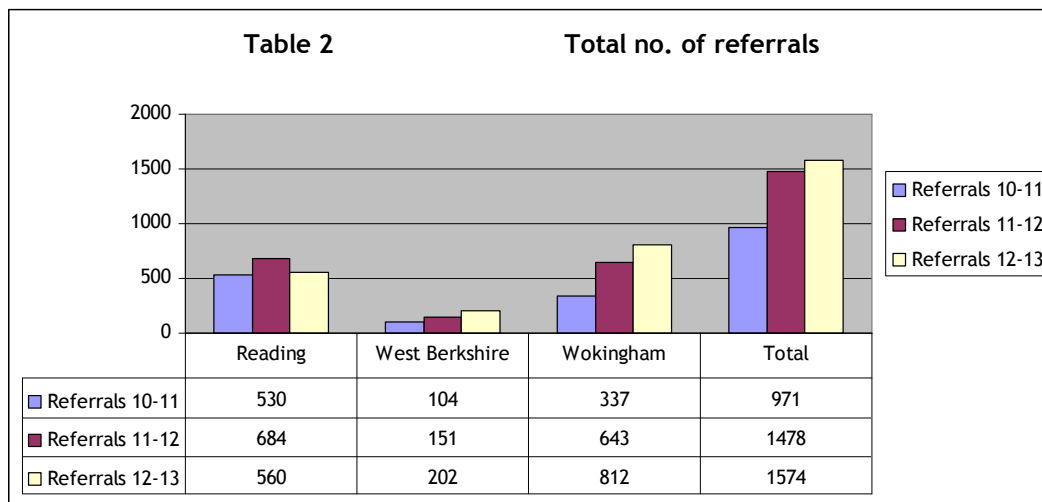
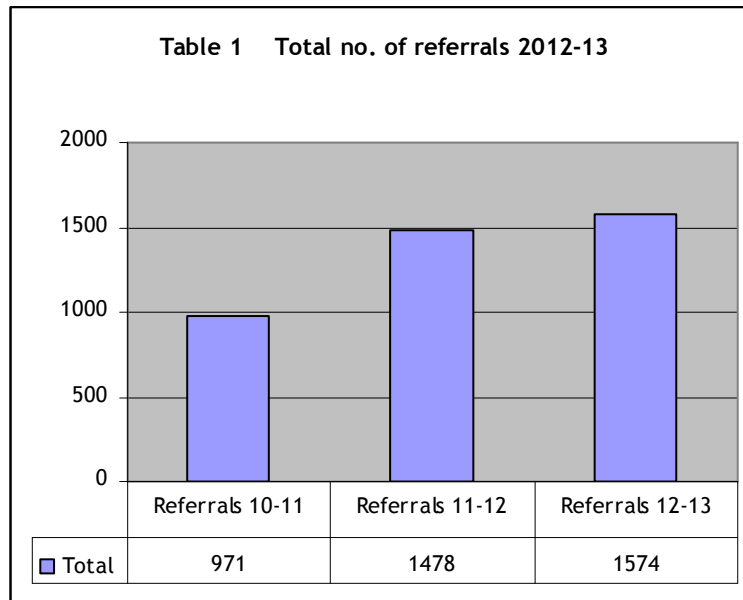
Performance in 2012/2013

The data is sourced from the statutory AVA (Abuse of Vulnerable Adults) return for 2012-13 and unless specified, represents combined data for Reading, West Berkshire and Wokingham Local Authorities.

This report does not include the combined number of alerts since previously Wokingham counted all alerts as referrals making the distinction difficult. The Council has undertaken a complete review and re-design of their business processes to enable alerts to be counted separately from 2013-14.

Number of referrals

Across the three Local Authority areas the total number of referrals continued to increase this year, from 1478 in 2011/12 to 1574 in 2012/13, a 6% increase (but a 62% increase from 2010-11). This illustrates the increased volume of safeguarding work that must be responded to and investigated by the care teams and the key monitoring role of Safeguarding Triage.



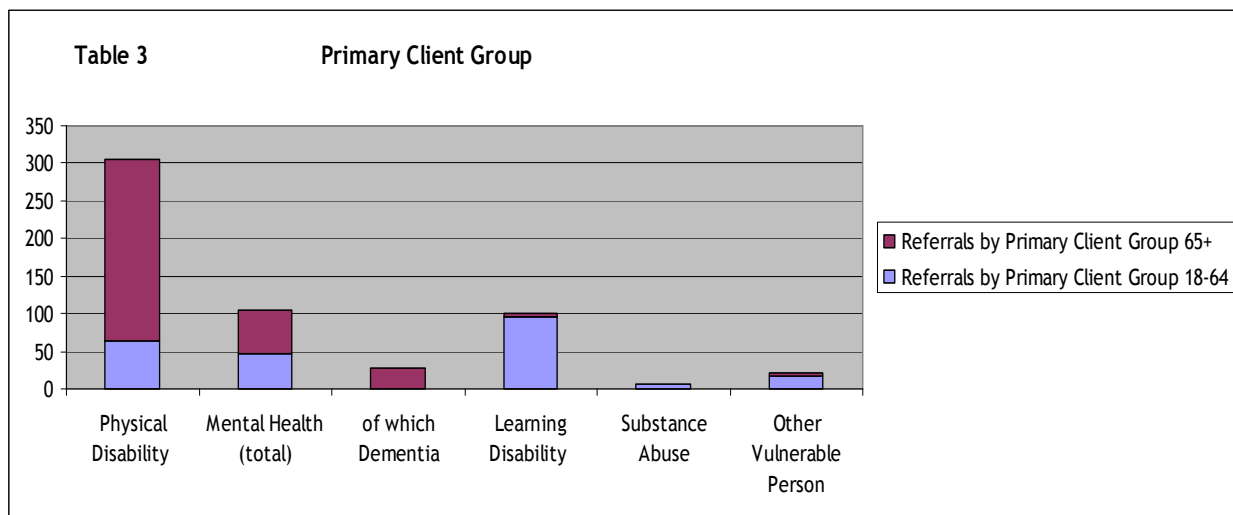
Per 100,000 population, the number of alerts in Reading is largely in line with its comparator group and only slightly above the England average. However, referrals are high, 560 compared to 220 (comparator group average) and 260 (national average).

In West Berkshire, the number of referrals is slightly below the comparator group and national average, but there is a higher number of alerts compared to the national average. A comparatively high number of alerts may indicate good awareness of safeguarding procedures in the community.

In Wokingham, the number of referrals is higher than the comparator group and national average

Referrals by Age and Primary Client Group

In 2012/13, across the area the highest percentage of alerts were received for people over the age of 65 who had a physical disability, followed by adults between the age of 18 and 64 who had a learning disability.



Per 100,000 population in Reading, the breakdown of primary client groups is largely in line with its comparator group and the national average, as is the case in West Berkshire although there is marginally greater number of clients with mental health needs here. Wokingham has a greater number of clients with learning disability and fewer with mental health needs compared to its comparator group and the national average.

In Wokingham, the largest percentage of clients are aged 18-64, whereas the trend elsewhere is a slightly larger number over 85 years of age. West Berkshire and Reading reflect the national pattern.

Repeat Referrals as a percentage of all referrals

Referrals are classed as repeat referrals when they involve a separate incident about the same vulnerable adult during the same collection period. As a percentage of all referrals, repeat referrals in Reading were 19%, slightly higher than the England average. West Berkshire was just under 10%, considerably lower than the national average of 17% and its comparator group average of 15%. In Wokingham the number of repeat referrals was high, over 30%.

Completed Referrals as a percentage of all referrals

Compared to a national average of 79%, 100% of Reading referrals were completed, 87% of referrals were completed in West Berkshire and 65% in Wokingham.

Completed referrals relate to referrals which were completed during the reporting year. Some completed referrals could have been opened in the previous reporting period. Therefore, the number of completed referrals can be higher or lower than the number of referrals. If the percentage is comparatively low, this may indicate difficulties in recording completed referral data on the council system.

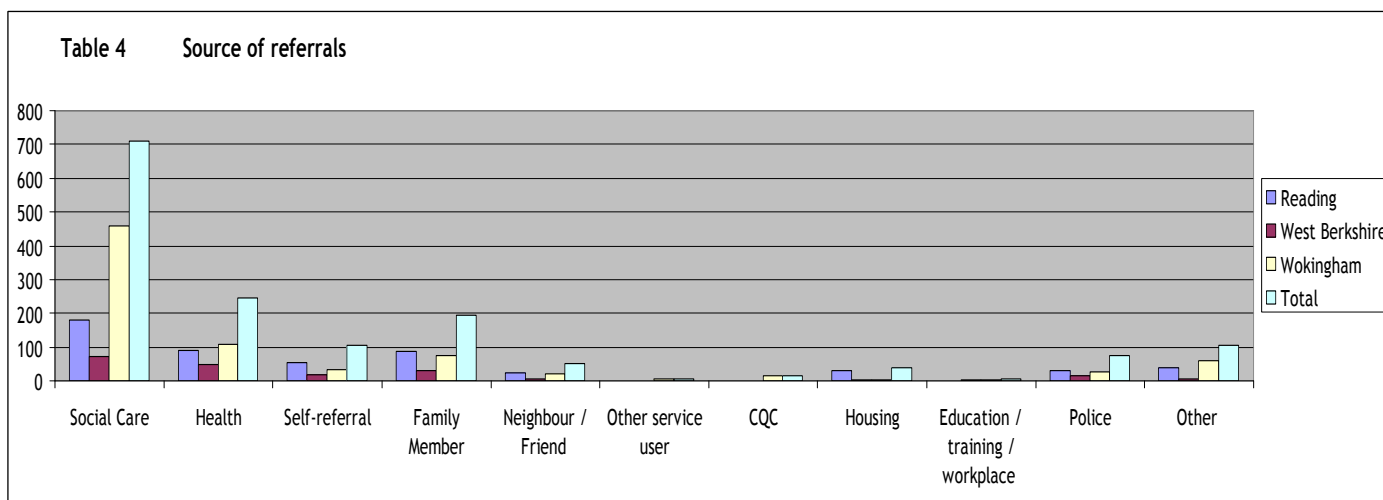
Percentage of referrals where the adult was previously known to the council

In Reading the percentage of referrals where the adult was previously known to the council was 73%, higher than an England average of 65%. In West Berkshire, the percentage was 77% and in Wokingham 92%. If values are comparatively high this may indicate that safeguarding is not reaching the wider community.

Source of Referral (who reported the alleged abuse)

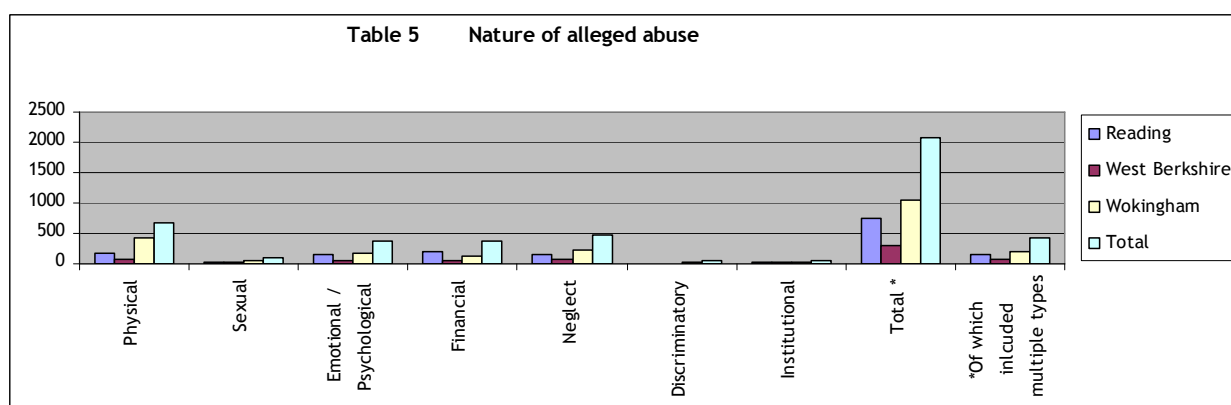
The West of Berkshire has a comparatively high proportion of referrals made by family, friends and neighbours, illustrating a good awareness of safeguarding procedures within the community. Reading has 31%, West Berkshire 27% and Wokingham 16%, compared to a national average of 11%.

Referrals from social care staff remain the highest source of referrals across the area. A comparatively high percentage of referrals from partner agencies may indicate good partnership working between these organisations and the councils. The percentage of referrals in Reading from social care, health, police and housing colleagues is comparatively low compared to the comparator group and national average. West Berkshire is more in line with comparator groups and national trends, whereas Wokingham has a comparatively larger number of referrals from social care staff.

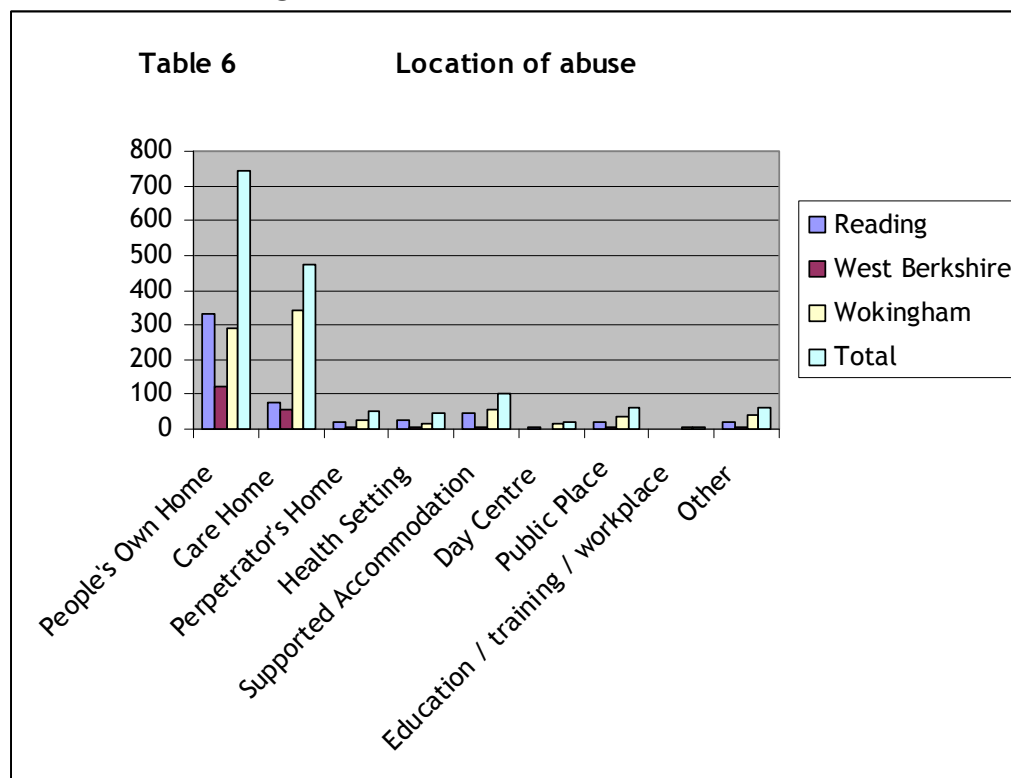


Referrals by Alleged Abuse Type

Across the area, the two most prevalent types of abuse are physical abuse and neglect. This is followed by financial and psychological abuse. The number of cases which recorded multiple abuse indicate there are a quarter of referrals with increased complexity received by Safeguarding Teams.



Location of alleged abuse



In Reading and West Berkshire, the highest number of referrals reported the alleged abuse occurring within the *person's own home*; this is higher than both the comparator groups and the national average.

Wokingham's data is largely in line with the national picture, with *care homes* slightly higher than national or comparator group averages. Wokingham has a large residential Learning Disability provider within its borders. Targeted safeguarding work has been undertaken with its staff following the high volume of inappropriate alerts raised. It is thought that as a result of the work undertaken, the number of inappropriate alerts being made has significantly reduced in the following year, that is, where no harm has been caused and no risk of further harm identified.

Care Home Setting includes both permanent and temporary placements in care or nursing homes. Health Setting includes acute and community hospitals, mental health inpatient settings and those recorded as Other Health Settings in the return. Other Locations include day centre/services, public places, education/ training/ workplace establishments and those recorded as Other in the AVA return.

Acceptance of protection plans

A comparatively high percentage of protection plans accepted may indicate that appropriate plans are being offered and that the vulnerable adult is being effectively engaged with during the process.

Reading was the third highest (87%) in its comparator group for the number of protection plans accepted, higher also than the national average, both of which were below 60%.

In West Berkshire there has been a renewed focus on effectively engaging with the vulnerable adult during the safeguarding process and ensuring an appropriate

protection plan is in place. As a proportion of protection plans offered, the number of plans declined has fallen considerably since 2010/11 (12% declined in 2010/11 and only 2% this year).

However, in West Berkshire almost 50% of cases were judged as *could not consent to offer* and this is higher than both comparator group and national averages of approximately 25%. There was a similar picture in Wokingham, as 45% of cases were judged as *could not consent to offer*.

Outcome of Completed Referrals for vulnerable adult

Tables 7, 8 and 9 below show the outcomes of completed referrals for the vulnerable adult for each of the three areas: increased monitoring, community care assessment and services, and no further action being the most common outcomes.

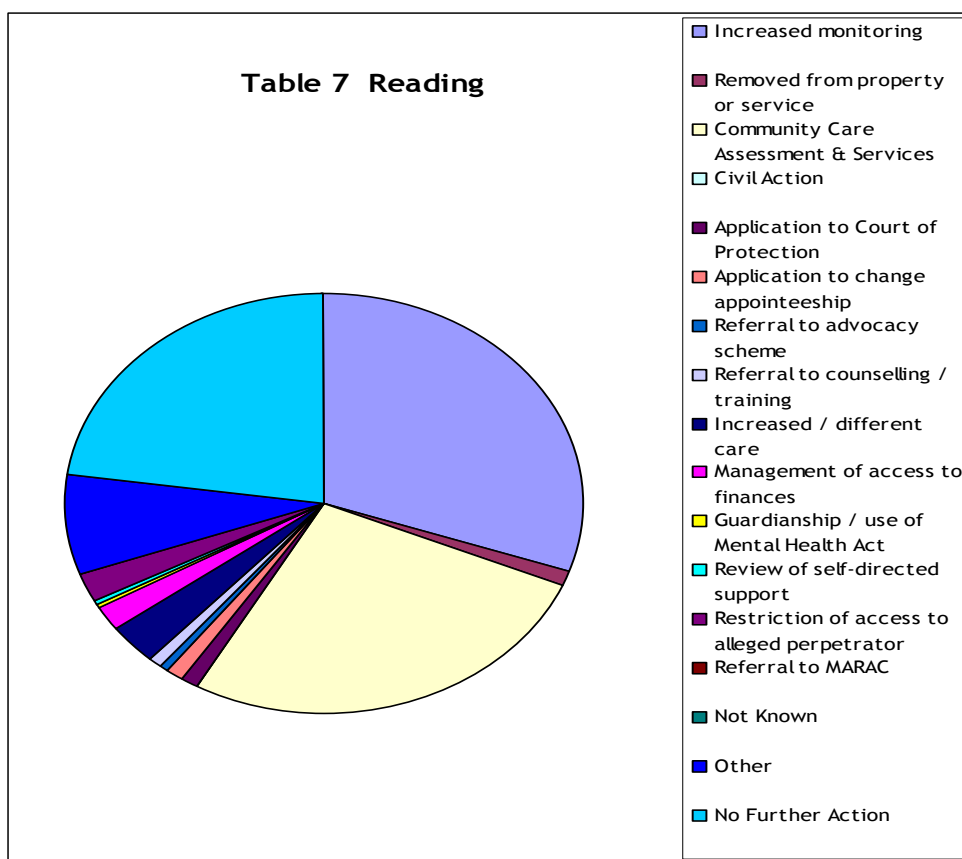
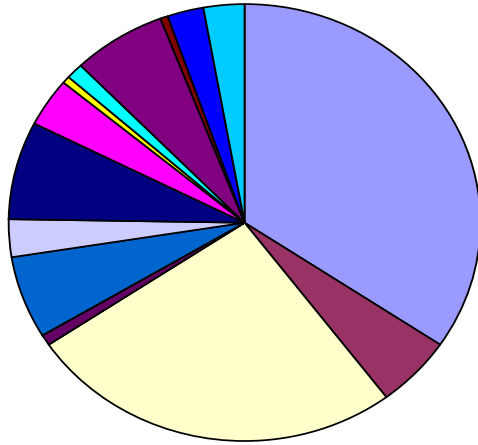
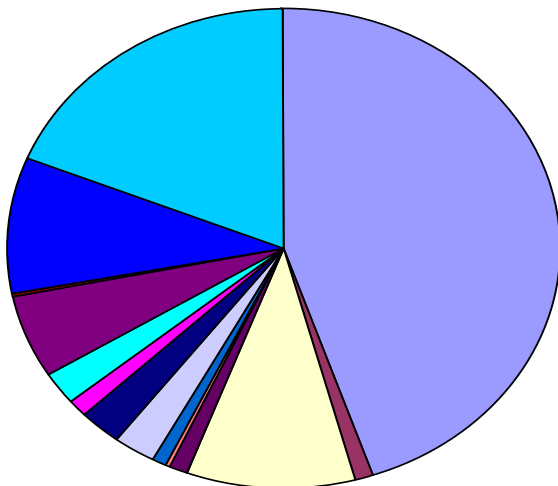


Table 8 West Berkshire



- Increased monitoring
- Removed from property or service
- Community Care Assessment & Services
- Civil Action
- Application to Court of Protection
- Application to change appointeeship
- Referral to advocacy scheme
- Referral to counselling / training
- Increased / different care
- Management of access to finances
- Guardianship / use of Mental Health Act
- Review of self-directed support
- Restriction of access to alleged perpetrator
- Referral to MARAC
- Not Known
- Other
- No Further Action

Table 9 Wokingham



- Increased monitoring
- Removed from property or service
- Community Care Assessment & Services
- Civil Action
- Application to Court of Protection
- Application to change appointeeship
- Referral to advocacy scheme
- Referral to counselling / training
- Increased / different care
- Management of access to finances
- Guardianship / use of Mental Health Act
- Review of self-directed support
- Restriction of access to alleged perpetrator
- Referral to MARAC
- Not Known
- Other
- No Further Action

BHFT raised the following number Safeguarding Adult Alerts between 1/4/13-31/3/14:

Reading - 176

Wokingham - 93

West Berkshire - 54

It has been recognised that there may be a discrepancy in figures as BHFT currently record a Safeguarding Alert as any concern that is shared with the local authority. However, these are not always recorded as an Alert on Local Authority systems. This has been acknowledged as an issue across Berkshire and there is working group to address this which is chaired by BHFT. BHFT plan to change their reporting methods to more clearly identify those that are recorded as alerts by LAs. This can be difficult as obtaining feedback is at times a challenge.

The Mental Health Hospital is based in Reading which explains part of the reason for much higher numbers but it does appear to be an area where there is a greater number of reports.

Berkshire Multi-Agency Safeguarding Policy and Procedures

In June 2010 the Berkshire Multi-Agency Safeguarding Policy and Procedures went live 'on line', with the online version provided by Tri-X. There is an editorial group in place that ensure the procedures are updated every 6 months.

The procedures are available via this hyperlink
<http://berksadultsg.proceduresonline.com/index.htm>

If you would like this report in a different format or would like further information about the work of the Safeguarding Adults Partnership Board in the West of Berkshire, please contact:

Natalie Madden, SAPB Business Manager

Email natalie.madden@reading.gov.uk

Tel: 07718 120601

Safeguarding Adults Training Activity 1st April 2013 to 31st March 2014

% own staff compliant if known		Number of staff attended training in 2013-14, per sector					Your PVI Delivered	
	Reading Borough Council	Own Staff	PVI	BHFT	RBH	Others	Your PVI Delivered	
	Level 1	64	282	1	1	0	283	
	Level 1 Refresher n/a	0	0	0	0	0	0	
	Level 1 E-learning	44	167	0	0	0	0	
	Level 2	23	48	1	0	0	0	
	Level 3	7	31	0	0	0	0	
	Advanced refresher	17	1	0	0	0	0	
	Level 1 Train Trainer	0	0	0	0	0	0	
	RBC Total	148	529	2	1	0	283	963
	West Berkshire Council	Own Staff	PVI	BHFT	RBH	Others	Your PVI Delivered	
	Level 1	72	27	0	0	0	37	
	Level 1 Refresher	22	9	0	0	0	92	
	Level 1 E-learning	69	283				0	
	Level 2	14	3	0	0	0	0	
	Level 3	0	0	0	0	0	0	
	WeBC Total	177	322	0	0	0	129	628
	Wokingham Borough Council	Own Staff	PVI	BHFT	RBH	Others	Your PVI Delivered	
	Level 1	38	72	4	0	36	99	
	Level1 E-learning	12	108	0	0	0	0	
	Level 2	20	21	1	0	7	0	
	Level 1 Train Trainer		14				0	
	WoBC Total	70	215	5	0	43	99	432
94% complaint L1	Berkshire Healthcare NHS Foundation Trust	Own Staff	PVI	BHFT	RBH	Others		
	Level 1	0	0	0		0		
	Level 2	400	0	0	0	0		400
84.3% compliant	Royal Berkshire Hospital NHS Foundation Trust	Staff	PVI	BHFT	RBH	Others		

West of Berkshire



Safeguarding Adults Partnership Board

'Achieving by working together'

BUSINESS PLAN 2014-15

Goal 1 - Establish effective governance structures for the Board to align the Board to new statutory requirements, improve accountability and ensure the safeguarding adults agenda is embedded within other organisations, forums and Boards.				
Objective	Action	Lead	Timescale	Outcome
1.1 Develop oversight of the quality of safeguarding performance and practice, and challenge organisations where poor practice is identified.	a) Notify all partner agencies to develop action plan to improve all areas graded red / amber in the self-assessment audit.	Natalie Madden	July 2014	Board has a robust oversight of performance and practice and can challenge organisations to improve where poor practice has been identified.
	b) Monitor and measure improvement through self-assessment audit review.	Partner agencies	Partner agencies review audit by Dec 2014	Board has a robust oversight of performance and practice and can challenge organisations to improve where poor practice has been identified.
	c) Explore the development of a Quality Assurance framework that can evidence high quality safeguarding performance across all agencies, in particular domiciliary care agencies.	Suzanne Westhead / Natalie Madden	Sept 2014	Board is assured of high quality safeguarding practice across partner agencies.
1.2 Continue to raise awareness amongst primary and acute medical services of policies, procedures and processes for safeguarding adults.	Raise awareness across primary health care services of available training, ensure highlights from SAPB meetings are communicated with GP practices.	Debbie Daly / Kathy Kelly	Sept 2014 and ongoing	Local medical practitioners are supported to follow safeguarding adults processes and have opportunities to contribute to the strategic work of the Board.
Goal 2 – Develop oversight of safeguarding activity and need in order to target resources effectively and improve safeguarding outcomes.				
2.1 Collate knowledge of need across the region, set within a safeguarding context, in order to ensure resources are targeted effectively to achieve the	a) Use information and self-assessment audit results to set performance indicators in order to evidence improved outcomes.	Natalie Madden	Sept 2014	There is a clear mechanism in place to monitor performance, identify need and determine action to improve outcomes for

best outcomes for clients.				vulnerable adults.
	b) Analyse conversion of BHFT alerts to referrals by unitary authority safeguarding teams, and outcomes of safeguarding investigations.	Gemma Nunn	June 2014	Improve understanding across sectors about what constitutes a safeguarding alert and referral.
2.2 The views of adults at risk, their family/carers are specifically taken into account concerning both individual decisions and the provision of services.	a) Review findings from national Outcome Framework for each unitary authority.	Natalie Madden	July 2014	Accurate data is available with which to benchmark service developments.
	b) Include additional box on Part 2 Referral Form to say whether service users' views on the safeguarding process have been sought and considered.	Natalie Madden	July 2014	Board is able to evidence impact and effectiveness of the safeguarding process.
2.3 Understand the impact and potential increase in risk caused by broadening the circumstances of care that might now constitute a Deprivation of Liberty.	Local Authorities report on the impact, pressure on resources, and potential increase in risk.	Sylvia Stone	Sept 2014	Board has overview of the impact and is assured that Local Authorities are managing risk effectively.
Goal 3 - Raise awareness of safeguarding adults, the work of the SAPB and improve engagement with a wider range of stakeholders				
3.1 Raise awareness of the work of the Board and increase public awareness of safeguarding adults.	Develop costing proposal for development and roll out of SAPB website.	Natalie Madden	Dec 2014, with ongoing development	Independently branded website defines the Board as a separate multi-agency entity.
3.2 Ensure clarity about safeguarding processes and responsibilities amongst staff.	a) Audit what proportion of job descriptions within partner agencies include the responsibility to safeguard and promote wellbeing and dignity.	Natalie Madden	Sept 2014	Board has overview of the proportion of job descriptions that prioritise safeguarding and promote wellbeing and dignity.
	b) Safeguarding Teams audit minimum of 10% case files each month, feeding back issues to the Partnership and Best Practice Group on quarterly basis.	Jo Wilkins Sarah O'Connor Sue Brain	Quarterly PBP Subgroup meetings	Board is assured that practice supports the safeguarding processes and staff understand the importance of accurate, good quality recording and decision making
	c) Review impact of Skills Development programme in Reading BC to improve practice for both workers and managers.	Sylvia Stone	Dec 2014	Board is assured that practice supports the safeguarding processes and staff understand the importance of accurate, good quality recording and decision making.

Goal 4 - Ensure effective learning from good and bad practice is shared in order to improve the safeguarding experience and ultimate outcomes for service users.				
4.1 Continue to ensure staff receive appropriate and effective level of training.	a) Review training material to reflect learning from Serious Case Reviews.	Eve McIlmoyle Natalie Madden	Sept 2014	Training material reflects most recent learning from serious case reviews.
	b) Joint Safeguarding Conference with LSCBs	Natalie Madden	Sept 2014	Conference provides learning and networking opportunity for full range of staff.
	c) Consider extending dignity training to all agencies.	Eve McIlmoyle	Dec 2014	Staff have the confidence and skills to promote well being and dignity of clients.
4.2 Ensure sufficient numbers of staff in the West of Berkshire are skilled in undertaking reviews of serious cases.	a) At least 6 members of staff trained to be accredited SCIE Learning Together lead reviewers.	Natalie Madden	Sept 2014	Sustainable skills base to enable proportionate and flexible response to learning lessons from serious cases.
	b) The Learning Together Review used as Continuous Professional Development and / or safeguarding refresher training.	Eve McIlmoyle	March 2015	Sustainable skills base to enable proportionate and flexible response to learning lessons from serious cases.
4.3 Develop improved mechanisms to critique good and bad practice and share learning more widely.	Develop workshop style support sessions.	Sylvia Stone	Sept 2014	Staff have opportunity to explore, reflect and learn from different cases.