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To: All members of the Health & Wellbeing Board

(Agenda Sheet to all Councillors)

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10 March 2016

Your contact is: Nicky Simpson – Committee Services

NOTICE OF MEETING – HEALTH & WELLBEING BOARD – 18 MARCH 2016

A meeting of the Health & Wellbeing Board will be held on **Friday 18 March 2016 at 2.00pm in the Council Chamber, Civic Offices, Reading.** The Agenda for the meeting is set out below.

AGENDA

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CIVIC CENTRE EMERGENCY EVACUATION: *If an alarm sounds, leave by the nearest fire exit quickly and calmly and assemble on the corner of Bridge Street and Fobney Street. You will be advised when it is safe to re-enter the building.*

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5. READING YOUTH CABINET UPDATE ON CAMPAIGN PROGRESS 19

Further to Minute 4 of the Board meeting on 17 July 2015, a report and presentation giving an update on the progress of Reading Youth Cabinet's campaigns on Mental Health and PSHE.

6. UPDATE STATUS REPORT ON COMPREHENSIVE CHILD AND ADOLESCENT MENTAL HEALTH SERVICES 28

A report giving an update on service development and improvement across the comprehensive Child and Adolescent Mental Health Services (CAMHs) system.

7. BEAT THE STREET READING 2015 44

A report providing feedback on and presenting the evaluation report of the Beat the Street Reading 2015 walking challenge and giving an update on arrangements for the 2016 Beat the Street project.

8. NHS PLANNING GUIDANCE & BERKSHIRE WEST CCGs DRAFT OPERATIONAL PLAN 2016/17 78

A report outlining the latest draft Operational Plan 2016/17 for the four Berkshire West CCGs which was submitted to NHS England on 2 March 2016, in line with NHS Planning Guidance issued in December 2015. It also sets out the requirement within the Guidance for the development of a five year Sustainability & Transformation Plan for the CCGs, which will be reported to the Board's next meeting.

9. READING JOINT STRATEGIC NEEDS ASSESSMENT 101

A report on the progress made to date on the redesign process with refreshed national and local data for the web-based Reading Joint Strategic Needs Assessment (JSNA) and asking the Board to recommend the JSNA to full Council for information and comment. The web-based Reading JSNA will be demonstrated at the meeting.

10. PROPOSAL OF WELLBEING DASHBOARD 106

A report presenting a draft Health and Wellbeing Performance Dashboard.

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11. QUALITY ACCOUNTS 111

A report clarifying the options for Health and Wellbeing Boards to comment on and advise on quality standards and performance to be achieved in the delivery of Health and Wellbeing strategic outcomes by NHS healthcare providers, as set out in their Quality Accounts.

12. PROGRESS REPORT ON HOW THE EX-GURKHA COMMUNITY ACCESS AND EXPERIENCE HEALTH AND SOCIAL CARE IN READING 185

Further to Minute 7 of the Board meeting on 17 July 2015, a report giving an update on progress on actions across health and social care as a result of recommendations from Healthwatch Reading's report on "How the ex-Gurkha community in Reading access and experience health and social care services".

13. BETTER CARE FUND – 16/17 PLANNING AND SUBMISSION UPDATE 190

A report on the 2016/17 Better Care Fund (BCF) submission requirements and timetable and the changes to the mandated National Conditions that will inform spending for 2016-17. The report explains progress to date for the 2016/17 BCF submission planning and seeks authority for the Director of Adult Social Care and Health, in consultation with the Chair of the Health and Wellbeing Board, to submit the final 16/17 Better Care Fund plans.

14. DATES OF FUTURE MEETINGS – Proposed Dates for 2016/17: -

Friday 15 July 2016 at 2pm
Friday 7 October 2016 at 2pm
Friday 27 January 2017 at 2pm
Friday 24 March 2017 at 2pm

READING HEALTH & WELLBEING BOARD MINUTES – 22 JANUARY 2016

Present:

Councillor Hoskin (Chair)	Lead Councillor for Health, Reading Borough Council (RBC)
Andy Ciecerski	Chair, North & West Reading Clinical Commissioning Group (CCG)
Councillor Eden	Lead Councillor for Adult Social Care, RBC
Wendy Fabbro	Director of Adult Care & Health Services, RBC
Councillor Gavin	Lead Councillor for Children's Services & Families, RBC
Lise Llewellyn	Director of Public Health for Berkshire
Councillor Lovelock	Leader of the Council, RBC
David Shepherd	Chair, Healthwatch Reading

Also in attendance:

Andrew Burnett	Interim Consultant in Public Health, RBC
Helen Clark	Assistant Chief Officer, Berkshire West CCGs
Andy Fitton	Acting Head of Early Help and Family Intervention, RBC
Fran Gosling-Thomas	Independent Chair, West Berkshire, Reading and Wokingham Local Safeguarding Children Boards
Victoria Hunter	Equalities Coordinator, Alliance for Cohesion & Racial Equality
Tom Lake	Member of the Public and Elected Governor of Berkshire Healthcare NHS Foundation Trust
Maureen McCartney	Operations Director, North & West Reading CCG
Eleanor Mitchell	Operations Director, South Reading CCG
Janette Searle	Preventative Services Development Manager, RBC
Melanie O'Rourke	Head of Adult Social Care, RBC
Mark Sellman	IM & T Programme Manager, NHS South Central & West Commissioning Support Unit
Nicky Simpson	Committee Services, RBC
Councillor Stanford-Beale	RBC

Apologies:

Ishak Nadeem	Chair, South Reading CCG
Fiona Slevin-Brown	Director of Strategy, Berkshire West CCGs
Brian Walsh	Independent Chair, West of Berkshire Safeguarding Adults Partnership Board
Ian Wardle	Managing Director, RBC
Cathy Winfield	Chief Officer, Berkshire West CCGs

1. MINUTES & MATTERS ARISING

The Minutes of the meeting held on 9 October 2015 were confirmed as a correct record and signed by the Chair.

Further to Minute 1 of the meeting on 9 October 2015, it was reported that the report containing full year data on Abdominal Aortic Aneurysm (AAA) screening in South Reading had still not been received, but would be shared once received.

Resolved - That the position 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) Health Visitors

The Health Visiting service is an essential element in giving everyone a good start in life.

Is Reading now achieving appropriate universal coverage for new-borns with follow-up for vulnerable infants? Will this be maintained?

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

Thank you for your very important question about Health Visitor service universal coverage. The Health Visitor service is contracted to lead on the delivery of the mandated Healthy Child Programme which includes the universal offer. They ensure that every new mother and child has access to a health visitor, receives development checks and receives good information about a healthy start to life such as parenting and immunisation. The latest available monitoring data show that 98% of new mothers and their babies receive a New Born Visit in an acceptable time frame. Any delays could be due to complications meaning the child has to stay in hospital for an extended period of time. Parental choice also plays a part. In other words, if they decide to take up the offer or not.

Any identified vulnerable infants and/or families are offered additional services and support as part of the Universal Plus and Universal Partnership Plus offer. Early interventions are encouraged to help prevent problems from developing or worsening.

The commissioning responsibility of the Health Visitor contract transferred over from NHS England to Reading BC on the 1st October 2015 and will be delivered as per the agreed existing service specification until 30th September 2016. Ongoing service monitoring will continue to ensure the current high standards are maintained for new mothers and their children in Reading.

We are currently reviewing how best to commission both health visiting and school nursing services (which are also now part of local authorities' responsibilities) with other local authority children's services to support all children and families in getting not just the best start in life but in having the best opportunities for adulthood as well. Ensuring universal coverage for new born babies will be an important aspect of this.

(b) Hospital at Home Programme

The Hospital at Home programme appears to have been terminated. Can you explain what has been learned from the experience and what differences might have made it successful?

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

Thank you for your question. As I expect you'll be quick to notice this following answer is very similar to the one you received at a recent South Reading NHS Clinical Commissioning Group (CCG) Board Meeting and has, indeed, been provided by the

CCG. It is very important that we fully learn the lessons from both the successful and less successful projects that form our Health and Care Integration work and the Better Care Fund. This learning will be crucial as we develop further plans for integration and for this year's Better Care Fund submission.

The Hospital at Home project has been paused and the lessons learnt assessed and we will use these to inform our future plans. On reflection there was no one thing that we could have changed. The staff employed to work on Hospital at Home have been redeployed to support the work with Care Homes through the provision of a Rapid Response and Treatment Service.

3. WEST OF BERKSHIRE SAFEGUARDING ADULTS PARTNERSHIP BOARD ANNUAL REPORT 2014-15

Wendy Fabbro submitted a report presenting the West of Berkshire Safeguarding Adults Partnership Board (SAPB) Annual Report 2014-15, which had been approved by the SAPB on 1 December 2015, a copy of which was attached to the report at Appendix 1.

The SAPB Annual Report 2014-15 gave details of:

- Key achievements in 2014-15;
- Partners' contributions to the delivery of the Board's goals;
- Information on the one Safeguarding Adult Review carried out in 2014/15;
- The Board's priorities for 2015-16;
- Combined headline data for 2014/15.

The covering report highlighted key information and also drew out information in relation to Reading from the combined headline data.

It was noted that, in the table listing numbers of staff attending Safeguarding Adults training in 2014/15, there was no information on staff training at the Royal Berkshire NHS Foundation Trust. It was reported that the CCGs did monitor this information and so it could be provided and appropriate links made for future years' reports.

Resolved -

(1) That the West of Berkshire Safeguarding Adults Partnership Board (SAPB) Annual Report 2014-15 be noted;

(2) That Eleanor Mitchell provide members of the Health and Wellbeing Board with the missing information on staff attending Safeguarding Adults training from the Royal Berkshire NHS Foundation Trust and make appropriate links with those producing the SAPB Annual Report for providing the information for future years.

4. READING LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2014/15

Fran Gosling-Thomas submitted a report presenting the annual report of the Reading Local Safeguarding Children Board (LSCB) 2014/15, which was appended to the report.

The report explained that the Reading LSCB was the key statutory mechanism for agreeing how the relevant organisations would co-operate to safeguard and promote the welfare of children in Reading and for ensuring the effectiveness of what they did, as outlined in statutory guidance Working Together to Safeguard Children 2015.

The LSCB Chair was required to publish an Annual Report on the effectiveness of child safeguarding and promoting welfare of children in Reading; this report had a wide distribution and was sent to key stakeholders and partners so that they could be informed about the work and use the information in planning within their own organisations to keep children and young people safe. It was being presented to the Health and Wellbeing Board and had also been presented to the Children's Trust Board and the Adult Social Care, Children's Services and Education Committee (ACE).

The report explained that, unlike in previous years, the Annual Report had focused on the achievements and ongoing challenges for the LSCB and partners specifically against priorities. The achievements were set out under the following headings:

- Domestic Abuse;
- Strengthening the Child's Journey and Voice;
- Child Sexual Exploitation and other Particularly Vulnerable Groups;
- Neglect;
- Effectiveness and Impact of the LSCB.

Key ongoing challenges had been identified and captured in the risk/concern log and included the following:

- Multi-agency and community informed approach to Female Genital Mutilation was required.
- The numbers of known privately fostered children remained extremely low.
- Children's Social Care staffing concerns remained.
- Significant progress was required to address the issue of neglect.
- Young people's involvement with the Board needed to be strengthened.
- LSCB communication needed to be improved to ensure the right safeguarding information got to the right people.
- Concerns remained about partner contribution to the LSCB both financially and engagement in meetings and auditing.
- Clear and meaningful data, with commentary, was required to ensure effective review and challenge.

The covering report explained that the Annual Report related specifically to the 2014/15 year and gave details of a number of developments since March 2015, including progress made in tackling Female Genital Mutilation (see also Minute 5 below).

The report explained that one of the Young Carers groups had produced a young person's version of the annual report in video form. This video could be seen on the LSCB website home page (www.readinglscb.org.uk) and was shown at the meeting.

In response to a query about how Councillors, as Corporate Parents, could be more engaged in dialogue with young people, Fran Gosling-Thomas said that officers were investigating the whole area of social media and use of IT for communication with

young people and that they would share any experience and lessons learned with Councillors.

It was noted that there was still an issue with GPs not attending Child Protection Conferences and often not supplying reports, although an action plan was in place and would continue to be reviewed by the LSCB. It was acknowledged that GPs were busy and under pressure, but the value of their input and knowledge to the process was stressed, and Fran Gosling-Thomas explained that arrangements were being made to be as flexible as possible, such as carrying out conferences in GP surgeries, or by Skype.

Resolved - That the annual report of the Reading Local Safeguarding Children Board 2014/15 be noted.

5. UPDATE ON TACKLING FEMALE GENITAL MUTILATION (FGM)

Further to Minute 11 of the meeting on 30 January 2015, Andy Fitton and Victoria Hunter submitted a report giving an update on work undertaken since January 2015 and planned in relation to tackling Female Genital Mutilation (FGM).

The report explained that two strands had been identified to organise the response to FGM:

- Strand 1 – Prevention and Education
- Strand 2 – Protect and respond

Strand 1 had been led by the Alliance for Cohesion & Racial Equality (ACRE) with partnership support, including sponsorship from the Local Strategic Partnership (LSP) that had accepted FGM as one of its three priorities in June 2015. The report listed key achievements in the last six months, including community engagement work started by ACRE, involving a community working group and two further initiatives; the organisation of a well-attended partnership symposium on FGM; and the provision of sessions on FGM for school staff by Forward UK, a Foundation for Women's Health Research and Development. The report gave details of further plans for prevention and education work up to April 2016.

Strand 2 had been led by Children's Services in Reading Borough Council, with support from the LSCB (Local Safeguarding Children Board). A partnership action plan had been devised, primarily with Reading in focus. However, the LSCB Chair had organised for the action plan to be adopted by all three West of Berkshire Local Authorities, which enabled particular partner organisations who worked across the West of Berkshire, eg the CCGs, to work effectively on the implementation of the plan.

The report stated that the action plan had six actions relating to protection, and two key actions relating to response, and gave details of the primary focuses of the actions. It also gave details of plans for protection and response work up to April 2016, which included identifying current resources and services and noting gaps in service offers for women and children to discuss with commissioners.

It was noted that the funding from the LSP to ACRE for community engagement would end in March 2016 and so alternative funding would need to be found to continue this work, and that it was hoped to establish a specialist clinic in Reading to provide both

clinical services and support, similar to a project in Oxford called "Oxford Rose". It was reported at the meeting that the Police & Crime Commissioner (PCC) was keen to fund FGM prevention work in Reading and so partners would need to work together, including with the PCC, to ensure that funding could be secured to continue work on tackling FGM.

Resolved -

(1) That the work undertaken so far and the proposed next steps be endorsed;

(2) That the progress made be noted, especially the work of ACRE;

(3) That all partners involved work together, including with the Police & Crime Commissioner, to secure funding to continue work on tackling FGM in Reading;

(4) That a further report be submitted to the Board in six months' time to give an update on progress.

6. ALIGNMENT OF COMMISSIONING INTENTIONS 2016-17

Wendy Fabbro submitted a report summarising the key themes, features and potential areas for alignment across the Health and Social Care Commissioning Intentions of the Council and the Berkshire West Clinical Commissioning Groups (CCGs) for 2016-17. The report had appended a table grouping the elements of the intentions into key themes, which were summarised as:

- Prevention
- Choice & control
- 7 day working
- Community resilience/social capital
- Efficient use of resources

The report stated that commissioning intentions had been drafted by each commissioning authority (and for the CCG Commissioning Ambitions, had already been approved by the CCG Board), and were presented to the Board in the next four agenda items.

It explained that respective schedules for submission of key documents to NHS England and the Council's relevant meetings were difficult to align and it tended to be the case that NHS England required submission of Commissioning Intentions ahead of Council deadlines. It was therefore unfortunate that each document had been separately drafted this cycle, but hopefully with the benefit of the Officers' Integration Programme activities to influence alignment, this would be more coordinated in future years. It explained that there was potential for greater synergy if, at a local level, all Commissioning authorities and stakeholders, including Healthwatch, representatives of the Voluntary and Community Sector and major healthcare providers, worked together more closely to develop joint commissioning plans and to jointly operationalise those plans.

The report stated that a more in depth analysis would be undertaken to inform future commissioning, and proposed that a workshop be convened by the Board in early

autumn 2016 to ensure co-creation of commissioning intentions based on Health and Wellbeing Board strategic aims and priorities.

It was noted at the meeting that it needed to be considered how the Voluntary and Community Sector would feed into the work on co-creation.

Resolved -

(1) That the report be noted;

(2) That the Health and Wellbeing Board convene a workshop in early autumn 2016 to ensure co-creation of commissioning intentions based on Health and Wellbeing Board strategic aims and priorities and it be considered how the Voluntary and Community Sector should feed into the co-creation work.

(Councillor Stanford-Beale declared an interest in the items on Commissioning Intentions, left the room and took no part in the debate or decision. Nature of interest: Councillor Stanford-Beale was Chief Executive Officer of Autism Berkshire and also benefited from funding from Short Breaks.)

7. BERKSHIRE WEST CCGS COMMISSIONING AMBITIONS 2016-17

Helen Clark submitted the Berkshire West CCGs Commissioning Ambitions for 2016-17, which had been agreed and published by the CCG Board. The ambitions outlined the strategic interventions that were planned to improve the way the CCGs commissioned, reviewed and transformed local services.

Resolved - That the Commissioning Ambitions for 2016-7 be noted.

(Councillor Stanford-Beale declared an interest in the items on Commissioning Intentions, left the room and took no part in the debate or decision. Nature of interest: Councillor Stanford-Beale was Chief Executive Officer of Autism Berkshire and also benefited from funding from Short Breaks.)

8. ADULT SOCIAL CARE COMMISSIONING INTENTIONS 2016-17

Wendy Fabbro submitted a report presenting the draft Adult Social Care Commissioning Intentions for 2016-7, for review and comment by the Board. The appended document was a high level indicator of the key commissioning priorities for adult social care and the strategic direction that commissioning activities would take over the coming year and it would be supported by an operational commissioning work plan, which was currently under development.

The report stated that, once the intentions had been approved and alignment had been agreed by the Board, the document would be published and shared with partners and providers to assist in service planning for the coming year.

Resolved - That the Adult Social Care Commissioning Intentions for 2016-7 be endorsed and a final version be published and shared with partners and providers.

(Councillor Stanford-Beale declared an interest in the items on Commissioning Intentions, left the room and took no part in the debate or decision. Nature of interest: Councillor Stanford-Beale was Chief Executive Officer of Autism Berkshire and also benefited from funding from Short Breaks.)

9. CHILDREN'S SERVICES COMMISSIONING INTENTIONS UPDATE 2016-17

Wendy Fabbro submitted a report giving an update on the development of a set of Commissioning Intentions for children's services for 2016-7, for noting and comment by the Board. The report gave an initial indication of the key priority focus areas and the strategic direction that commissioning activities would take over the coming year and said that the intentions would be supported by an operational commissioning work plan, which was also currently under development. It had appended information on the Short Breaks Process 2016/17, which was one of the priorities in the commissioning intentions.

The report stated that a full set of commissioning intentions would be developed for the beginning of the new financial year and, once the intentions had been approved and alignment had been agreed by the Board, the document would be published and shared with partners and providers to assist in service planning for the coming year.

Resolved - That the current position regarding the development of Commissioning Intentions for Children and Young People be noted and the indicative priority areas for commission during 2016-7 be endorsed, so that a final version of the intentions could be published and shared with partners and providers.

(Councillor Stanford-Beale declared an interest in the items on Commissioning Intentions, left the room and took no part in the debate or decision. Nature of interest: Councillor Stanford-Beale was Chief Executive Officer of Autism Berkshire and also benefited from funding from Short Breaks.)

10. PUBLIC HEALTH COMMISSIONING INTENTIONS – INITIAL PROPOSALS 2016-17

Wendy Fabbro submitted a report setting out an initial prioritisation of current areas of public health services commissioning for probable continuation in 2016/17 in order to contribute to improving the health of local residents and reducing health inequalities. Appendix 1 to the report contained a prioritisation framework for health improvement initiatives and Appendix 2 set out the initial outcome of an assessment of public health-commissioned population interventions.

The report explained that further work on the assessment of current public health-commissioned interventions was required, especially in terms of matching population-level interventions with need. The report noted the government's cuts to the Public Health Grant and other financial pressures that the Council was under and stated that, notwithstanding these, it was prudent to review the appropriateness of current public health-commissioned services and further work would be carried out to develop proposals to ensure that (i) what was commissioned could reasonably be expected to have a significant beneficial impact and that (ii) public health reduced or stopped commissioning less effective services in order to free up resources to concentrate population-level interventions where they would have the greatest benefit for the greatest number of people.

Resolved - That the current position regarding the development of Commissioning Intentions for Public Health be noted and further work be endorsed.

(Councillor Stanford-Beale declared an interest in the items on Commissioning Intentions, left the room and took no part in the debate or decision. Nature of interest: Councillor Stanford-Beale was Chief Executive Officer of Autism Berkshire and also benefited from funding from Short Breaks.)

11. BERKSHIRE WEST PRIMARY CARE STRATEGY 2015-19

Further to Minute 5 of the meeting held on 17 July 2015, Helen Clark submitted a report presenting the final Berkshire West Primary Care Strategy 2015-19, a copy of which was appended to the report. The Strategy had been agreed by the Joint Primary Care Co-Commissioning Committee (JPCCC), on which the Health and Wellbeing Board was represented, and the wider Board was now asked to endorse the principles set out in the strategy.

The Five Year Strategic Plan described how, by 2019, enhanced primary, community and social care services in Berkshire West would work together to prevent ill-health within the local populations and support patients with complex needs to receive the care they needed in the community, only being admitted to hospital where this was absolutely necessary.

The Primary Care Strategy built on the overarching Strategic Plan by describing a more detailed vision for primary care services in Berkshire West, anticipating that primary care would play a pivotal role in delivering new models of care and in ensuring the sustainability of the broader health and social economy in the light of increased demand and financial pressures. In order to deliver this vision, the following five strategic objectives had been developed for primary care:

- Addressing current pressures and creating a sustainable primary care sector;
- Interfacing in new ways with specialisms historically provided in secondary care to manage increasingly complex chronic disease in a community setting;
- Managing the health of a population in partnership with others to prevent ill-health. Acting as accountable clinicians for the Over 75s and other high risk patients and co-ordinating an increasingly complex team of people working in primary, community and social care to support patients at home;
- Using new approaches and technologies to improve access and patient experience, ensuring that the needs of patients requiring urgent primary care were met appropriately and appointments were available in the evening and at weekends;
- Making effective referrals to other services when patients would most benefit.

Each of these objectives would be supported by specific workstreams, details of which were set out in the report. The report gave details of community engagement in the development of the strategy and further details of engagement with the public were set out in Appendix 1 to the Strategy. Appendix 2 to the Strategy set out Information Management & Technology investment plans to support the Strategy.

The report highlighted that the CCGs had been approved to jointly commission primary medical services with NHS England from 1 May 2015, with responsibilities discharged through the JPCCC. Delivery of the Strategy would be overseen by the JPCCC, which would develop an implementation plan to form the basis of a strategic programme for primary care. Further engagement would be undertaken with patients around the workstreams in the Strategy and a communications plan would be developed for each workstream.

The report explained that the CCGs had now applied to move to a fully delegated co-commissioning arrangement for primary care with effect from 1 April 2016, which it was believed would have a positive impact on the development of local primary care services, putting the CCGs in a stronger position to implement the vision described in the strategy. It was reported at the meeting that in-principle approval had been given for the fully delegated arrangement.

Dr Andy Ciecerski and Eleanor Mitchell addressed the Board on the work the CCGs were doing in looking at how to address the workforce issues to create a sustainable primary care service for the future, dealing with such problems as difficulties in finding new partners for practices following GP retirement in North & West Reading and the challenges of a large number of small single-handed GP practices in South Reading. New ways of working and new models were being investigated in order to provide the full range of primary care services across the area across the whole week.

The meeting discussed the importance of effective consultation with patients and the benefits of involving Healthwatch and local Ward Councillors in community engagement. It also noted that the Strategy was focused on Primary Care and it was acknowledged that there was more work needed on how GPs worked collaboratively with other agencies and different parts of the health and social care system. This would need to dovetail with the work on alternative models of care.

Resolved - That the Berkshire West Primary Care Strategy be noted and endorsed.

12. URGENT AND EMERGENCY CARE REVIEW – PROGRESS REPORT

Maureen McCartney submitted a report on an "Urgent and Emergency Care Review" (the Review) and the action being taken at national and local level in implementing this review. The report had appended an Urgent and Emergency Care Route Map for delivery of the Review.

The report explained that Urgent and Emergency Care was one of the new models of care set out in the NHS Five Year Forward View in November 2013. "The Urgent and Emergency Care Review" proposed a fundamental shift in the way urgent and emergency care services were provided, and would be the first major practical demonstration of these new models of care.

The vision was for a future system which was safer, sustainable and capable of delivering care closer to home, helping to avoid unnecessary journeys to, or stays in hospital unless clinically appropriate. The report gave further details of the vision and the changes required to implement the Review to create the new approach to delivering urgent care. It stated that NHS England had developed a Route Map which outlined high-level expectations to support new Urgent and Emergency Care Networks and System Resilience Groups in prioritising their delivery of the review, and a copy

was appended to the report. The Route Map would be supported by a detailed implementation plan.

The report also gave details of the current position in relation to implementation of the Review at a local level. It noted that the local health and social care system currently worked in partnership to support good patient flow around the system, which was critical to the success of the local urgent and emergency care system. Maintaining patient flow through hospitals relied on a dynamic equilibrium between admissions and discharges and it was therefore imperative that the Royal Berkshire Hospital, Berkshire Healthcare Foundation Trust and Reading Social Care continued to work closely together to prioritise activities aimed at achieving the earliest possible discharge of patients from hospital.

The report stated that the patient offer for urgent and emergency care for 2020 would be:

- A single number – NHS 111 – for all your urgent health needs
- Be able to speak to a clinician if needed
- That your health records were always available to clinicians treating you wherever you were (111, 999, community, hospital)
- To be booked into right service for you when convenient to you
- Care close to home (at home) unless need a specialist service
- Provide specialist decision support and care through a network

It was queried at the meeting whether the section in the Route Map on Mental Health Crisis included children and young people or if it was only for adults.

Resolved -

(1) That the report and the action being taken nationally and locally to deliver the objectives of the Urgent and Emergency Care Review be noted;

(2) That Maureen McCartney confirm whether the Section in the Route Map on Mental Health Crisis included children and young people or if it was only for adults;

(3) That the Board receive a report back to a future meeting on progress against the aims of the Urgent and Emergency Care Review.

13. READING INTEGRATION UPDATE & CONNECTED CARE PRESENTATION

Melanie O'Rourke submitted a report giving an update on Health and Social Care Integration in Reading to date, highlighting the requirements for the 2016/17 Better Care Fund (BCF) and seeking approval to a process for BCF sign-off.

The report gave details of the BCF schemes for 2015/6, some of which were Reading-specific and some of which covered the whole of the West of Berkshire. It listed performance against key performance indicators for the BCF in 2015/16, which included a reduction in those fit to leave hospital but still in hospital to below the target, a reduction in the time people who were fit to leave were still in hospital (though not yet to below the target) and a reduction in those formally reported as Delayed Discharges from hospital. The performance on Non-Elective Admissions had

not reached the target, but it was reported at the meeting that an in-depth piece of work was being carried out to understand what had happened on this target, as it was possible that some of the increase was due to a coding issue.

The report gave further details of progress on integration, giving an update on the work of the Reading Integration Board and on progress on the local schemes and the West of Berkshire schemes. It noted that the Hospital at Home service which had been in the initial BCF submission had now been revised into a new Rapid Response and Treatment Service for care homes.

The report also gave details of plans for the 2016/17 BCF, noting that the technical guidance had not been published at the time of writing the report, but the timescales which had been issued by the BCF taskforce were provisionally:

8 February 2016 – high level objectives submitted
Mid-March 2016 – first draft submission
Mid-April 2016 – final version submitted

The report explained that, due to the challenging timescales and to meet deadlines, authority was being sought for the Director of Adult Care & Health Services to sign off the BCF quarterly report and the first two BCF submissions, in consultation with the Chair of the Board. Depending on the final confirmed submission deadlines, or if the final version could not be completed for sign-off at the next Board meeting on 18 March 2016, it might be necessary to seek further delegation or organise an extra meeting of the Board for sign-off. It was reported at the meeting that the national guidance had now been received and officers were working through the details.

Members of the Board expressed concern about the late notice of guidelines and deadlines for the BCF by the Government, which meant that it was difficult for Health & Wellbeing Boards and officers to carry out the necessary work in time. It was suggested that partners could discuss how to make representations about this.

Mark Sellman gave a presentation on the details of and progress on the Connected Care scheme, which was one of the BCF schemes which spanned the West of Berkshire, with the aim of procuring and implementing a solution to enable information and data sharing across health and social care organisational boundaries, resulting in a person-held health and social care record for the citizens of Berkshire. He said that an autumn 2016 implementation was anticipated, when all health and at least two social care systems would feed into the full portal solution.

Resolved -

(1) That the progress on the Better Care Fund to date be noted;

(2) That the requirements for the 2016/17 BCF submission and sign-off be noted;

(3) That the Director of Adult Care & Health Services be authorised to sign-off the quarterly BCF report, in consultation with the Chair of the Board;

(4) That the Director of Adult Care & Health Services be authorised to sign-off the first two submissions of the 2016/17 BCF report, in consultation with the Chair of the Board;

(5) That it be noted that, depending on the timescales for the final BCF submission, sign-off might need to be done at the next Board meeting, by delegation, or through an extra Board meeting;

(6) That partners discuss, outside the meeting, the best way to make representations to the Government about the problems created by late notice of guidelines and deadlines for the BCF;

(7) That Mark Sellman be thanked for his presentation on the Connected Care project.

14. READING HEALTH & WELLBEING STRATEGY – NEXT STEPS

Andrew Burnett submitted a report giving a summary of proposals for the next steps in producing the next Reading Health and Wellbeing Strategy.

The report explained that a clear understanding was needed of key health improvement priorities for all stakeholders who supported the people of Reading. It was proposed to engage with stakeholders by jointly developing and conducting a survey to inform priorities. The survey would help to:

- seek views of members on what services were required for the people of Reading in the context of the full Joint Strategic Needs Assessment (JSNA) due to be considered by the Health and Wellbeing Board in March 2016;
- clarify the local CCGs' priorities and objectives to improve health and reduce health inequalities;
- present the views of the voluntary community sector and local action groups;
- demonstrate the priorities of internal and external colleagues.

The survey would also be made available online to enable the public to make comments if they wished. Findings from the survey would be used, along with the JSNA and Primary Care Commissioning Plans and the Council's new Wellbeing Strategy (see Minute 15 below) to inform the production of a new Health & Wellbeing Strategy for 2016 and beyond. It was expected that 'prevention' would be a key message and the JSNA update summary, presented in October 2015, had identified mental health, physical activity and cost of social care as key priorities. Emphasising the preventative message by encouraging local people to make healthier lifestyle choices would help to prevent and reduce incidence of illnesses and reduce the cost of providing social care.

The report stated that there was an opportunity to engage with other Health & Wellbeing Boards across the West of Berkshire. This could be useful to identify potential shared health priorities that might be delivered in partnership as some interventions were currently, such as health visitor and school nursing, smoking cessation services, breastfeeding and domestic abuse. It could be worth exploring further shared priorities and continued joint commissioning of preventative services where mutual benefits could be achieved.

It was suggested at the meeting that the CCGs could assist with raising awareness of the survey with patient groups.

Resolved - That the proposals for the next steps in developing the Reading Health and Wellbeing Strategy Action Plan be endorsed.

15. ADULT WELLBEING POSITION STATEMENT

Janette Searle submitted a report presenting a draft 2016 Adult Wellbeing Position Statement for public consultation on Reading's approach to promoting adult wellbeing, as required by the Care Act 2014. The draft Position Statement was attached at Appendix 1.

The report explained that the Care Act 2014 had created a new statutory duty for local authorities to promote the wellbeing of individuals. This duty – also referred to as 'the well-being principle' - was a guiding principle for the way in which local authorities should perform their care and support functions, not confined to the Council's role in supporting those who were eligible for Adult Social Care, but including all assessment functions, the provision of information & advice, and the local offer of 'preventative' services. The Care Act also required councils to have a wellbeing strategy.

The report stated that a 'position statement' had been prepared to cover this responsibility whilst an updated version of the Health and Wellbeing Strategy for 2016-2019 was prepared, which would be based on the revised JSNA (due to presented to the Health & Wellbeing Board in March 2016). The Care Act 'wellbeing principle' responsibilities would be incorporated in the new Health and Wellbeing Strategy.

The Care Act also gave the local authority a responsibility to provide or arrange services that reduced needs for support among people and their (unpaid/family) carers in the local area, and contributed towards preventing or delaying the development of such needs. This was a corporate responsibility, and not one which rested entirely with the Adult Social Care service.

The report set out Reading's local approach to prevention in the form of a draft Adult Wellbeing Position Statement and proposed that the Council's approach to promoting adult wellbeing was developed through an eight week public consultation on the draft Position Statement, to include the addition of an Action Plan based on priorities agreed with stakeholders.

Resolved - That the proposal to launch a public consultation on Reading's approach to promoting adult wellbeing, based on the draft 2016 Adult Wellbeing Position Statement set out at Appendix 1 to the report, be endorsed.

16. MENTAL HEALTH CHALLENGE

Melanie O'Rourke submitted a report which had been submitted to the Policy Committee on 18 January 2016 proposing that the Council take up the Mental Health Challenge Programme and appoint a Mental Health Champion.

The report explained that the Mental Health Challenge was a national initiative and had been set up by a group of key mental health organisations. It was funded by the Department of Health, Public Health England and NHS England through the 'Voluntary Sector Strategic Partnership Programme', and the initiative was asking local authorities to promote awareness and create challenge for issues related to Mental Health through the Mental Health Champion role.

The report proposed that the Lead Councillor for Health be the Council's Mental Health Champion and that a lead officer and a person with experience of using mental health services to form part of the 'challenge group' be identified.

It was reported at the meeting that the Policy Committee had agreed the recommendations in the report and had made the following resolutions (Minute 61 refers):

"Resolved -

(1) That the Council participate in the Mental Health Challenge programme, led by the Lead Councillor for Health, Councillor Graeme Hoskin;

(2) That the Head of Adult Social Care act as lead officer for the initiative, and a person with experience of using mental health services to form part of the 'challenge group' be identified;

(3) That the Council work with existing strategies and initiatives across the system, such as CAMHs Transformation and future strategies in development to promote Mental Health issues."

Resolved - That the report and the decision by Policy Committee be noted.

17. DRUG & ALCOHOL MISUSE NEEDS ASSESSMENT

Andrew Burnett submitted a report, which had also been submitted to Policy Committee on 18 January 2016, setting out for endorsement a drug and alcohol misuse needs assessment, a precursor to a revised strategy for drug and alcohol services in Reading. Policy Committee had agreed the recommendations in the report (Minute 63 refers).

The report explained that the drug and alcohol misuse needs assessment quantified the extent of misuse of alcohol and drugs in Reading; the effect this was likely to have on people and consequently on health and social care and other services; information on prevention and early interventions; the nature of current services and treatment demand for substance misuse; and what might be done to better meet identified needs. The needs assessment was a precursor to a revised strategy for drug and alcohol services in Reading which would be developed in the near future.

The report noted that in Reading, as in many other places, there had until now been a greater emphasis on the treatment of drug misuse rather than alcohol misuse. Whilst drug-related death rates in the local population were higher than other Berkshire local authorities and the England average, the numbers remained small. In contrast, the needs assessment showed that the effects on health and social care and wider society of alcohol misuse were substantially greater than those of drug misuse.

The full Reading Drug & Alcohol Misuse Needs Assessment was attached to the report at Appendix A.

Resolved – That the Drug & Alcohol Misuse Needs Assessment and recommendations be endorsed.

18. SMOKING CESSATION SERVICE RE-PROCUREMENT

Further to Minute 24 of the Policy Committee held on 8 October 2015, Andrew Burnett submitted an information report on the outcome of a joint tendering exercise carried out with all other Berkshire unitary authorities (except the Royal Borough of Windsor and Maidenhead) to commission an evidence-based smoking cessation service aimed to help smokers quit.

The report stated that the contract had been awarded to 'Solutions 4 Health' for a period of three times one year with options to extend for up to a further two years. The investment required by Reading was up to £355,000 per annum, and the contract start date was 1 April 2016.

Resolved – That the report and position be noted.

19. CHILD HEALTHY LIFESTYLE AND WEIGHT MANAGEMENT CONTRACT AWARD – UPDATE

Further to Minute 25 of the Policy Committee held on 8 October 2015, Andrew Burnett submitted an information report on the outcome of a joint tendering exercise with West Berkshire, Wokingham and Slough Councils to commission an evidence-based children's healthy lifestyle and weight management programme to help families with overweight or obese children in Reading.

The report stated that the contract had been awarded to 'Solutions 4 Health' for a period of three years with options to extend for up to a further two years. The investment required by Reading was up to £25,700 per annum and the contract start date was 1 January 2016.

Resolved – That the report and position be noted.

20. REVIEW OF THE READING AND WEST OF BERKSHIRE HEALTH AND WELLBEING BOARDS

Wendy Fabbro submitted a report which summarised current governance arrangements and suggested issues for the Reading Health and Wellbeing Board to consider for development of the Board following the LGA Peer Review of the Reading and West of Berkshire Health and Wellbeing Boards due to take place in March 2016. Wendy Fabbro also tabled an update report at the meeting which gave further details of the methodology and process for the LGA Peer Review of the Reading and West of Berkshire Health and Wellbeing Boards, which would involve 'on-site' visits from 1-4 March 2016, with Reading's date provisionally being 3 March 2016.

The first report gave details of current governance arrangements for the Reading Health and Wellbeing Board and said that there was an opportunity to review, and potentially to establish ways of improving, joint working between key stakeholder organisations to break down silo working within the respective constraints of budget management and good use of resources and statutory accountabilities. The review might also be able to identify different ways of commissioning together that would deliver simpler and better connected pathways for achieving outcomes for patients/customers. This could be managed by a sub-group of the Board to include development issues arising from the LGA Peer Review.

The report noted that, as the strategic owner of the Health and Wellbeing Strategy, the Board had governance of the monitoring of achievement of strategic outcomes. The line between monitoring of key performance indicators and outputs, and the monitoring of achievement of strategic outcomes was a rich source of debate, and the report proposed reviewing the current positions.

Appendix A to the report illustrated the current alignment of bodies overseeing health and wellbeing. The chart described relationships between groups in terms of authority and decision making, periodic information sharing, and joint membership (suggesting potential for alignment). The report suggested that the Board might wish to set up a small group to consider if the required information was available to enable the Board to focus on its core purpose.

The report suggested that the Board might wish to establish a task and finish group, to complete the work on recommending the protocol to guide which outcome measures and performance indicators would enable the Board to best monitor its strategic aims, and which measures and concerns were more appropriately directed to Healthwatch or to Health scrutiny (delivered via the Adult Social Care, Children's Services & Education Committee). Appendix B to the report suggested initial information on performance indicators to start the task group work.

The second report outlined the review methodology for the LGA Peer Review of the Reading and West of Berkshire Health and Wellbeing Boards on 1-4 March 2016, giving details of the challenge questions, pre-review and on-site processes and setting out the following next steps:

- Draft Summary position statement (Health and Wellbeing Board task and finish group)
- Pre site survey of Board members (dates to be confirmed)
    - Start on 18 January 2016
    - Deadline 29 January 2016
    - Final report and data distributed 8-10 February 2016
- Agree timetable for on-site visit on 3 March 2016
- Collate and send pre-site reading by 8 February 2016
- Feedback session on 4 March 2016

Resolved -

(1) That a small task and finish group be established to review then consider the key measures to be prioritised for monitoring achievement of strategic outcomes;

(2) That a small task and finish group be established to review the relationships between key bodies involved in Health and Wellbeing, and propose protocols for reporting and sharing information;

(3) That the Health and Wellbeing Board consider establishing a sub group to continue development of the Board once feedback from the LGA Peer Review had been delivered;

(4) That volunteers be sought to be members of the Task & Finish Groups above;

(5) That the requirements of the Health and Wellbeing Board LGA Peer Review taking place from 1-4 March 2016 and on site in Reading on 3 March 2016 be noted;

(6) That members of the Board endeavour to be available to participate in interviews/focus groups as required on 3 March 2016.

21. DATE OF NEXT MEETING

It was reported at the meeting that the date of the next meeting in the agenda had been included in error as 15 April 2016 and that the Board had previously agreed the meeting date of 18 March 2016.

Resolved – That the next meeting be held at 2.00pm on Friday 18 March 2016.

(The meeting started at 2.00pm and closed at 4.55pm)

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF CHILDREN, EDUCATION & EARLY HELP SERVICES

TO:	**HEALTH AND WELLBEING BOARD**		
DATE:	**18TH MARCH 2016**	**AGENDA ITEM:**	**5**
TITLE:	**READING YOUTH CABINET UPDATE ON CAMPAIGN PROGRESS**		
LEAD COUNCILLOR:	**COUNCILLOR GAVIN**	**PORTFOLIO:**	**CHILDRENS SERVICES**
SERVICE:	**CHILDRENS SERVICES**	**WARDS:**	**BOROUGHWIDE**
LEAD OFFICER:	**TOM WOOLMER**	**TEL:**	**0118 9374084**
JOB TITLE:	**PARTICIPATION CO-ORDINATOR**	**E-MAIL:**	**TOM.WOOLMER@READING.GOV.UK**

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 Reading Youth Cabinet, an elected group of 11-19 year olds from across the Reading area representing the voice of young people, presented to the Health and Wellbeing Board at the July 2015 meeting about their campaigns on Mental Health and PSHE.

1.2 The Youth Cabinet were asked to return at a later date to update the board on the progress of their campaigns, and to identify opportunities for the board and youth-cabinet to work together to further their campaigns.

1.3 Members of the Reading Youth Cabinet will attend the meeting to present the update.

2. RECOMMENDED ACTION

2.1 That the Board note the presentation and progress of the youth cabinet on their campaigns, and campaign plans for 2016

2.2 That the board identify opportunities where they and the youth cabinet can work together to further campaign aims and ultimately services for young people

3. POLICY CONTEXT

3.1 Reading Youth Cabinet are an elected group of young people, established in 2007, to represent young people across the town. Each year, they identify the campaigns they would like to work towards, and do so with the support of the Participation Team.

The Childrens Services Vision – LEAP – states that we need to 'Listen to our Children, Young People and Families'.

Section 138 of the Local Government and Public Involvement in Health Act 2007 places a duty on local authorities to involve local representatives when carrying out "any of its functions" by providing information, consulting or "involving in another way".

4. THE PROPOSAL

4.1 As set out in their presentation, the Youth Cabinet have sought to raise the profile of their campaigns within schools. This has included the relaunch of the Mental Health Treaty (see Annex 1) which has been sent to all schools in Reading, and the delivery of an event in November, to which all schools were invited.

Engagement from schools in these opportunities has been mixed, so there is a continuing need to better engage schools consistently in this work.

4.2 Mental Health has again been selected as a campaign for the youth-cabinet in 2016, for the fourth consecutive year. The other two campaigns are Anti-Discrimination (this was voted for by the participants at the November event), and Right to Self-Expression

Work this year on the Mental Health campaign will focus on identifying gaps in service provision, ensuring an awareness and accessibility to existing services, and supporting initiatives such as the School Link project to improve support within schools. This goes hand-in-hand with the continued work around the Mental Health Treaty.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The work of the youth-cabinet aims to ensure young people in Reading have the best start in life through education, early help and health living. The mental health campaign in particular is very closely aligned to this corporate priority.

5.2 The youth cabinet is reflective of the population of Reading, with participation from all areas of Reading. The mix of campaigns in 2016 will seek to further develop an accepting culture in the town for groups such as the LGBT community, challenge discrimination and improve support around mental health.

6. COMMUNITY ENGAGEMENT AND INFORMATION

6.1 The Reading Youth Cabinet are elected from the population of young people in and around Reading. In the most recent elections, approx. 3,500 young people participated in these elections. The youth cabinet represent all areas of the town, and are drawn from eight schools and colleges in and around Reading.

6.2 The group work with young people in their schools and communities to ensure they are representative of the young people who have voted for them, undertaking regular surveys, working with school councils and holding events to gather a wide range of young people together.

7. EQUALITY IMPACT ASSESSMENT

7.1 The Reading Youth Cabinet campaign seeks to improve mental health support to all young people in Reading, regardless of ethnicity, gender, sexuality, disability or religious beliefs.

8. LEGAL IMPLICATIONS

None of this report

9. FINANCIAL IMPLICATIONS

None of this report.

10. BACKGROUND PAPERS

None

Annex 1

Reading Youth CABINET

Treaty of Mental Health

We pledge to:

- Create and attend an annual review on Mental Health with the Youth Cabinet in order to see progress.*

- Campaign for Mental Health to be incorporated into the PSHE curriculum with a focus of developing practical skills for young people.

  - How to help a friend with mental health problems
  - Advertising services available for mental health support
  - Types of mental health issues
  - Where to get counselling and support

- Improve the level of knowledge and education around mental health in order to reduce the stigma surrounding it.

- Improve communication between schools in Reading in order to reduce the gap of varying standards of Mental Health education, as to ensure a minimum satisfactory standard.

School:

Date:

Signed:

Head Teacher: Chair of Governors: RYC Representative: Lead Councillor for Health:

*In the annual review the Youth Cabinet will consult the elected school representatives and also conduct a borough-wide survey

Heath and Wellbeing Board Mental Health Campaign

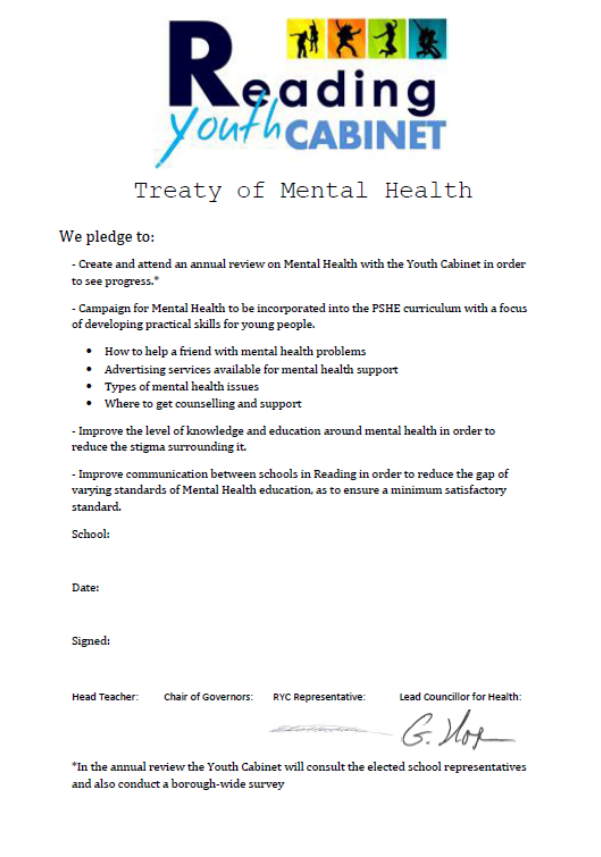
Jen Young, Connor Nolan, Nico Dombay Williams

What we have achieved since our last visit?

Our focus has been to:

- Increase pressure on schools
- Encourage mental health resources in schools (eg leaflets and videos)
- Launch our Mental Health Treaty
- Run a November event

Re-launch of Mental Health Treaty



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School:

Date:

Signed:

Head Teacher: Chair of Governors: RYC Representative: Lead Councillor for Health:

*In the annual review the Youth Cabinet will consult the elected school representatives and also conduct a borough-wide survey

Sent to all schools in and around Reading. Idea is to…

- Raise profile of mental health within schools
- Increase amount of mental health education delivered
- Promote a consistent approach
- Continue to put pressure on schools to better support young people around mental health

- Around 60 participants from 5 schools
- Workshops on our PSHE & Mental Health campaigns
- Idea being to raise awareness of issues within these schools
- Good participation from those present

November Event

Challenges

- Some schools weren't willing to commit to the treaty
- Lack of engagement from schools who have signed up
- Lack of enthusiasm – sometimes from schools, sometimes from pupils
- Found it difficult to engage schools consistently – some really embrace the challenge, others less so!

Focuses for the year ahead

- Mental Health will be one of our campaigns again for 2016 ☺ (along with Anti-Discrimination & Right to Self-Expression)
- Continue to create awareness within schools – sign up to the Treaty!
- Identify gaps in service delivery and work with the council and other services on filling these
- Support the delivery of the School Link project to improve support within schools – this sounds great!
- Ensure support is in place for young people struggling in and out of school
- Raise awareness of existing services and ensure these are accessible to all young people

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

TO:	**HEALTH AND WELLBEING BOARD**		
DATE:	**18 MARCH 2016**	**AGENDA ITEM:**	**6**
TITLE:	**Update status report on comprehensive Child and Adolescent Mental Health Services**		
LEAD + JOB TITLE:	**Gabrielle Alford Director of Joint Commissioning, Berkshire West CCGs & Andy Fitton, Head of Early Help, RBC**	**TEL:**	**0118 9180562 0118 9374688**
		E-MAIL:	**Gabrielle.alford@nhs.net andy.fitton @reading.gov.uk**

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 To provide an update on service development and improvement across the comprehensive Child and Adolescent Mental Health Services (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 An update report to be provided to the Health and Wellbeing Board in 12 months time.

3. POLICY CONTEXT

3.1 The report of the government's Children and Young People's Mental Health Taskforce, "Future in mind – promoting, protecting and improving our children and young people's mental health and wellbeing", was launched on 17 March 2015 by Norman Lamb MP, the then Minister for Care and Support. It provides a broad set of recommendations across comprehensive CAMHs that, if implemented, would facilitate greater access and standards for CAMHS services, promote positive mental health and wellbeing for children and young people, greater system co-ordination and a significant improvement in meeting the mental health needs of children and young people from vulnerable backgrounds.

3.2 In August 2015, NHS England published guidance on how Local Transformation Plans should be developed, assured and publicised. There is a requirement for system wide transformation over 5 years. Reading's Health and Wellbeing board approved Reading's plans in Oct 2015 which has enabled additional recurrent funding to be released from NHS England to the West of Berkshire Clinical Commissioning Group (CCG) as noted in section 9 of this report.

3.3. Berkshire West CCGs, with support from all 3 Local Authorities hold a joint meeting once a month to oversee and support the implementation of the Local Transformation Plans. This meeting is now called the 'Berkshire West Future in Mind' group and includes a broad representation of providers of services e.g. BHFT, voluntary sector partners, RBFT, Schools, Healthwatch as well as the University of Reading.

3.4 The Local Transformation Plan for Reading is built around the national Future in Mind policy document as well as the comprehensive local CAMHs engagement work undertaken in 2014 to identify local needs. Themes include

- Commissioning the use of evidence-based public mental health interventions which have been shown to provide significant economic savings
- Taking an integrated partnership approach to defining need, commissioning and delivering services.
- Ensuring the delivery of mental health promotion and prevention through universal services such as Health Visiting, school nursing and the school pastoral roles.
- GPs being able to identify and refer early (before specialist CAMHs is required) to a wider range of services which support mental health and wellbeing.
- Commissioning services that meet NICE guidance
- Delivery of the new access and waiting time standards for Eating Disorders and Early Intervention in Psychosis.
- Providing practical support for families and schools for children with ASD and ADHD.
- Improving longer term therapeutic input for children with enduring mental health or attachment issues who do not meet the criteria for more specialist medical support.
- Expansion of tier 2 and 3 services through Educational Psychologists and Primary Mental Health Workers (PMHWs). Investment may be needed in this area but it will help to prevent escalation of difficulties.
- Improving services for children and young people who present to Royal Borough Hospital Foundation Trust (RBHFT) emergency department in crisis. Reducing the number of children and young people whose needs escalate into crisis.
- To build a stronger awareness in Reading's secondary schools around understanding, identifying and talking about emotional health and well-being issues, covering areas such as attachment difficulties, bullying and self-harm. There has been some recent development in this area. Leaflets were produced and sent to secondary schools for distribution to all pupils. A help line was set up for Children and Young People to use but it appears there has not been the marketing of this service that is needed to raise awareness of it and what it offers as it is currently drastically under-used

4. PROGRESS TO DATE

4.1 The JSNA document which describes CAMHs has been refreshed. The updated document will be made available to the Health and Wellbeing Board and partners by Public Health in March 2016.

4.2 Key recommendations are outlined in the document but fit well with the strategic direction of Reading's Transformation Plan. Berkshire West has committed an additional £1m recurrently and an additional £0.5M this financial year to BHFT to mainly address waiting times, in response to the Action plan point 1 & 3.

4.3 Targets have been agreed between the CCG and BHFT linked to this investment. These targets are set to reduce waiting times to:

- 95% of young people on all but the ASD pathway will access their service within 6 weeks by March 2016.
- 95% of young people on the ASD care pathway will access their service within 12 weeks by March 2016.

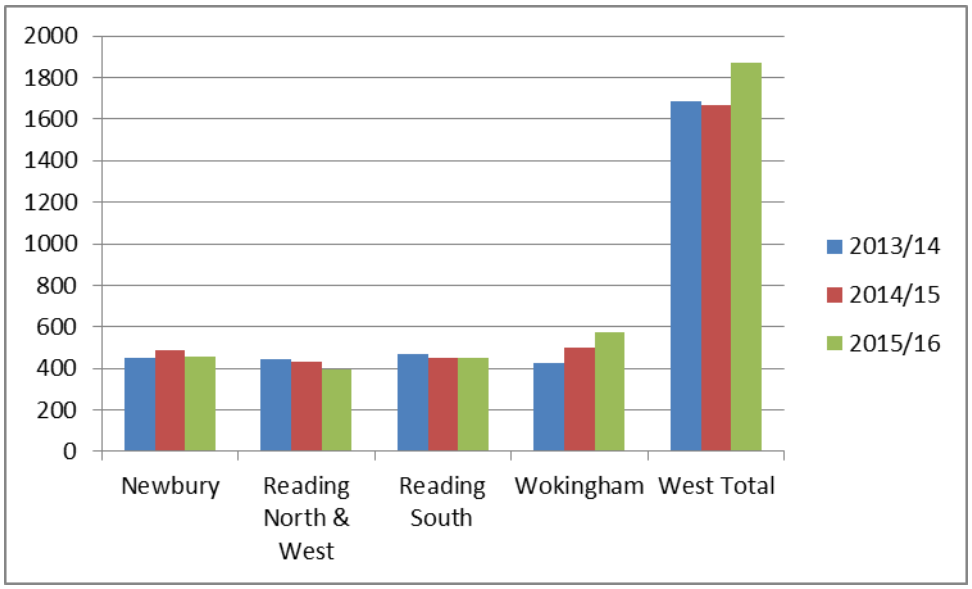
4.4 All partners agree that these service improvements are needed, but there is recognition that these are challenging targets. For example nationally the average waiting time for ASD assessment is 42 months. Referral rates for ASD diagnosis continue to rise locally. Data from the NHS Benchmarking network suggests that referrals and average waiting times for CAMH services have increased year on year since the report was first published in January 2011. Data from the 2013 survey (latest published) gives the

median wait time for urgent access to CAMHS as 3 weeks, with the average wait for routine access at 15 weeks.

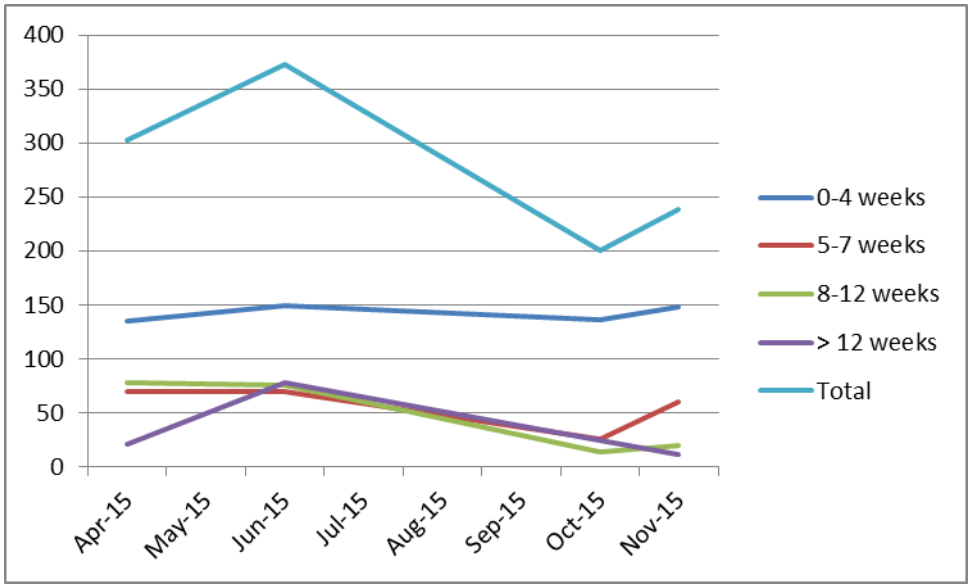
4.5 The action plan in Appendix 2 has been updated from October 2015 with progress. Noted points of progress are highlighted in points 4.6 to 4.17 below.

4.6 In December 2015 Tier 3 Berkshire West (i.e. Reading, Wokingham and West Berkshire Local Authorities) data was as follows.

4.7 Chart 1 below provides a comparison of Referrals, Year to Date Berkshire West CCG's.



4.8 Chart 2 below outlines a trend of Waiting Times into a service for tier 3 CAMHs across the Berkshire West, seen as a total as well as broken into bands of waiting times. Of note the total figure is reducing, with a small spike from October. At the time of writing there is a concern that some clinical activity has not been captured on the data recording system so the figures quoted for October and beyond may be better than indicated. Work is being done to ensure that all the data is captured accurately for the end of the financial year.



Note that all children and young people waiting in excess of 6 weeks in CPE are routine referrals. All have had contact from the team and are being actively managed to enable completion of triage assessment.

4.9 Currently the longest waits continue to be in the ASD diagnostic pathway which accounts for 55% of current waiting list. As of December 2015 there were 980 children waiting for an ASD diagnosis out of a total of 1766 children and young people on the CAMHs waiting list.

4.10 It is though clear that the ambitious targets, as referenced in 4.3 are not being met. Therefore the CCGs have taken contractual action with BHFT to ensure that a robust recovery plan is in place to achieve the waiting time targets.

4.11 While waiting time targets have not yet been achieved there have been a number of quality improvements.

4.12 The Common Point of Entry is now open 8am until 8pm enabling quicker triage of new referrals and an improved urgent care response

4.13 Response to urgent care needs and escalating risk amongst children and young people has been improved. Up to December 2015 there was a 30% reduction year to date in self-harm presentations to A and E at RBHFT. This is against the national trend. However in January 2016 there was a significant increase in urgent care activity at RBFT. The CAMHs service responded swiftly and worked in partnership with RBHFT staff to ensure that the young people received timely help.

4.14 Up to the end of October 2015 there was a 47% reduction in the number of under 18's admitted to Prospect Park Hospital. There was also a reduction in the number of young people placed in Tier 4 CAMHs beds compared with the previous year.

4.15 The complexity of cases has increased over the past year with a 77% increase in the number of Looked After Children receiving treatment in CAMHs and a 107% increase in the number of children on a Child Protection Plan accessing the service. There has been an increase in the number of children and young people being discharged from Tier 4 beds to the community service. This increase in complexity brings an associated increase in interventions from the multidisciplinary teams, with many young people requiring care from 2 or more clinicians in the team and more time spent on multiagency work, which has had an impact on wait list reduction capacity**.**

4.16 Autism Berkshire has been providing workshop sessions to support families who are on the ASD diagnosis waiting list. These workshops are designed to practically support families with emerging behaviour needs for their children and discuss strategies to manage whilst they are waiting for treatment. This has been funded through the Future In Mind allocation.

4.17 The Reading perinatal pilot project has almost concluded and the recent national drive to improve the service offer to women with perinatal mental health issues is well timed. Berkshire West CCGs have commissioned an enhanced perinatal mental health service which will commence from April 2016. An online support service (SHaRON) for women experiencing perinatal mental health issues opened in December 2015. Learning from the Reading perinatal pilot project will be aligned with the new enhanced perinatal service.

4.18 Training continues to be offered from the Primary Mental Health Workers and Educational Psychologist to both schools and other parts of the children's workforce. In particular two local schools have invested in whole school Emotional First Aid training. PPEPCare (Psychological Perspectives in Education and Primary Care) training will be offered to schools and the children's workforce during 16/17. PPEPCare has already been delivered to GPs and some practice staff. PPEPCare has been developed by

Thames Valley Academic Science Network in partnership with the Charlie Waller Trust at the University of Reading. Training modules have been written and developed by national experts in various CAMHs conditions as well as service users.

4.19 Transformation Funds will be used to increase the number of Webster Stratten evidence based parenting interventions available to families with children aged 4- 8 years of age with conduct disorder. This work forms part of a wider research project being led by University of Reading. There are opportunities to not only improve availability of support for families but to upskill local staff through close links with academic experts in the field.

4.20 Learning from the Psychological Medicines Service for under 18's in the Emergency Department of RBHFT, early results from CAMHs extended opening hours (8am until 8pm) and a trial of a short term care team to prevent young people from escalating into crisis has led to the development a 12 month CAMHs CORE 24 Urgent Care Response Team pilot project, funded through Future In Mind. The project plan has been developed jointly by BHFT and RBHFT. The pilot aims to develop a flexible and responsive service to meet the needs of young people under the age of 18 years who experience a mental health crisis. The project aims to prevent presentations to emergency department, Paediatric wards or Place of Safety where it is safe to do so and when an admission is required, to facilitate safe and timely discharge through the provision of short-term intensive community support. This pilot will commence from March 2016. It will run for 12 months in order to capture seasonal variation in crisis presentations amongst children and young people.

4.21 An enhanced community eating disorders for children and young people is being commissioned across the whole of Berkshire. This uses ring fenced recurrent funding from NHSE. The service specification reflects the nationally required response timescales and evidence based model of care. The new service will commence from February 2016.

5. FUTURE OPPORTUNITIES

5.1 With the new national requirement for system wide transformation of emotional and mental health services for children and young people over a 5 year period comes the opportunity to write a local, partnership based long term plan to address and tackle complex and important issues of service improvement in Tiers 1 - 4 CAMHs.

5.2 Reading's Transformation plan has a clear objective to integrate and build resources within the local community so that emotional health and wellbeing support is offered at the earliest opportunity.

5.3 As the plan becomes operational the intended outcomes will be that children and young people and their families are more resilient. There will be fewer children and young people escalating through to urgent or specialist interventions. There will be a positive impact on the perinatal mental health of mothers in the early years of children. There will be more young people reporting positive outcomes at a universal and targeted intervention level, including a positive experience of their services.

5.4 The plan expects these outcomes to be reached over the next 4 years;

- Children and young people mental health needs will be identified early, especially in universal services such as schools, setting and GPs
- Help will be easy to access, it will be coordinated, including the young person and family in the decision making process and provided in places that make sense to them.
- If support is required at a targeted or specialist/ urgent level that this is provided quickly, at a high quality level and safely.

6. NEXT STEPS

6.1 There is close working across a network of partners, including Reading Borough Council is Berkshire West CCG, local Schools, the voluntary sector and other key partners to finalise the 2016/17 priorities in the plan. The current priorities are:

- Reduce waiting times
- Develop the role of schools, primary care, early year's settings, wider children's workforce to identify and respond to emerging mental health needs
- Plan how we make the system easier to navigate, through mapping the partnership collective resilience, prevention and early intervention offers.
- Review current Common Point of Entry and access arrangements into CAMHs services, ensuring access for the most vulnerable
- Consider whether to commission a crisis home treatment or enhanced step up/step down service following the CAMHs CORE 24 Urgent Care Response Team pilot project
- Enhance provision across the system for children and young people with ASD and Learning Difficulties
- Roll out of enhanced perinatal service
- Implement enhanced community Eating Disorders service

7. COMMUNITY ENGAGEMENT AND INFORMATION

7.1 A significant engagement exercise was undertaken in early 2014. There will be future consultation planned with service users as part of the Transformation plan process.

7.2 It is crucial to build on the July 2015 Children's Trust workshop, as reported in October 2015 to the Health and Wellbeing board.

7.3 The transformation plan will be looking to engage young people in the many co-design opportunities for new service developments and delivery.

8. LEGAL IMPLICATIONS

8.1 There are no legal implications for this report.

9. FINANCIAL IMPLICATIONS

9.1 Current Tier two funding arrangements for 2015-16 is outlined in the table below. This is a mix of directly provided Local Authority provision as well as funded work in the voluntary sector. This information does not account for all the provision in tier two but the majority that is funded by the Local Authority and the CCG.

Service	Expenditure
Primary Mental Health Workers	£ 179,800
Educational Psychologists	£ 495,150
Youth Counselling service (Commissioned)	£ 100,000
Reading Mencap	£ 29,500
Berkshire Autistic Society	£ 15,800
Parenting Special Children	£ 6,500
Total	£ 826,750

9.2 Current Tier three funding arrangements for 2015-16 are outlined in the table below. This is solely funded from the NHS Berkshire West CCGs.

Service	Allocation
Tier 3 (specialist CAMHs) funding arrangements from Berkshire West CCGs as a whole, that is, Newbury & District, North & West Reading, South Reading, and Wokingham CCGs.	£ 6,166,360 This is the total 15/16 allocation for specialist (Tier 3) CAMHs. It excludes the funding for the Tier 4 Berkshire Adolescent Unit which is now commissioned by NHS England. The figure includes an additional £1M recurrent Parity of Esteem investment to reduce waiting times. There is up to a further £500K available non recurrently in order to reduce waiting times through use of agency staff while new posts are recruited committed for 2015-16
Community Eating Disorders- this will be a pan Berkshire service due to the population size required.	£ 249,535- Berkshire West
Liaison Mental Health – successful bid for non-recurrent System Resilience funds	£191K To pump prime a CAMHs crisis support pilot project

9.3 Additional CCG funding for perinatal mental health services and Early Intervention in Psychosis (age group 14 years and above) have been made available which are outside the scope of this report.

9.4 The recurrent Mental Health transformation funding will be used to improve a range of outcomes for children and young people mental health and spent across tiers 1 to 3 with a range of partners. The money outlined below in the bullet points is released to the 4 named CCG's and managed by Berkshire West CCGs.

- North and West Reading £138 460
- South Reading £151,892
- Wokingham £188,994
- Newbury and District £145,265

10. BACKGROUND PAPERS

10.1 Future in Mind paper;
https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people

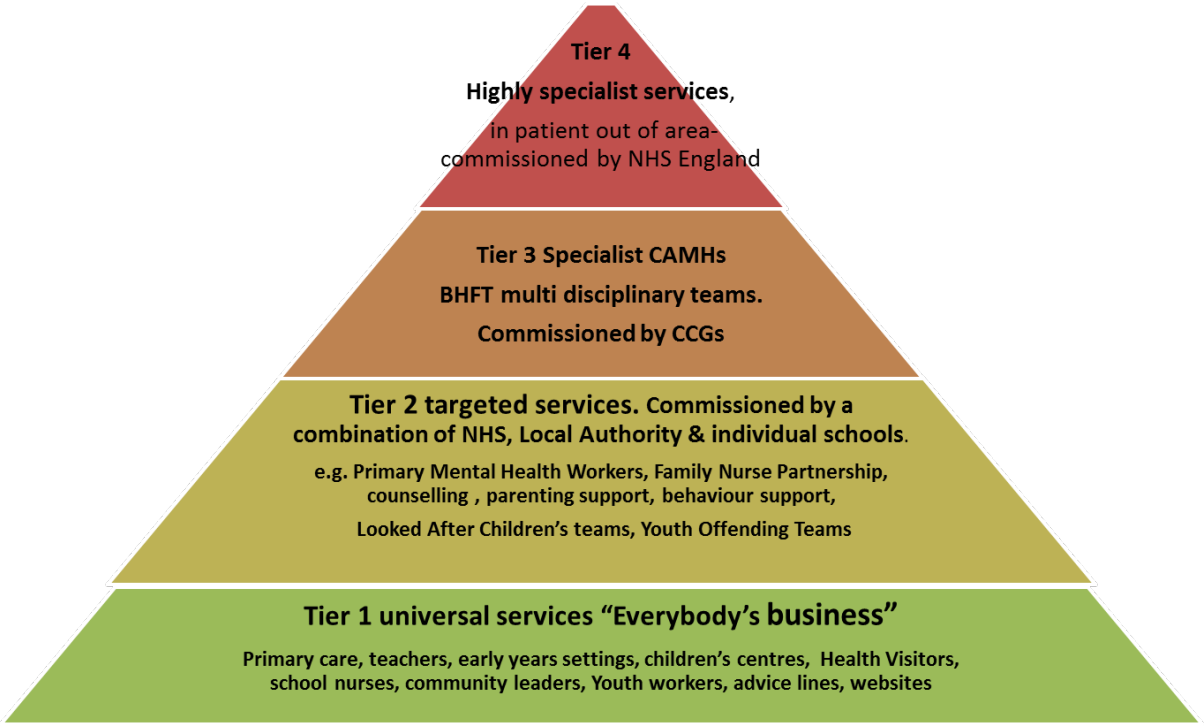
10.2 Transformation plan guidance;
http://www.england.nhs.uk/wp-content/uploads/2015/07/local-transformation-plans-cyp-mh-guidance.pdf
Links to Local Transformation Plans on the CCG websites (includes and easy read version and Frequently Asked Questions section)
http://www.nwreadingccg.nhs.uk/mental-health/children-and-young-people
http://www.southreadingccg.nhs.uk/mental-health/camhs-transformation

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
DoH	Department of Health
HV	Health Visitor
YOS	Youth Offending Service
ADHD	Attention Deficit Hyperactivity Disorder
RBHFT	Royal Berkshire Hospital Foundation Trust
ELSA	Emotional Literacy Support Assistants
PMHW	Primary Mental Health Workers

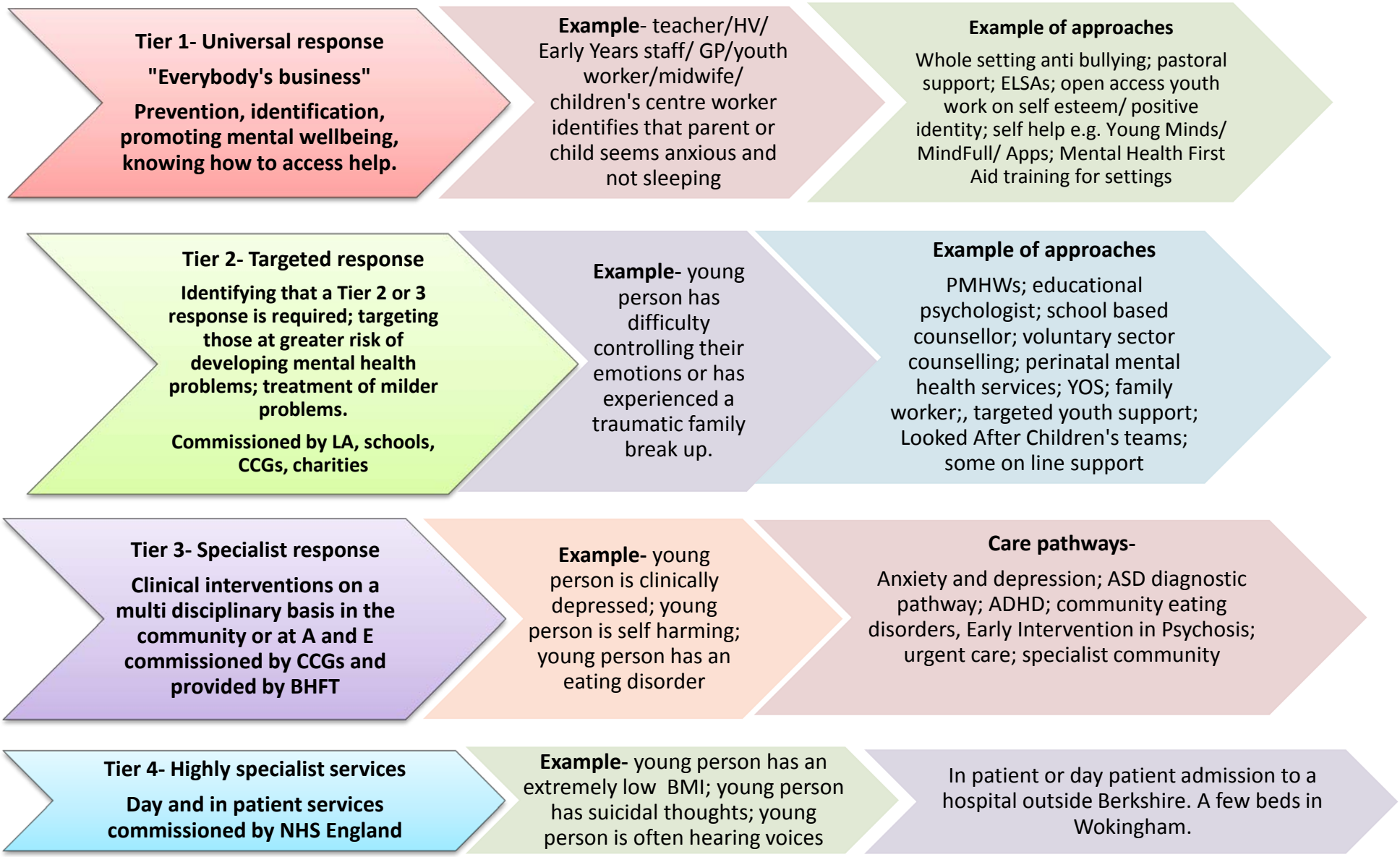
Appendix 2

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



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 – JANUARY 2016
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	Now complete	• Winter resilience work completed. Key learning is the need to improve urgent care and crisis response lead to CPE going live in October with 8 to 8 opening hours, Monday to Friday and the Short Term care team in place to tackle urgent care needs of children on the waitlist. • This work has now been developed into a CAMHs Core 24 Urgent Care Response Team pilot project
		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 partially complete and needs to be taken into next year's plan.	• School link project has been approved to funded from the Transformation fund. This will focus on schools ability to identify, provide support or know when and how to access support from targeted or specialist providers. This is the first step towards designing an alternative stepped care approach.
		Consideration of business case to increase investment into Tier 3 CAMHs.	BHFT and CCGs	Now complete	• Business case approved and additional £1m recurrently and £0.5m non-recurrent funding allocated
		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, partially complete and needs to be taken into next year's plan.	• See bullet point on schools link project above that will similarly contribute to this action. • Workshops to support families on ASD waiting list have started with Transformation funding support, provided by Autism Berkshire • BHFT has started to integrate physical and mental health pathways for children.
2	Increase Tier 2	To discuss how existing and new resources and	Local Authority	Now complete	• Children Trust workshop help in July 15 on

	provision, to ensure timely 'early intervention', reducing escalation of mental health problems and reducing the need for specialist Tier 3 and 4 services.	services at Tier 2 become a shared Early Help responsibility across the LSCB partnership.	(children's services)		this topic • LSCB has identified this as a priority for 2016.17 which will further support this area of work going forward.
		Pilot and research studies are underway to • evaluate online (Young SHaRON/online counselling), telephone and face to face support.	BHFT and CCGs	Spring 2016	• Young SHARON for parents and carers will be launched in Spring 2016. SHaRON will provide an online platform for workers who have attended PPEPCare training during 2016. Perinatal SHaRON is open.
		• A CAMHs app to be finalised following engagement with service users.	Local Authority (Public Health)	June 2015 - not completed this year	• CAMHs App continues to being trailed in 3 Slough and co work with National provider not concluded.
		• Identify and support women with perinatal and postnatal mental health issues earlier.	LA (Public Health) with CCGs. BHFT	Complete	• Service mapping complete. Training offer piloted and will be continued. Perinatal mental health service has been commissioned from BHFT and will commence April 2016
		• Develop the workforce, including GPs, Early Years, schools, children's centre staff, school nurses, youth workers		Complete but ongoing nature of the work needs to be taken into next year's plan	• Training continues from BHFT in PPEPCare for GP surgeries (60 participants). • RBCs PMHW service continues to provide other workforce training. PMHWs will be training as per BHFT in PPEP care will transformation fund training.
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	Now complete	• Investment agreed, see point 1 above. • Recruitment drive underway in BHFT to clear waitlists as this is the first priority. More collaboration will be enabled later.
4	Improve support in schools.	A pilot project on school based management of ADHD.	BHFT and LA (children's services)	Dec 2015 – not completed this year	• Pilot paused in single school in Reading and project is being redesigned in light of learning from pilot and is anticipated to restart early in 2016 dependant on staff

					recruitment.
		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)	Now complete	• Package of support is on school websites for schools to purchase range of support including formal supervision, training for new and existing ELSAs
		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- partially complete and needs to be taken into next year's plan.	• Training is taking place on an ongoing basis from the CATs • Two schools have invested in whole school Emotional First Aid training. More planned. • PEPP Care training will be offered as part of the School link project.
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	Now complete	• Reading local offer website has up to date information on community, LA and health Emotional and Mental Health services. • BHFT have launched a new CAMHs website and work on the website continues
		Following engagement with service users, BHFT to update information, resources and the website.	BHFT	Now complete	• Engagement with service users to develop website and resources completed and used in website improvements. Engagement continues that feeds website improvements.
6	Deliver improved communications and administration.	Engage with service users and their families to find out what they want to know about the service • 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 • Improve information in waiting areas. • Text reminder system to be set up. • Implement online tool "CAMHs web" which will facilitate shared decision	BHFT	All now complete	• Our service users have helped us to develop a set of seven information sheets about our service. This focuses on pre-referral information sheet, information on what to expect at CAMHS, and information about each pathway • Transparent information about our waiting times, the reasons for these, and the steps we are taking to reduce them is now available online. Our administration/reception team have been briefed on the information that service users have informed us is most helpful to

		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.			them when they make telephone calls to CAMHS. • CAMHS web, an online portal for service users, in now being introduced across the service allowing young people to access tools to enhance therapeutic communication, disclosure and collaborative practice. The tools also provide a self-help element. We are the first CAMHS service to introduce these tools across the entire service
7	Improve the environment where CYP are seen or are waiting including more privacy for confidential conversations and availability of toys	Service users suggestions to improve clinical spaces and waiting rooms are • 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	All actions now complete	• Participation group have generated many pieces of artwork depicting positive and uplifting messages and images that they feel are helpful to other service users. • The artwork, which takes the form of painted canvasses, mounted quotes and other decorative features, is now on display at Reading CAMHS. The group have also begun to develop smaller (A5) pieces that will be used to populate an attractive tree stencil which they have selected for the corridor area of Reading CAMHS. • We have worked with our service users to decide which information/publicity about other issues and services they find most helpful. • Service users have helped us make decisions about the mental health information they would like to see within our waiting areas. There is now a folder of information sheets covering all of the issues that are treated at CAMHS in formats, aimed at both young people and parents, within all of our CAMHS localities.

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 – partially complete and needs to be taken into next year's plan.	• CCG have awarded grants to voluntary sector organisations who support young people with ASD namely Autism Berkshire, ASD Family Help (predominantly Wokingham families), Children on the Autistic Spectrum, Young People's Project (CATSYPP), Parenting Special Children & Reading Mencap • Will be a focus in Transformation Plan going forward.
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	Now complete	• CPE is now operating an 8 to 8 service through the week. • Short term care team in place supporting children on the waitlist that need urgent immediate support. • Evening and weekend access continues to be through the RBH. • CAMHs on call consultant available out of hours. • CAMHs Core 24 Urgent Care Response Team pilot project starts from March 2016- enhanced service available 7 days a week.
		Secure staff to be able to offer this service.	BHFT	Now complete	• See above as update the same.
		Evaluate effectiveness of the service with a view to mainstreaming this with recurrent funds.	BHFT and CCG	Complete- full pilot commissioned	• CAMHs Core 24 Urgent Care Response Team pilot project starts from March 2016- enhanced service available 7 days a week
		Enhance the Early Intervention in Psychosis service for young people.	BHFT	Now complete	• Service now in place
		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	Complete- 12 month pilot for under 0-18's commissioned.	• CAMHs Core 24 Urgent Care Response Team pilot project starts from March 2016- enhanced service available 7 days a week

		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	Crisis Care Concordat Action plan being refreshed for 16/17	• Crisis Care Concordat Declaration was signed off Dec 2014 • Action plan published and regular review of work begin. Street and ambulance triage pilot service in place during 15/16. • Initial learning from the enhanced service for 16-18 year olds has led to CAMHs Core 24 Urgent Care Response Team pilot project for under 18's. Previous work on 16 and 17 year olds has enabled more rapid assessment when child presenting at A&E; that children are being discharged/ transferred more quickly and appropriately and improved confidence across RBH staff in mental health issues in young people. See above as same update
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	Complete	• Berkshire Adolescent unit is now a 24 hours a day, 7 days a week, for 52 weeks a year service for vulnerable young people
		To increase the number of Tier 4 beds available in Berkshire	NHS England BHFT	Complete	• Building work is complete • Year to date fewer Berkshire young people have required Tier 4 admission.

READING BOROUGH COUNCIL

REPORT BY MANAGING DIRECTOR

TO:	**Health and Wellbeing Board**		
DATE:	**18th March 2016**	**AGENDA ITEM:**	**7**
TITLE:	**Beat the Street: Reading 2015**		
LEAD COUNCILLOR:	**Cllr Graeme Hoskin**	**PORTFOLIO:**	**Health**
SERVICE:	**Public Health**	**WARDS:**	**Borough wide**
LEAD OFFICER:	**Sarah Wise/Kim Wilkins**	**TEL:**	
JOB TITLE:	**CCG Manager/Senior Programme Manager: Public Health Adult Care and Health Services**	**E-MAIL:**	**Sarah.wise2@nhs.net kim.wilkins@reading.gov.uk**

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. Purpose of this report

The purpose of this report is to provide headline feedback on the 2015 Beat the Street project, commissioned by Reading Borough Council Public Health and North & West and South Reading CCGs. The 2015 project was developed based on the positive reception of the 2014 Beat the Street project.

The report also provides an update on arrangements for the 2016 Beat the Street project.

- Appendix 1 – Beat the Street Reading Engagement Overview 2015
- Appendix 2 – Beat the Street Reading 2015 feedback – What do people get out of Beat the Street?

2. RECOMMENDED ACTION

2.1 That the Health and Wellbeing Board note the background to the Beat the Street walking initiative and the feedback and evaluation results for the 2015 Beat The Street project as summarised.

2.2 That the Health and Wellbeing Board note current arrangements for the 2016 project.

3. POLICY CONTEXT

3.1 The Reading Health and Wellbeing Strategy identifies promoting health-enabling behaviours and lifestyle tailored to the differing needs of communities as one of its four main goals within its Delivery Plan, making promotion of physical activity a key area of focus for prevention and behaviour change programmes.

3.2 Clinical Commissioning Groups have a responsibility to make efficiency savings and improve care for patients through a plan for 'Quality, Innovation, Productivity and Prevention' (QIPP) that has a budget attached to it. Beat the Street is a preventative project aiming to change habits and behaviours, particularly by targeting certain groups.

4. THE PROPOSAL

4.1 Background

Intelligent Health is a company founded and directed by Dr William Bird, a local GP. The company focuses on promoting physical activity to improve health outcomes.

Intelligent Heath's Beat the Street community initiative is designed to inspire people to walk more. People scan a card or key fob onto 'Beat Box' scanners located around the community in order to indicate that they have walked between the boxes, earning points that add up to win prizes for their team or school.

Beat the Street for Reading 2015 was commissioned by Reading Borough Council Public Health and North & West and South Reading CCGs to increase physical activity levels. A focus was given to engaging people who had long term conditions and who had low levels of physical activity.

23,992 people took part in the Beat the Street project between 29 April and 24 June 2015 (15,074 in 2014/15). 10,831 participants (8,416 in 2014/15) were school children and 13,161 (6,658 in 2014/15) were adults, the project succeeded in engaging 11% of the population of Reading, 12% of participants had a long term condition such as COPD, arthritis or diabetes.

306,640 miles were walked (244,537 in 2014/15). At the beginning of the project 40% of people reported meeting the Department of Health's guidelines for levels of activity (30 minutes of physical activity for five or more days per week). By the end of the project, this had increased to 48%. 78% said they would try to continue the changes they had made after Beat the Street had ended. The full evaluation of the 2015/16 Beat the Street project are attached as Annex A and B.

4.2 2016 Project

Public Health and North & West Reading and South Reading CCGs, in order to build on these project outcomes, will commission further projects over the next 2 years that will have higher participation rates, especially from GP practices engaging patients.

The 2016 project will run from 15 April – 27 May 2016, the expected benefits/outcomes are:

- 15% of the population to participate (31,650)
- 25% of adults participating to have been referred by their GP and for 18% of adults participating to have a Long Term Condition
- 8% of participants to be referred through business workplaces
- 95% of primary schools participate
- 50% of secondary schools participate
- 10% increase in activity levels

As required last year, monitoring of the BTS system and database will take place before, during and after the competition. Progress analysis and evaluation will be undertaken at inception, end of live project and after six months and 12 months follow up.

4.3 Finance Implications

4.3.1 The total cost to deliver the Beat the Street programme in 2016 is £127,650. 50% of the cost will be funded by Public Health with the remaining 50% funded equally across both North & West and South Reading CCGs.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 This programme supports delivery of the Reading Health and Wellbeing Strategy strategic goal 4: Promote health-enabling behaviours and lifestyle tailored to the differing needs of communities; and Goal 4 sub Objective 3 – Reduce the prevalence, social and health impacts of obesity in Reading including targeting key causes.

Beat the Street Reading

Engagement Overview 2015

Intelligent Health

Beat the Street, Reading
Engagement Overview
February – June 2015

Headlines

306,640 miles were travelled

13,161 adults (6,658 in 2014)

23,992 players (11% of the population) from Reading, Burghfield, Mortimer, Pangbourne and Theale

10,831 children (8,416 in 2014)

202 Beat Boxes across Reading town and the surrounding villages

84 teams signed up to the challenge

The Department of Health wants everyone to be active for at least five days each week. In Reading running Beat the Street for two years in a row helped 20% more people reach the target

Eight out of ten people said that Beat the Street helped them be more active and walk more

© 2015 Intelligent Health

Overview

Beat the Street Reading 2015 ran between 29 April and 24 June 2015.

Beat the Street supports people to become healthier through activity by changing their daily habits to include more walking and cycling.

The Beat the Street campaign was funded by the NHS North and West Reading and NHS South Reading Clinical Commissioning Groups and Reading Borough Council. The campaign aims to promote healthier lifestyles for people of all ages. Together, the communities of Reading, Burghfield, Mortimer, Pangbourne and Theale travelled over 300,000 miles in eight weeks.

The Department of Health's target is for everyone to be active for at least five days each week. Beat the Street ran in Reading in 2014 and again in 2015. This helped more than half of people reach the target.

"Thanks to all those involved in this great scheme. Not only has it encouraged loads of children to walk more, but adults have played a key part too. I am a 67 year old grandfather and have never walked as much as I've done in the past few weeks. I will miss the Beat Boxes and some of the detours I have made to gain extra points for my grandson's school, I fully intend to keep beating the streets of Caversham and Reading."
Colin Pike

These benefits were mentioned by half of people who provided feedback at the end of the competition.

The competition ended at midnight on Wednesday 24 June. 23,992 players (11% of the population) travelled a grand total of 306,599.2 miles. This is a 63% increase in participants from 2014, when 15,074 people took part.

Feedback from over 800 people who completed the post Beat the Street survey included benefits of having fun, feeling healthier and getting fit, exploring the local area, feeling part of the community and spending time with friends and family.

Players and teams in Reading led the way in innovative ways to get moving: a school holding an outdoor learning week, a walking bus or evening walks for teams.

"Just wanted to say I think this scheme is a brilliant initiative, I walk a fair amount anyway (due to owning a dog!) but have really noticed a massive difference in the amount of people I've seen out walking over the last few days.

So lovely to see school children queuing to use a Beat Box and to see adults out walking, cycling or jogging to scan Beat Boxes of an evening! An excellent idea to get us all that little bit more active and to stop being so reliant on our cars! Well done."
Sally Fennemore

Winners

First place – Highest Total Points
The Hill Primary
First place – Highest Average Points
Yoga Reading

Second place – Highest Total Points
Theale Primary School
Second place – Highest Average Points
Reading College of Estate Management

Third place - Highest Total Points
Micklands Primary
Third place – Highest Average Points
Mortimer St Mary Junior School

Beat the Street Board

A Beat the Street Board comprising representatives of NHS North and West and South CCGS, Reading Borough Council Public Health, Transport and Sport and Leisure and Intelligent Health oversaw the creation of communication, engagement and delivery plans for the 2015 programme.

The aim was to engage 22,500 players and the target was reached with 23,992 taking part.

NHS Clinical Commissioning Groups

NHS issued letters to GP practices for distribution to patients with Long Term Conditions and provided weekly communication support included key quotes and driving the promotion forward.

All GP practices were sent marketing material promotional material including maps, posters, flyers and cards and the NHS Central Communications Team posted digital material on the GP screens in surgeries. Presentations were made to patient groups and GP practices to ensure awareness of the competition before it began.

Almost 20% of adults who played (2,538 people) joined through their GP surgery.

NHS also created a video from Dr Rupert Woolley explaining why it's important for patients to get active: www.youtube.com/watch?v=U-ZcDbYF5RM&list=PLiv_04Je-DSoeem3t_QVHEDdK1OrOlNG_

Reading Borough Council

Reading Borough Council Communications Team supported by distributing materials to all council venues and promoting via internal and external media.

The mayor attended key events and lead councillors provided quotes of support throughout the campaign. Beat the Street attended or hosted double points Beat Boxes at key Reading Borough Council events throughout the competition.

Beat the Street worked with Readybike to encourage people to take up the cycle initiative.

Reading Museum hosted a Bonus Box during half term, the figures for all visitors over May half term week 2013 was: 2,673, in 2014: 3,976 and 2015: 3,498 so again a 50% increase in visitors which they attribute to Beat the Street.

Sponsors

Decathlon
Decathlon became the sponsor for adult prizes and provided daily 'lucky tap' prizes for residents of Reading, Burghfield, Mortimer, Pangbourne, Theale and Woodley during the 8 week challenge. Every day one player won a Decathlon voucher worth £25. The Beat the Street emailed the winner and they collected the voucher in store.

A Beat Box was positioned near the Decathlon shop and their role was promoted via our media partner the Reading Chronicle and via Facebook. Decathlon attended the launch event and were invited to the prize giving.

LEGO®UK
LEGO® Friends, LEGO® Elves, LEGO® City, LEGO® Chima and LEGO® Bionicle prizes were all on offer for the thousands of children taking part in the walking and cycling challenge.

The top two winning schools in each leader board received a share of £500 of LEGO® goodies. LEGO® also provided prizes for 'lucky taps' throughout the competition and support local events such as the Children's Meadow Madness.

"LEGO®UK is delighted to once again be partnering with Beat the Street. The initiative sends such a positive message to children of the importance of teamwork and community spirit, goal setting and a sense of pride at achieving those goals – all of which are values shared by the LEGO® Group."
LEGO® Group spokesperson

Businesses

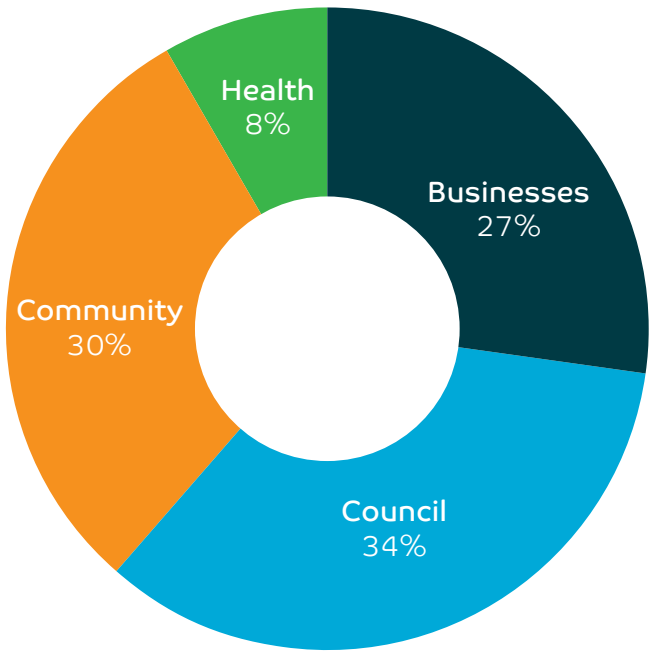
Reading UK CIC, the economic and development company for Reading, promoted the challenge to all its business members. It hosted the launch of Beat the Street and the final ceremony and gave permission for the signage throughout the town centre.

> "Beat the Street is a very worthwhile initiative between the NHS and Reading Borough Council that engages a whole community."
> **Bobby Lonergan, Reading BID Manager**

Of 90 businesses contacted 11 created teams of 25 or more people. This represents a 12% take up or conversion rate.

Thames Valley Park held their own fund-raising initiative to support the Royal Berks Charity and promoted the initiative to staff via their Thames Valley Park Travel Plan programme.

Non-School Teams



Voluntary Organisations

Voluntary Organisations were invited to take part and were contacted directly and via the Reading Voluntary Association.

Teams included Reading Swing Jam a non-for-profit dance organisation and Jelly Arts.

Beat the Street promoted local community events via Facebook to encourage players to take a trip by walking or cycling to different areas.

Schools

Fifty three schools took part including two secondary schools.

Schools received a comprehensive pack including banners, posters, flyers, cards, maps, parent packs, a DVD on how to play and certificates for every participating child. Parent packs were given to every primary school pupil and of the 14,000 distributed 6,680 (48%) were used.

Weekly newsletters were sent out to encourage schools to continue and get parents involved. Many schools reported arranging running/walking clubs and including Beat the Street in the curriculum.

Weekly LEGO® prizes were presented at assemblies to pupils each week along with a school newsletter. The prizes were awarded for a lucky tap so every child was eligible.

> "We set up a teachers walking group and took pupils for walks which was a great way to spend quality time with them. Our Year 5 teacher used Beat the Street in maths, literacy and geography lessons to keep children engaged. This has been one of the best initiatives we have ever been involved in."
> **Jo McArthur, Head of Mortimer St Marys**

Events

Beat the Street operated with a complete calendar of over 50 events to support local initiatives and partners and keep people moving throughout the competition.

This included Reading Borough Council Children's festivals, Reading Town Centre events and local festivals. Bonus boxes were also arranged throughout the competition to support people to visit new areas and 'enjoy Reading' and the villages. Bonus boxes were sited in all parks during the final weekend to encourage people into Reading and the villages' green spaces. Reading Borough Council Health Walk leaders organised a walking bus and a GP practice walk during the competition.

Beat the Street worked closely with Open for Art event on 4 July to promote the weekend festival of art to the Beat the Street participants. A Beat Box trail was established next to art events to encourage people to visit the events. Finally the Beat the Street Prize presentation was held on the Saturday on a Creative People stage to encourage people to come down and celebrate.

Marketing material

A suite of marketing material was created using a ‘race to space’ theme.

This included the production of 60,000 RFID cards, 42,000 flyers and 110,000 maps.

Intelligent Health produced 14,000 parent packs for every pupil in primary schools. 6,680 (48%) of these cards were used. These contained an envelope, a letter on handy hints, a flyer and one RFID card.

Media

The Reading Chronicle were the media partner for Beat the Street 2015 and produced 13 articles before, during and after the competition. The editor assigned a journalist for the project and provided a photographer and articles throughout.

LEGO® placed a children’s competition in the Reading Chronicle during the programme.

Get Reading also produced 11 online stories and were very supportive of the project.

BBC Radio Berks covered Beat the Street in 3 media reports and BBC South Today reported on the positive impact the programme was having on business in Reading, including the NHS staff team, with an article on 23 June 2015.


July 2, 2015 www.readingchronicle.co.uk

Town’s fitness bid reaches continent

Georgina Campbell


News › Reading & Berkshire News › Reading

Innovative walking challenge Beat the Street to return to Reading

Beat the Street is back and it is promising to be bigger and better than ever

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VIEW GALLERY

Last year walkers reached the moon, the year before it was the distance of twice around the world. With the innovative walking project, Beat the Street, set to return to Reading the

Social Media
A social media plan was established and updated weekly with NHS, RBC and Beat the Street posting, sharing and retweeting messages in an agreed format.

The Twitter feed had 733 followers by the end of the competition with daily tweets posted according to the Social Media plan. Funders messages were retweeted as appropriate and local events promoted.

Facebook had 3,118 likes and over 100 proactive posts throughout the competition. The Beat the Street team worked 7 days a week to support players, keeping them engaged and dealing with any issues as they arose.

The NHS produced a video showing Dr Woolley explaining the benefits of regular exercise. This is available on Youtube: www.youtube.com/watch?v=U-ZcDbYF5RM&list=PLiv_04Je-DSoeem3t_QVHEDdK1OrOlNG and was posted on Facebook, Twitter and sent to local media.

Beat the Street Reading Articles
- Reading Chronicle: 13 newspaper articles
- Get Reading: 11 online articles

AVE (advertising value equivalent) is number of ad rate x columns:
£95,097.60

Appendix
Media articles

	Source	Article	Date
1	Get Reading	Innovative Walking Challenge Beat the Street to return to Reading	16 February 2015
2	The Reading Chronicle	Pounding feet in street challenge	2 April 2015
3	The Reading Chronicle	Best foot forward to clock up £2,000 for charity	9 April 2015
4	The Reading Chronicle	Players all set for a new round of Beat the Street	16 April 2015
5	Get Reading	Beat the Street Reading: one week until blast off	23 April 2015
6	The Reading Chronicle	GP actively behind the Beat the Street campaign	30 April 2015
7	The Reading Chronicle	Reading Children's Festival	30 April 2015
8	The Reading Chronicle	Cheat the streets	14 May 2015
9	Get Reading	Watch: brother and sister's video promotes Beat the Street campaign	14 May 2015
10	The Reading Chronicle	Beating diabetes with Beat the Street	21 May 2015
11	Reading Museum	Beat the Street – Double Points this May Half Term at Reading Museum	22 May 2015
12	Get Reading	Beat the Street: Almost 10% of Reading's population taking part in challenge	25 May 2015
13	Get Reading	Beat the Street Reading: bag double points at weekend events	12 June 2015
14	Get Reading	Beat the Street Reading: enjoy local parks and earn extra points	19 June 2015
15	Get Reading	Beat the Street Reading: Competition completes its race to space	27 June 2015
16	The Reading Chronicle	Town's fitness bid reaches continent	2 July 2015
17	Get Reading	Beat the Street Reading: Participants presented with their prizes	7 July 2015
18	The Reading Chronicle	Beat the Street stars celebrate	9 July 2015

1 Get Reading
Innovative Walking Challenge Beat the Street
to return to Reading
16 February 2015
www.getreading.co.uk/news/reading-berkshire-news/innovative-walking-challenge-beat-street-8658810

Innovative walking challenge Beat the Street to return to Reading

Beat the Street is back and it is promising to be bigger and better than ever

176 Shares Share Tweet +1 LinkedIn

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VIEW GALLERY

Last year walkers reached the moon, the year before it was the distance of twice around the world. With the innovative walking project, Beat the Street, set to return to Reading the big question on everyone's lips is what will this year's challenge be?

Beat the Street - run by Intelligent Health - will return to Reading from April 29 to June 24 with the support of Reading Borough Council and the town's two Clinical Commissioning Groups (CCG).

More than 15,000 people across Reading took part in Beat the Street 2014 and walked an impressive 244,557 miles in eight weeks – more than 6,500 miles past the out of this world target. Teams from 30 primary schools, the University of Reading and other community groups all competed for top prizes.

All the winners of Beat The Street

This year 210 beat boxes will be placed throughout Reading, Pangbourne, Mortimer, Theale and Burghfield. Organisers remain tight lipped about the full details of the challenge and prizes but has promised all will be revealed shortly.

Dr William Bird MBE creator of Beat the Street said: 'We are delighted to be able to run Beat the Street in Reading again and work with the council and CCGs to make physical activity a daily habit. Last year we had incredible participation and enthusiasm but we know we can do more.

'We have showed it helps improve health, travel and community engagement but most of all we found people really enjoyed the game. This year we want to get even more people playing and getting to know their town. This is a community challenge for everyone and we invite groups, businesses and individuals to get in touch and get involved in the eight week challenge.'

Beat the Street encourages everyone in the borough to walk, cycle or run as much as possible. Each walk is recorded using specially designed walking sensors, known as 'Beat Boxes', which attach to lampposts and other street furniture across the town.

Graeme Hoskin, Reading Borough Council's Lead Member for Health said: "As a council we're committed to supporting our town's residents to get more active and combating childhood obesity is a major priority for us. I'm therefore delighted that we're able to invest in making Beat the Street bigger and better in Reading this year.

"It was a great success last year, being both competitive and fun. It really did encourage more Reading people to walk or cycle more, get a bit healthier and feel better as a result."

The benefits of taking part

Aside from exploring the town and having fun, taking part in Beat the Street has huge health benefits that will save lives.

Last year's challenge to walk to the moon increased Reading's physical activity levels by 10 per cent. At the beginning of the competition, 35 per cent of people reported meeting the Department of Health's guidelines for levels of activity. By the end of the competition, this had increased to 45 per cent.

A fantastic 82 per cent of respondents in an evaluation of last year's programme felt the challenge assisted them in being more active, and 73 per cent said that it had helped them to feel healthier.

Pupils at Thameside Primary School, Caversham are taking part in last year's Beat the Street campaign

Figures from NHS England and Sport England released in 2014 show that every year in Reading 15 new cases of breast cancer are caused by inactivity, 684 cases of diabetes are caused by inactivity and 21 emergency heart admissions, each costing the NHS £30,000, are caused by inactivity.

The burden of disease and conditions attributable to inactivity in Reading is estimated at more than £1.6million per year. Evidence from the report Walking Works, endorsed by Public Health England, highlights that physical activity is becoming a public health problem comparable to smoking.

An inactive person spends 37 per cent more days in hospital and visits their doctor 5.5 per cent more often.

Dr Rod Smith, Chairman of North and West Reading CCG said: 'We know that making exercise a part of a normal day has clear health advantages and this initiative makes exercise as fun as possible. Walking just half an hour a day, five-days-a-week has major health benefits and can reduce the risk of developing certain illnesses such as heart disease, diabetes, cancers, dementia, depression and anxiety. Taking exercise also helps improve the health of those who already have these illnesses.

'I would encourage as many of our local people take part in Beat the Street as this year it promises to be bigger and better than before.'

2 The Reading Chronicle
Pounding feet in street challenge
2 April 2015

Chronicle, Thursday, April 2, 2015 www.readingchron...

Pounding feet in street challenge

THOUSANDS of feet will be pounding the pavements in this year's bigger and better Beat the Street challenge.

School children, GP surgeries and hospital staff will be challenged to collect as many points as possible as they swipe their cards at Beat Boxes put up all over Reading.

The initiative to get children, and their families, walking has grown in its second year and will include Woodley, Mortimer, Burghfield, Theale and Pangbourne.

Katherine Knight, marketing director of Intelligent Health that is organising the eight week event in conjunction with Reading Borough Council Public Health, Wokingham Borough Council Transport department, and the area's NHS through the Clinical Commissioning Group, said this year there will be daily prizes for swipers as will as prizes for the schools that accumulate the most points. Ten points are collected on cards when they are swiped at two beat boxes within an hour time limit. The school and organisation with the most points win prizes.

Ms Knight revealed last year's Beat the Street saw more than 15,000 people take part and they walked 244,000 miles – enough to get them to the moon. This year the target is a massive 30,000 miles.

She said: "This year there will be 202 beat boxes with an estimated 22,000 playing.

Fitness first: school children who took part in last year's challenge

"It is the biggest mass participation events of its kind and its really fun.

"We are encouraging people to walk and its a great opportunity to explore the Kennet, along the Thames, as well as the free events that are put on in the area like Waterfest, collecting points along the way."

The initiative, that was trailed by Caversham schools in 2013 before last year's town-wide launch, is tasked with tackling obesity and showing families the benefits of becoming active.

Last year 82 per cent of participants said it made them feel more active with 18 per cent of people who classed themselves as inactive becoming active.

All Saints Junior and Primary School walked the most miles throughout the 2014 challenge, with Theale Primary picking up the villages award.

GP and creator of Beat the Street Dr William Bird said: "Beat the Street will take Reading and the area from spring to summer – a perfect time to get out and about."

3 The Reading Chronicle
Best foot forward to clock up £2,000 for charity
9 April 2015

Best foot forward to clock up £2,000 for charity

BEAT The Street is counting on participants to smash the challenge so it can donate to a Berkshire charity.

This year the initiative, which aims to get Reading walking, will donate £2,000 to The Royal Berkshire Cancer Centre if participating teams travel more than 300,000 miles and complete the eight-week challenge.

Marketing director at Intelligent Life, Katherine Knight, said: "Every step anyone makes matters. This is truly a challenge which involves the whole community."

Ian Thomson, charity manager at the Royal Berkshire Cancer Centre, said: "We are delighted to be working with Beat the Street, just to work with them is an absolute joy.

"This is a huge amount of money and literally every penny helps.

"A lot of people say: 'Oh I only have a pound, that will not help,' but it does. For example, we produce therapy putty which comes in different strengths and is used by our stroke patients to help their nerves. A pot of this putty costs 85p."

Record: Beat the Street participants will receive swipe cards

Mr Thomson said: "As a local charity we are always looking to work with people in the community because the people in the community will benefit from our services."

A number of businesses have already backed Beat the Street this year, including The Reading Business Improvement District, Broad Street Mall and the Oracle.

Ms Knight, said: "We are all walking and cycling to make Reading a healthier place and we are thrilled businesses are getting behind the challenge."

Bobby Lonergan, Reading BID Manager, said: "Beat the Street is a very worthwhile initiative between the NHS and Reading Borough Council that engages a whole community.

"Reading Business Improvement District hopes even more participants than the 15,000 in 2014 will take part this year."

From April 29 to June 24 Beat the Street will be rolled out across Reading and West Berkshire. Teams will be given a card to swipe at the 202 Beat Boxes around the area.

4 The Reading Chronicle
Players all set for a new round of Beat the Street
16 April 2015

Players all set for a new round of Beat The Street

Fit kids: All Saints Junior School children were among those who got involved last year; below, Herbie and Hettie Sykes; right, Samuel Knight taking part in the challenge

BEAT THE Street will be rewarding participants with daily and overall prizes throughout the campaign beginning at the end of this month.

To encourage players to take part in the walking and cycling challenge, LEGO and Decathlon will be donating prizes.

From April 29 to June 24, players will earn points by tapping Beat Boxes as they travel round the town.

LEGO will provide prizes for 'lucky taps' throughout the competition and also support events including the Children's Meadow Madness.

The top two winning schools in each leader board will receive a share of £500 of LEGO goodies.

A spokesman for the LEGO Group said: "LEGO UK is delighted to once again be partnering with Beat the Street. The initiative sends such a positive message to children of the importance of teamwork and community spirit, goal setting and a sense of pride at achieving those goals – all of which are values shared by the LEGO Group."

The sports retailer Decathlon will also be donating daily spot prizes during the eight-week challenge.

Every day one player will win a Decathlon voucher worth £25 and the five players that have travelled the furthest will win a £175 voucher.

Katherine Knight, marketing director at Intelligent Health, said: "I think it is really wonderful that Lego and Decathlon are coming along to support such a big community initiative. It sends a very strong message out that this is a fun event and the prizes will encourage people to keep going."

Thames Valley Park has already signed up to the scheme. Laura Jacklin, travel coordinator, said: "We encourage a lot of people to look for alternative methods of transport to and from the park. When Beat the Street approached us and said it was a walking campaign, we jumped at the chance to get involved because it's one of the aims of our travel plan.

"There will be several beat boxes in the park to help encourage lunchtime walkers to get involved."

The scheme is being funded by NHS CCG North and West and CCG South in partnership with Reading Borough Council.

This year the initiative hopes that participants will be able to walk, run or cycle 300,000 miles, so it can donate £2,000 to The Royal Berkshire Cancer Centre.

5 Get Reading
Beat the Street Reading: one week until blast off
23 April 2015
www.getreading.co.uk/news/reading-berkshire-news/beat-street-reading-one-week-9097414

Beat the Street Reading: one week until blast off

The race to space returns to Reading from April 29 to June 24

11 Shares Share Tweet +1 LinkedIn

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Representatives from the whole community turned out to kick start Reading's race to space.

Beat the Street - run by Intelligent Health - will return to Reading from April 29 to June 24 with the support of Reading Borough Council, and the town's two Clinical Commissioning Groups (CCGs).

The unique challenge is aimed at getting the whole community more active and launched in Reading town centre on Wednesday, April 22.

Beat the Street 2015

This year's target is to travel as a town for eight weeks into space. If the town reaches 300,000 miles a £4,000 donation will be made to The Royal Berkshire Cancer Centre.

More than 15,000 people across Reading took part in Beat the Street 2014 and walked an impressive 244,557 miles in eight weeks – more than 6,500 miles past the moon.

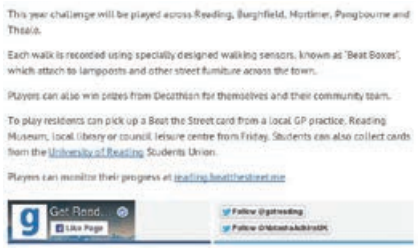
This year challenge will be played across Reading, Burghfield, Mortimer, Pangbourne and Theale.

Each walk is recorded using specially designed walking sensors, known as "Beat Boxes", which attach to lampposts and other street furniture across the town.

Players can also win prizes from Decathlon for themselves and their community team.

To play residents can pick up a Beat the Street card from a local GP practice, Reading Museum, local library or council leisure centre from Friday. Students can also collect cards from the University of Reading Students Union.

Players can monitor their progress at reading.beatthestreet.me



6 The Reading Chronicle
GP actively behind the Beat the Street campaign
30 April 2015

Chronicle, **Thursday, April 30, 2015** www.readingchronicle.co.uk

GP actively behind Beat The Street campaign

A GP is championing healthy living in Reading following the official launch of Beat The Street last week.

Dr Rupert Woolley, the Clinical Commissioning Group's lead GP for the Beat the Street Campaign, is urging residents to sign up.

He said: "Our bodies are designed to be active and we know that physical activity is now known to improve 23 long-term conditions. Medical evidence shows that exercise is a more important contributor to good health than, for example, a person's weight, as it reduces risk across a range of conditions including diabetes, hypertension, certain cancers and dementia."

With the aim of developing long-term healthy lifestyles, Beat the Street is jointly funded by the NHS North and West Reading and NHS South Reading Clinical Commissioning Groups, and Reading Borough Council's Public Health Team.

He said: "According to government statistics, 40 per cent of the UK population is getting less than 30 minutes' physical activity per week and I urge people in Reading and the surrounding area to avoid being part of that statistic.

"As a GP, I like to encourage my patients to take greater control over managing their own health – and Beat the Street helps them do exactly that."

Dr Woolley added: "Exercise doesn't have to be onerous – it means walking to the shops instead of driving, or going out for lunch – on foot – rather than eating at our desk. It simply means moving around more – and this initiative makes exercise as fun as possible."

Sign ups for the walking campaign went live on Wednesday last week, and walking cards have already been distributed throughout the town.

There are multiple walking routes which will enable participants to log the distance covered by tapping their Beat the Street card on the Beat Boxes on the route.

The card activates when tapped against a Beat Box from April 29, tapping another within an hour records the journey.

During the eight-week campaign it is hoped participants will walk or cycle more than 300,000 miles in order to donate £2,000 to the Royal Berkshire Cancer Centre.

For more information visit http://reading.beatthestreet.me/

'I like to encourage my patients to take greater control over their own health'

Healthy option: Dr Rupert Woolley is urging residents to sign up for Beat The Street

7 The Reading Chronicle
Reading Children's Festival
30 April 2015

8 The Reading Chronicle
Cheat the streets
14 May 2015

Chronicle, **Thursday, May 14, 2015** www.readingchronicle.co.uk

Cheat the streets!

Outrage as parents beat the system in their cars

Georgna Campbell

A COMPETITION has spiralled out of control as cheaters try and scam the Beat the Street challenge in order to win the monetary prize.

Outraged parents have come forward, calling out players who drive up to the Beat boxes across the town so that their children can hop out and swipe their cards, defeating the object of the healthy lifestyle campaign.

Kristian Gustavsson, had just finished visiting the Beat box at Blessed Hugh Farringdon with his family when he saw a car drive up to the box.

The father-of-three said on social media: "The young daughter got out of the car, hit the box, then got back into the car and drove off. Not quite in the spirit of the game, on the surface of it."

A Caversham mum of two primary school aged children said she found it "outrageous" that adults would stoop to cheating.

She said: "I was out one day with the girls and just saw somebody swipe several cards all together at the same time and they were on their own.

"My children questioned that and know about cheating.

"I think there will always be cheating involved when there is money and prizes to be won and I think it's a shame."

Street challenge: parents have been outraged by players trying to cheat in the competition

Reports of a car almost knocking pedestrian players over as it made a u-turn after driving up to the box were also aired on social media.

The purpose of Beat the Street is to encourage residents to walk, or cycle to Beat boxes, where they collect points that add up to overall and daily prizes.

The school with the most points will win a prize at the end of the eight-week competition.

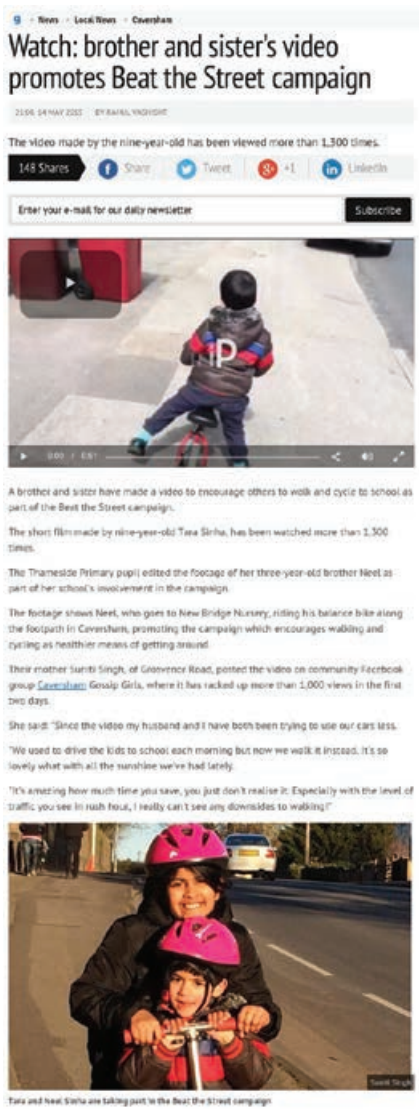
Katherine Knight, marketing director of Intelligent Health, said: "The prize is improving your health, so the people who are cheating are cheating themselves. "They are a minority, but we will ensure that they do not spoil the competition for those who are playing properly."

She added: "We will be wiping their cards, so that it will have an impact on their team. We will be writing to schools to remind people that the challenge is about the community coming together and about getting active."

Nearly 20,000 players have signed up to the competition, and there will be another opportunity to sign up to the challenge at Meadowa Madness on Saturday from 11am to 4pm.

At the Children's Festival at Forbury Gardens, there will be a Beat the Street stand and a Beat box which will earn players double points and LEGO prizes. For concerns about the cheaters, contact team@beatthestreet.me

9 Get Reading
Watch: brother and sister's video promotes Beat the Street campaign
14 May 2015
www.getreading.co.uk/news/local-news/watch-brother-sisters-video-promotes-9256709



News › Local News › Caversham

Watch: brother and sister's video promotes Beat the Street campaign

The video made by the nine-year-old has been viewed more than 1,300 times.

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A brother and sister have made a video to encourage others to walk and cycle to school as part of the Beat the Street campaign.

The short film made by nine-year-old Tara Sirha, has been watched more than 1,300 times.

The Thameside Primary pupil edited the footage of her three-year-old brother Neel as part of her school's involvement in the campaign.

The footage shows Neel, who goes to New Bridge Nursery, riding his balance bike along the footpath in Caversham, promoting the campaign which encourages walking and cycling as healthier means of getting around.

Their mother Sumiti Singh, of Gravesend Road, posted the video on community Facebook group Caversham Gossip Girls, where it has racked up more than 1,000 views in the first two days.

She said: "Since the video my husband and I have both been trying to use our cars less. We used to drive the kids to school each morning but now we walk it instead. It's so lovely what with all the sunshine we've had lately.

"It's amazing how much time you save, you just don't realise it. Especially with the level of traffic you see in rush hour, I really can't see any downsides to walking!"

Tara and Neel Sirha are taking part in the Beat the Street campaign

Beat the Street - run by Intelligent Health - is running a campaign until June 24, aimed at getting the Reading community to travel 500,000 miles on foot.

The challenge will be played across Reading, Burghfield, Mortimer, Pangbourne and Theale.

If the target is reached, a £4,000 donation will be made to The Royal Berkshire Cancer Centre.

Last year the campaign increased Reading's physical activity levels by 10 per cent.

Get Read... Like Page Follow @getreading Follow @whatsno

10 The Reading Chronicle
Beating diabetes with Beat the Street
21 May 2015

Chronicle, **Thursday, May 21, 2015**

Beating diabetes with Beat the Street

A DIABETIC found the extra encouragement she needed to live a healthier lifestyle when she took part in Beat the Street.

Eilíis Baty was diagnosed with Type 2 diabetes and found that making small changes her lifestyle were a real help in managing her condition.

The 54-year-old said: "Type 2 diabetes runs in my family. My lifestyle before the diagnosis wasn't very good. For example, I would 'binge exercise' — I would do next to no activity for the whole year and then spend a few weeks training for a half marathon."

She added: "Up until a year ago I was overweight, however, the Beat the Street initiative has been great for me and has really motivated my to make lasting changes to my lifestyle."

Eilíis, from Pangbourne, works for Reading Citizens Advice Bureau, and is taking part in the eight-week walking campaign, after speaking with Dr Rupert Woolley, the lead GP for the project.

She added: "I was also quite stressed. Driving to work meant that I would spend a lot of time stuck in traffic and I would get flustered and stressed even before I got there. I now rarely use the car — I either cycle or use public transport.

Streetwise: diabetic Eilíis Baty who has found inspiration to maintain a healthier lifestyle through Beat the Street

"I'm now more relaxed, less stressed and generally happier in myself. By making sustainable adjustments to my diet and by increasing my exercise levels, I have managed to bring my diabetes under control."

Dr Woolley said: "For someone with Type 2 diabetes, it is particularly important that they are careful about the foods they eat and take regular exercise to maintain a sensible weight.

In up to 80 per cent of cases, the condition can be delayed or prevented. It is important that everyone understands the risks, so they can reduce their chances of developing the condition."

He added: "By picking up a card and taking part in Beat the Street you, too, can take the first step in maintaining good life habits."

Beat the Street is funded by the Reading Clinical Commissioning Groups and Reading Borough Council.

To take part, residents swipe their cards against a Beat Box in the town, points turn into prizes, including daily spot prizes and overall community team prizes.

For more information, visit http://reading.beatthestreet.me/

11 Reading Museum
Beat the Street – Double Points this May Half Term at Reading Museum
22 May 2015
www.readingmuseum.org.uk/news/2015/may/beat-street-double-points-may-half-term/

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Reading Borough Council

You are here: Home > Beat the Street - Double Points this May Half Term at Reading Museum

Beat the Street - Double Points this May Half Term at Reading Museum

Beat the Street 2015

Join us to 'Beat the Street' this half term at Reading Museum - we will have a special double points beat box arriving this Friday ready for you to collect even more points!

The Beat the Street challenge is taking place between 29th April – 24th June 2015 and we have cards and maps that you can also pick up from the Museum.

A fun challenge for the community of Reading, Burghfield, Mortimer, Pangbourne and Theale to see how far they can travel around the town and surrounding villages and onwards into space!

Beat the Street has been commissioned by the NHS and Reading Borough Council. Fifteen thousand played in Reading in 2014 and 60,000 in the past 3 years.

To play just use a card like an Oyster card, which is tapped against special Beat Boxes positioned on lampposts throughout the town. Tapping more than one Beat Box records a journey and every journey a player makes adds to their total and the overall team and town total.

How far can you go?

Date updated: 22 May 2015

Related Websites:

Beat the Street website http://reading.beatthestreet.me/

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12 Get Reading
Beat the Street: Almost 10% of Reading's population taking part in challenge
25 May 2015
www.getreading.co.uk/news/reading-berkshire-news/beat-street-10-per-cent-9326407

Beat the Street: Almost 10 per cent of Reading's population taking part in challenge

Competitors walk, cycle and run around town, accumulating points for a more active lifestyle

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Nearly 22,000 people – virtually 10 per cent of Reading's population – are taking part in the Beat the Street challenge around the town and villages.

The competition aims to help people raise their activity levels, while reaping the benefits of a healthy lifestyle.

Participants have already travelled over 160,000 miles in three and a half weeks by walking, cycling and running around the area.

Dr Rupert Woolley, GP lead for the project on behalf of the Reading CCGs (Clinical Commissioning Groups) said: "We know that people who do more than 150 minutes of activity a week dramatically reduce their risk of developing certain health conditions, including diabetes, heart disease, cancers and dementia.

"We also know there is a positive link between doing light exercise and good mental health.

"I would urge all participants to keep on going and remember that it's never too late to develop good exercise habits."

To encourage people to continue getting out and about during half term there will be a Bonus Beat Box worth double points installed in Reading Museum from Saturday, May 23 until Sunday, May 31.

There will also be four extra Beat Boxes around Black Swan lake in Dinton Pastures, Wokingham.

To watch the town travel into space, visit reading.beatthestreet.me. To pick up a card visit libraries, leisure centres or a local GP. There are 202 boxes all over the villages and Reading.

Clamping down

Beat the Street have been cracking down on cheating by investigating any instances and wising cards of those who have been found cheating.

Any instances of suspicious activity will also now receive a 100 point deduction.

Beat the Street has written to all schools and Beat the Street staff will be visiting Beat Boxes around the town to encourage people to embrace the fun and spirit of Beat the Street, play fairly and benefit from being more active.

13 Get Reading
Beat the Street Reading: bag double points at weekend events
12 June 2015
www.getreading.co.uk/news/reading-berkshire-news/beat-street-reading-bag-double-9423104

Beat the Street Reading: bag double points at weekend events

Reading Water Fest, Woodley Carnival and East Reading Festival are just some of the events involved

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Meadow Madness

People have the opportunity to earn double Beat the Street points at free community events in Reading this weekend.

Saturday and Sunday's jam-packed itinerary of fun and free activities has been made even more exciting by the prospect of earning extra points for the innovative walking challenge.

More than 23,000 people in Reading, Burghfield, Mortimer, Pangbourne and Theale are playing Beat the Street and together they have already walked 250,000 miles.

The Mayor of Reading, Councillor Sarah Hacker said: "There are many great free events on over the summer and Beat the Street can help support a few by encouraging residents to walk and cycle and enjoy the variety of activities on offer.

"I am a huge fan Beat the Street and will have my card with me when I attend some of these events."

Reading Water Fest, Woodley Carnival and East Reading Festival are just some of the events where players can earn double points.

Dr Rupert Woolley, GP lead for the project on behalf of the Reading CCGs said: "The double points weekend is a great incentive for people to continue with the health gains they've already made.

"I would encourage everyone to keep on going and to take practical steps to make exercise a daily habit.

"So why not get out in the sunshine and take the dog for an extra walk, or perhaps get off the bus or train a stop early. It really is as easy as missing a single TV show."

Double points bonus boxes will be at the following locations:

14 Get Reading
Beat the Street Reading: enjoy local parks and earn extra points
19 June 2015
www.getreading.co.uk/news/reading-berkshire-news/beat-street-reading-enjoy-local-9487325

Beat the Street Reading: enjoy local parks and earn extra points

From Friday until Sunday there will be 10 Beat Boxes converted to double points in parks throughout Reading and surrounding villages

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Reading Beat the Street 2015 Launch

With five days to go and 25,000 miles to travel, Beat the Street is encouraging residents to enjoy local parks this weekend to earn double points.

From Friday, June 19, until Sunday, June 21, there will be 10 Beat Boxes converted to double points in parks throughout Reading and surrounding villages.

The special beat boxes are:

- 80 (Palmer Park)
- 95 (Prospect Park)
- 177 (Calcot Park)
- 28 (Pangbourne)
- 175 (Burghfield)
- 52 (Mortimer)
- 38 (Theale)
- 111 (Mcilroy Park, West Reading)
- 22 (Christchurch Meadows)
- 145 (Clayfield Copse, Emmer Green)

More than 23,000 residents of Reading, Burghfield, Mortimer, Pangbourne and Theale are now playing Beat the Street and together they have walked over 274,938 miles.

Councillor Graeme Hoskin, lead member for health at Reading Borough Council, said: "It is fantastic to see the Beat The Street doing so well again this year and only 25,000 miles away from reaching the 300,000 mile target.

"Reading's parks and open spaces remain popular and I'd encourage as many people as possible to get out this weekend and take advantage of the double points on offer."

Dr Rupert Woolley, lead GP for the project on behalf of the NHS Reading Clinical Commissioning Groups (CCGs) is urging all those taking part in this year's scheme to carry on with their efforts.

He said: "As a society we pay a lot of attention to weight – but did you know that exercise has an even wider positive effect on good health?

"Research shows that on average, an inactive person spends 37 per cent more days in hospital and visits their doctor 5.5 per cent more often compared with someone who exercises regularly.

"Exercise helps everyone – and it doesn't need to be difficult. Just half an hour walking or other aerobic exercise makes all the difference."

The competition will end at midnight on Wednesday, June 24, so there's still time to get out and about, to get past the 300,000 mile target.

15 Get Reading
Beat the Street Reading: Competition completes its race to space
27 June 2015
www.getreading.co.uk/news/reading-berkshire-news/beat-street-reading-competition-completes-9537503

Beat the Street Reading: Competition completes its race to space

Together, the communities of Reading, Burghfield, Mortimer, Pangbourne and Theale travelled a grand total of 306,599 miles

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Beat the Street 2015

Reading has succeeded in its out of this world mission to walk 300,000 miles – the distance from the town to space.

Together, the communities of Reading, Burghfield, Mortimer, Pangbourne and Theale travelled a grand total of 306,599 miles in eight weeks playing the innovative walking and cycling challenge.

Beat the Street – run by Intelligent Health – ran from April 29 to June 24 with the support of Reading Borough Council and the town's two Clinical Commissioning Groups (CCGs).

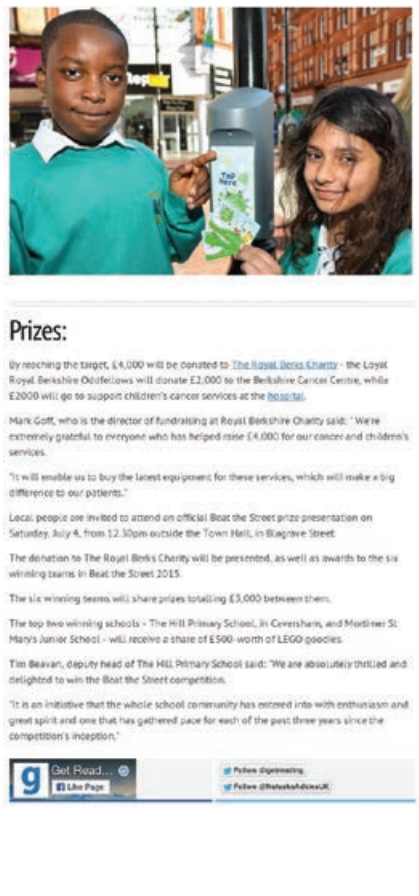
The unique challenge is aimed at getting the whole community more active.

Dr Rupert Woolley, lead GP for the campaign on behalf of the Reading clinical commissioning groups said: "I'd like to congratulate everybody who's taken part in Beat the Street this year, making Reading and the surrounding villages healthier places.

"Whatever your reason for taking part, I would like to thank everyone for contributing to reaching the target.

"The trick now is to make regular exercise a daily habit and to weave it into our daily routines.

"Exercise helps everyone – and it doesn't need to be difficult. Just half an hour walking or other aerobic exercise each day makes all the difference."



Prizes:

By reaching the target, £4,000 will be donated to The Royal Berks Charity – the Loyal Royal Berkshire Oddfellows will donate £2,000 to the Berkshire Cancer Centre, while £2000 will go to support children's cancer services at the hospital.

Mark Goff, who is the director of fundraising at Royal Berkshire Charity said: " We're extremely grateful to everyone who has helped raise £4,000 for our cancer and children's services.

"It will enable us to buy the latest equipment for these services, which will make a big difference to our patients."

Local people are invited to attend an official Beat the Street prize presentation on Saturday, July 4, from 12.30pm outside the Town Hall, in Blagrave Street.

The donation to The Royal Berks Charity will be presented, as well as awards to the six winning teams in Beat the Street 2015.

The six winning teams will share prizes totalling £3,000 between them.

The top two winning schools – The Hill Primary School, in Caversham, and Mortimer St Mary's Junior School – will receive a share of £500-worth of LEGO goodies.

Tim Beavan, deputy head of The Hill Primary School said: "We are absolutely thrilled and delighted to win the Beat the Street competition.

"It is an initiative that the whole school community has entered into with enthusiasm and great spirit and one that has gathered pace for each of the past three years since the competition's inception."

16 The Reading Chronicle
Town's fitness bid reaches continent
2 July 2015

July 2, 2015 www.readingchronicle.co.uk

Town's fitness bid reaches continent

Georgina Campbell

A CAMPAIGN to get people fit and healthy that started in Reading has been so successful that it is now rolling out across the country — and even overseas.

More than 100,000 people have taken part since Beat the Street was founded in Reading last year, and 1.5 million miles have been walked.

Now campaigns have been set up in Wiltshire, Hampshire, Hertfordshire and Italy.

Katherine Knight, marketing director of Intelligent Health, said she hopes the scheme will also be rolled out in Scotland this autumn.

She said: "Enthusiasm for Beat the Street has been overwhelming this year. There has been a 63 per cent increase in participants from 2014.

The competition was launched in Reading but is now being rolled out over the UK and Europe with people walking 1.5 million miles this year alone."

The campaign's scheme, in Stevenage, Hertfordshire, saw a sixth of the population playing.

The competition, which ended in Reading last Wednesday, saw 11 per cent of the town travel 300,000 miles in eight weeks.

The highest points winners for Reading this year were, The Hill Primary, on Peppard Road, Theale C.E. Primary, on Church Street and Micklands Primary, on Micklands Road. Tim Bevan, deputy headteacher at The Hill Primary, said: "We are thrilled! I always do gate duty before school, and I would even have parents coming up to me saying: 'How are we doing Mr Bevan? Where are we on the leaderboard?' The whole school embraced the campaign."

Yoga Reading topped the highest average chart, with the College of Estate Management at Reading University and Mortimer St Mary's Junior School, on The Street, coming second and third.

A jackpot of £3,000 will be shared between the six winning teams and the top two winning schools in each leader board will also receive a share of £500 of LEGO goodies.

The campaign will also donate £4,000 to The Royal Berkshire Charity, with the Berkshire Oddfellows donating £2,000 to the Berkshire Cancer Centre, while £2,000 will support children's cancer services at the Royal Berkshire Hospital NHS Foundation Trust.

Mark Goff, director of fundraising at Royal Berkshire Charity, said: "We're extremely grateful to everyone who has helped raise £4,000 for our cancer and children's services. It will enable us to buy the latest equipment for these services, which will make a big difference to our patients."

A prize-giving ceremony will be held in the Town Hall Square this Saturday, where visitors will be able to make party streamers at Jacksons Corner before the ceremony at 12.30pm.

Tops: some of the team from winning group Yoga Reading who achieved the highest average

17 Get Reading
Beat the Street Reading: Participants presented with their prizes
7 July 2015
www.getreading.co.uk/news/local-news/beat-street-reading-participants-presented-9594856

Beat the Street Reading: Participants presented with prizes at commemorative ceremony

Prizes were presented to Beat the Street challengers at Town Square in Blagrave Street after collectively covering 306,599 miles in eight weeks

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The Beat the Street prize presentation celebrated the efforts of the 23,992 residents who took part in Beat the Street

Challengers who had walked hundreds of thousands of miles across Reading in just eight weeks celebrated their efforts at a prize presentation on Saturday.

A total of 23,9992 people from Reading, Bonghfield, Mortimer, Pangbourne and Theale walked and cycled 306,599 miles when they took part in the Beat the Street challenge.

Many of the tireless travellers attended the prize presentation for the challenge at Town Square in Blagrave Street, Reading on Saturday, July 4 to commemorate their outstanding achievement.

Children made willow streamers at Jacksons Corner with the help of charity Jelly, before The Royal Berks Charity was presented with two generous donations and the six winning teams that amassed the most miles during the challenge were handed prizes.

After participants surpassed the initial target of 300,000 miles, £4,000 was donated to The Royal Berks Charity.

Loyal Royal Berkshire Oddfellows donated a further £2,000 to the Berkshire Cancer Centre, and £2,000 was given to support children's cancer services at the hospital.

The six winning teams shared prizes totalling £3,000 between them.

Councillor Graeme Hoskin, Reading's lead councillor for health, said: "I'd like to congratulate everyone who took part in this year's Beat the Street campaign, especially to the overall winners at The Hill Primary School.

"I'm delighted it proved to be such a popular scheme with an amazing 63 per cent increase in the number of participants this year.

"Not only has the campaign raised a fantastic amount of money for The Royal Berkshire Charity, it has also encouraged people to walk, cycle and run more which I hope will continue long after the scheme has finished."

The Hill Primary School, in Caversham, and Mortimer St Mary's Junior School were named the top two winning schools and received a share of £500 worth of LEGO goodies.

Beat the Street ran between April 29 to June 24. The project was jointly funded by the NHS North and West Reading, NHS South Reading Clinical Commissioning Groups and Reading Borough Council's Public Health team.

It used technology developed by Reading-based health IT company, Intelligent Health, and was designed to get residents more active and reap the benefits of a healthier lifestyle.

Dr Rupert Woolley, lead GP for the campaign on behalf of the Reading clinical commissioning groups said: "I'd like to congratulate everybody who took part in Beat the Street this year, making Reading and the surrounding villages healthier places.

"Whatever your reason for taking part, I would like to thank everyone for contributing to reaching the target.

"The trick now is to make regular exercise a daily habit and to weave it into our daily routines. Exercise helps everyone and it doesn't need to be difficult. Just half an hour walking or other aerobic exercise each day makes all the difference."

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18 The Reading Chronicle
Beat the Street stars celebrate
9 July 2015

Chronicle, Thursday, July 9, 2015 Tele-Ads: READING (0118) 955 3333 3

Beat the Street stars celebrate

Winners: children from the Hill Primary School in Caversham Park Village, who scored the most collective points

Second place: children from Theale Primary School

Third: children from Micklands Primary School

Highest average: Yoga Reading travelled the furthest per person as a team

Runners-up: College of Estate Management, with Chris the dog, averaged the second best score per person

Top teams receive walking prizes

Georgina Campbell

AFTER walking the equivalent of a trip to the moon and back, Beat the Street participants celebrated their successful efforts last weekend.

Participants gathered in the town square to cheer on the prize-winners of the eight-week walking campaign.

Youngsters waved the rainbow streamers they had made as part of the council's Open Art week, as the presentations were made.

More than 23,000 residents answered the call to get active, passing the combined total target of 300,000 miles.

As many as 45 per cent were children, and even a dog was out pounding the streets.

In total 84 teams were involved, and 10 per cent of participants came through GP surgeries.

Dr Rupert Woolley, lead GP for the project on behalf of the NHS Reading Clinical Commissioning Groups, said that the scheme has already that the scheme has already benefited many patients.

He said: "This year we are delighted that so many adults took part in the competition, because they are most at risk of developing diabetes and heart disease.

"At my surgery in Pangbourne we sent letters out to our patients to encourage them to get involved in the scheme and I've been flooded with messages from them.

"One man has even lost two kilos since he started Beat the Street. I really hope we will be able to do it again next year."

Founder Dr William Bird said the origins of the campaign was the Sonning Walk he organised in 1996.

He said: "I am so pleased that after all this time the campaign has really taken off. Although our focus is to get people physically active, studies have shown that loneliness is one of the causes of heart disease, so the campaign is also about getting people out also about getting people out and about in their communities, and meeting new people."

Presenting the awards on Saturday was Mayor of Reading Cllr Sarah Hacker.

She said: "I've been out beating the street to and from work and I've been out with my two young sons. It encourages you to explore the area where you live."

As a result of passing the target distance, the Royal Berkshire Cancer Charity received £4,000.

Berkshire Oddfellows donated £2,000 to the Berkshire Cancer Centre, while £2,000 will go to support children's cancer services at the Royal Berkshire Hospital.

Ian Thompson, who received the donations, said: "Thank you so much for your generosity. You are our local heroes."

Walkies: Chris, who took part in Beat the Street

What do people get out of Beat the Street?

Feedback from Reading

July 2015

Key messages

Beat the Street aims to inspire people to walk more. People scan a card or key fob onto 'Beat Box' scanners located around the community to show they have walked to the boxes. The goal is to reach a target number of miles, and earn points that add up to win prizes for local groups.

Between 29 April and 24 June 2015, 24,036 people from Reading, Burghfield, Mortimer, Pangbourne and Theale took part, walking a total of 306,640 miles.

All 6,515 people who provided an email address when they registered were invited to provide feedback at the end of Beat the Street and 887 people did so (14%).

The main findings from the survey were:

- The most commonly reported **benefits of Beat the Street feeling more healthy, getting fit, exploring the local area, having fun, spending time with friends and family and feeling part of the community**.

- **Eight out of ten people thought that Beat the Street helped them be more active (84%),** walk more than usual (78%) and feel healthier (78%).

- Two fifths said Beat the Street helped them take the car less (42%).

- Seven out of ten people said Beat the Street encouraged them to get out more (72%) and six out if ten said they went to different places during the competition (61%).

- Six out of ten people said they felt more involved in the community because of Beat the Street (63%).

- People with long-term conditions were just as likely as others to report benefits from Beat the Street. Two fifths of these people said Beat the Street helped with their conditions (39%).

- **The proportion of people meeting the Department of Health's physical activity target increased from 40% at the beginning of Beat the Street to 48% at the end.** This change was statistically significant, meaning it is likely to be the result of Beat the Street rather than chance. The number of days per week that people reported walking also increased. Two thirds of the people who were least active at the beginning of Beat the Street had increased activity by the end.

- Eight out of ten people said they would try to continue changes they had made (78%).

- **Nine out of ten people said they would recommend Beat the Street** to friends and family (91%).

The survey suggests that people were positive about Beat the Street. They thought improving technical issues could make the initiative even better, and said it was an excellent idea and should be continued.

Contents

Beat the Street: Reading

Beat the Street is an innovative way of encouraging people to walk more. 'Beat Box' scanners are located around the community. People can earn points by scanning their Beat the Street card of key fob on scanners to show that they have walked between the boxes. Individuals and teams compete to see whether they can reach a target number of miles, achieve the most points and win prizes for their community group or school.

Between 29 April and 24 June 2015, 24,036 people living in Reading, Burghfield, Mortimer, Pangbourne and Theale took part, aiming to travel 300,000 miles into 'space'. Over the eight week period 84 teams logged 306,740 miles.

In total, 8,758 people registered online to participate and the rest (15,278) were children who were took part through participating schools.

Of those who registered online, 6,515 provided an email address so they could be followed up later. These people were invited to provide feedback at the end of Beat the Street.

This report summarises registered participants' feedback about the impacts of Beat the Street based on the survey responses.

Collecting feedback

Inviting people to provide feedback

When they first registered online, people were asked for some background information and about their walking habits. This acted as a 'baseline' about activity before Beat the Street.

To test any changes over time, an online survey with seven questions plus demographic questions was developed with the support of an independent evaluation team. The survey explored what people thought they got out of Beat the Street and any reported changes in their physical activity levels. All 6,515 people who provided an email address were emailed a link to the online survey immediately after Beat the Street ended. They were given two weeks to respond. A prize draw was offered as an incentive. In total, 887 people shared their views, giving a response rate of 14% of the total with valid email addresses.

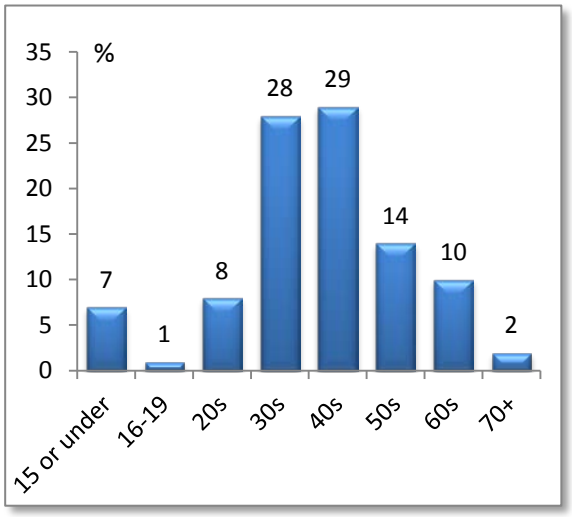
Response rates for online surveys are typically in the region of 10% to 15%, so the response rate for Reading Beat the Street is about average.

All of the feedback was analysed by an independent team.

People who provided feedback

A good mix of people of different ages provided feedback (see Figure 1).

Figure 1: Age groups of people surveyed



Note: 887 people provided feedback.

Most people who provided feedback were women (74%). Four out of ten people that registered for Beat the Street were men (39%). This shows that men were well represented in the initiative, but were less likely to provide feedback.

At registration, 12% (1,038 people) said that they had a long-term medical condition. At the end of Beat the Street, 200 people with a long-term condition provided feedback (23% of responses). This included 32 people with diabetes, 17 people with heart disease, 4 people with COPD and 147 with other long-term conditions.

Benefits of Beat the Street

What did people gain?

People were asked to reflect about anything they gained from taking part in Beat the Street. Eight out of ten people said that Beat the Street helped them in some way (81%).

In total, 689 people gave examples of how Beat the Street helped them or what they did differently as a result. The most common feedback was:

- walking more often
- walking, running or cycling longer distances
- walking instead of taking the car
- exploring different parts of Wiltshire
- spending time together as a family
- engaging socially with others
- increased fitness or weight loss

"It made us go on our bikes on lovely evenings and weekends. We met new friends who have similar aged kids to ours."

"Encouraged me to walk, rather than jump in the car. I enjoyed collecting the points that went towards something useful."

Box 1 provides further examples of people's verbatim feedback.

In a closed-ended question, the most commonly reported 'main benefits' of Beat the Street were:

- feeling more healthy (mentioned by 55% of participants)
- getting fit (54%)
- exploring the local area (51%)
- having fun (48%)
- spending time with friends or family (44%)
- feeling part of the community (42%)

About half people who provided feedback mentioned these benefits (see Figure 2). Men and women and people from different age groups all selected the same top benefits of Beat the Street. Two fifths of people who had long-term conditions said Beat the Street helped with these conditions (77 out of 200 people, 39%). There was no difference amongst people with various types of conditions.

Delving further into the perceived benefits of Beat the Street, **eight out of ten people agreed that Beat the Street helped them be more active (84%)**, feel healthier (78%) and walk more than usual (78%). Seven out of ten said Beat the Street encouraged them to get out more (72%) and six out of ten felt more involved in the community (63%, see Figure 3). Women and men, people from different age groups and people with a long-term condition all said they gained similar benefits.

Box 1: Examples of people's descriptions of the benefits of Beat the Street

Examples of increased activity

"Focused the whole family on more walking less driving, got the whole family and school members acting as a community and working together."

"I've not walked anywhere since my children were small! During Beat the Street I've walked over 170 miles and feel so proud of myself."

"Beat the Street encouraged me to be more active by walking to school rather than being driven and contributing to global warming."

"Did loads more walking than I have ever done. I intend to continue even though the scheme has ended."

"It surprisingly made us more punctual as we often gave ourselves more time to get somewhere to get a few extra Beat Boxes and then turned up early for events (not our normal habit with three boys to get out of the house!). It made us consider more whether it was worth getting the car out for local journeys."

Examples of health benefits

"Both my wife and I did the walk together and we both have lost weight. Now my wife walks all the time instead of catching the bus. I have bad knees but walking over a mile everyday has helped the knees. "

"It helped me get motivated to do a lot more walking and feeling so much fitter than I have for a very long time. This has also really helped me by lifting my mood, and I have also lost some weight which is another bonus!"

"I have been trying to lose weight and have lost over a stone since this started."

Examples of social benefits

"During the competition I thought it was really fun as me and my mum where both doing exercise and spending more time together."

"Friends set up a weekly walking group which we will continue after Beat the Street ends."

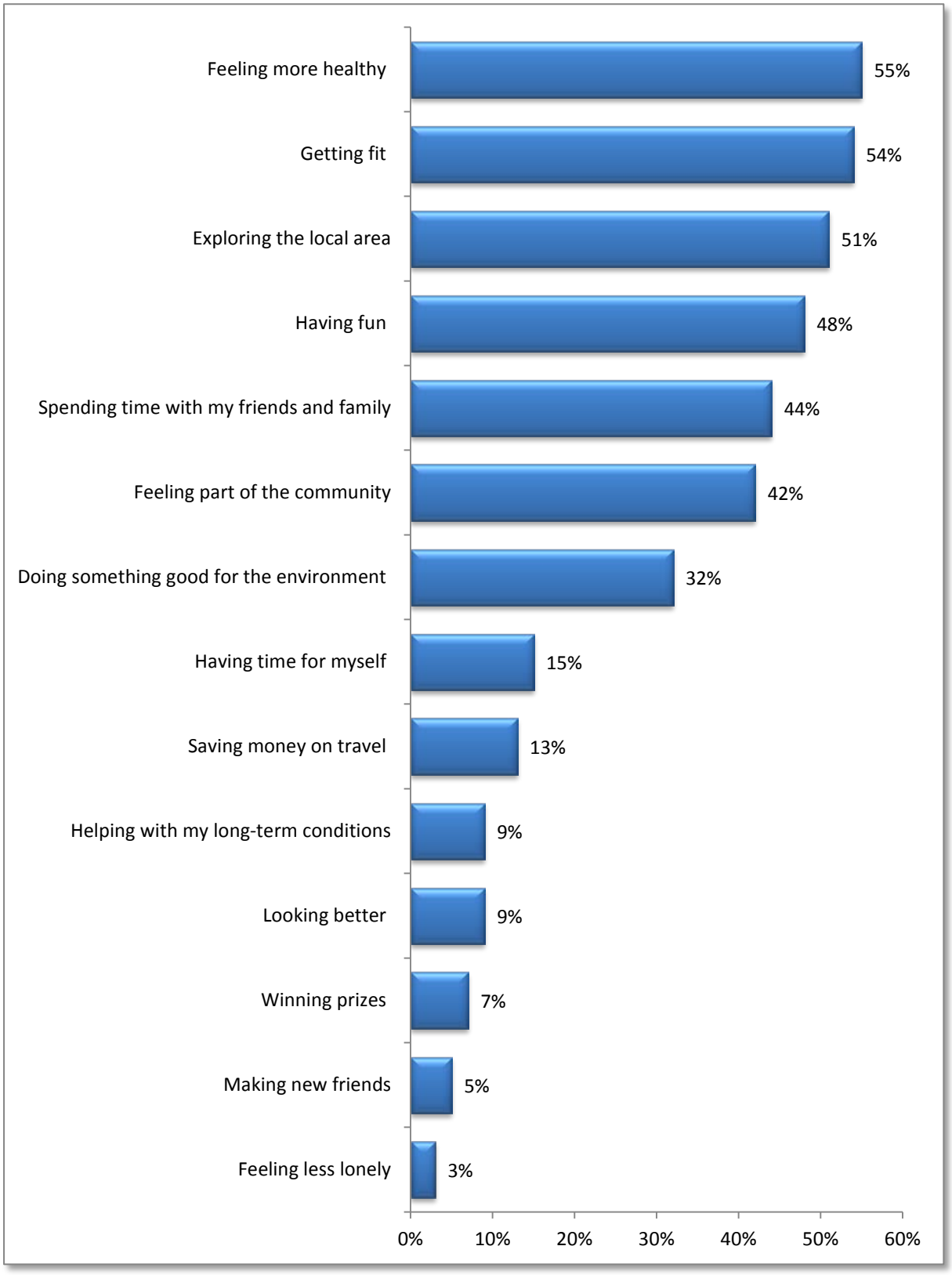
"I regularly went walking around Reading with my colleagues, which was a great way to know both my colleagues and Reading a bit better!"

Examples of exploring the area

"Extra activities involved spending a couple of free afternoons exploring other areas of town (not usually on our radar) and of course tapping the Beat Boxes on the way."

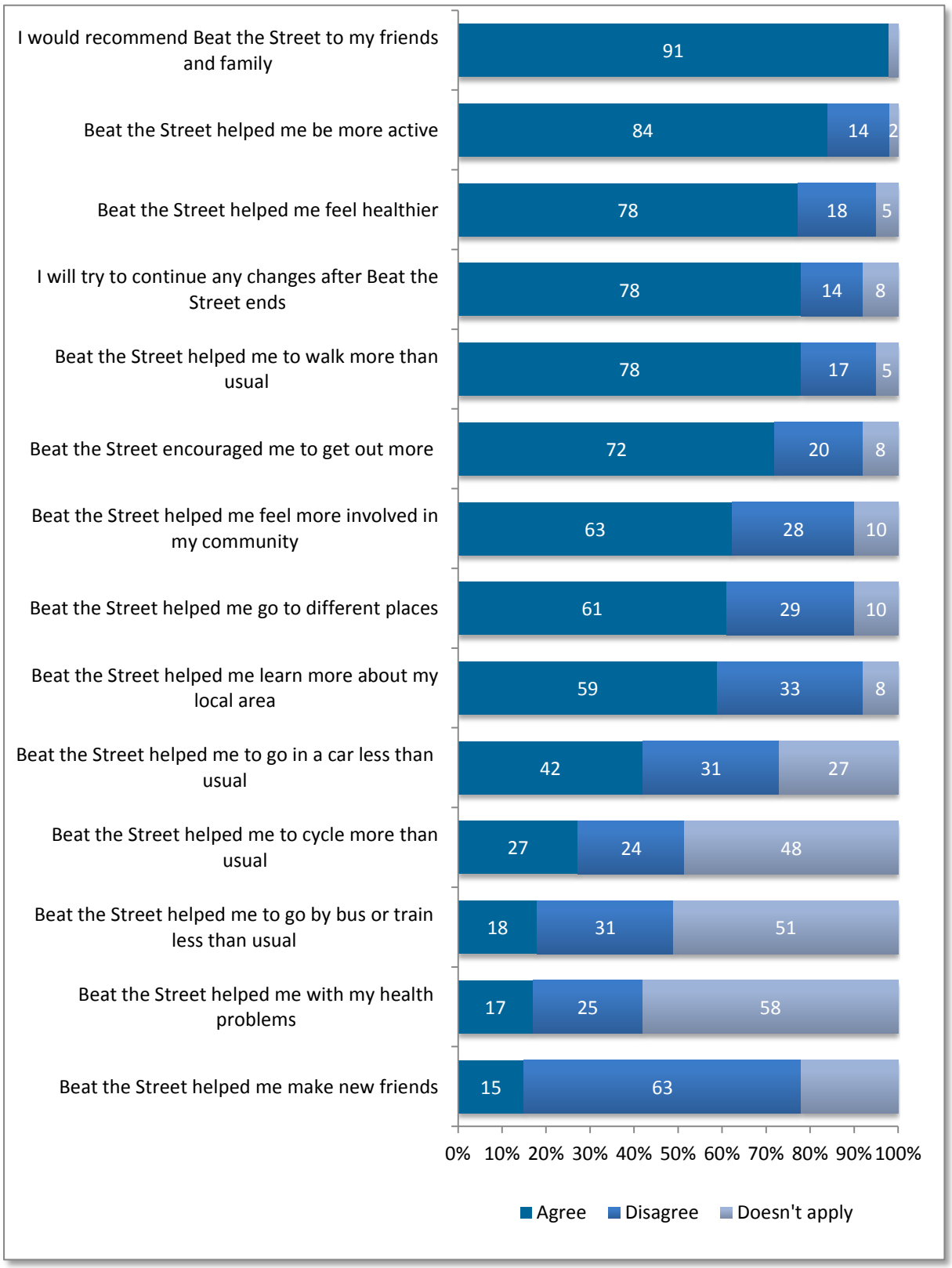
"I explored new areas of Reading that I had not been to before, and had a lot of fun."

Figure 2: What are the main things you got out of Beat the Street?



Note: 887 people provided feedback about the things they gained from taking part in Beat the Street. They were asked to choose benefits from a list supplied. Percentages add to more than 100% because people could select as many options as they wished.

Figure 3: Extent to which people agreed or disagreed that Beat the Street had benefits



Note: 887 people provided feedback.

Did people's activity levels change?

People were also asked whether they had made tangible changes to how much they walked.

Immediately after Beat the Street ended, **eight out of ten people said Beat the Street had helped them to walk more than usual** (78%) and one quarter said Beat the Street had encouraged them to cycle more (27%). **Two fifths said Beat the Street had helped them travel less by car** (42%) and one fifth said they had taken the bus or train less than usual (18%). Bearing in mind that taking the bus, train and car were not applicable for all people, these proportions were even higher when recalculated only for those for whom it was relevant.

At the beginning of Beat the Street, people said that they walked an average of almost four days per week. By the end of the competition this had increased, with people walking an average of five days per week (see Table 1 and Figure 4). One third of people said they were walking seven days per week.

The Department of Health recommends that adults should aim to be active daily and that over a week, activity should add up to at least 150 minutes (2.5 hours) of moderate intensity activity. This averages 30 minutes of physical activity at least five days per week for adults. The target is 60 minutes a day for those under 16.

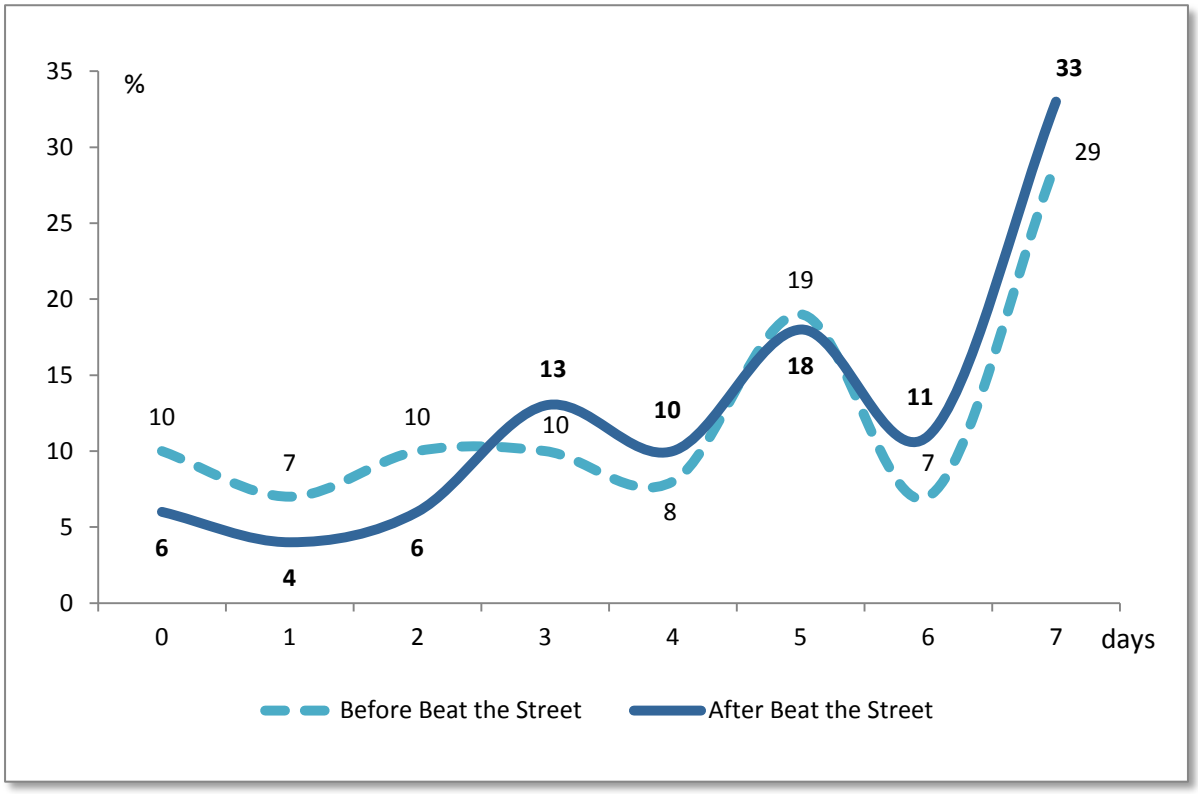
Figure 5 illustrates how many days per week adults reported undertaking 30 minutes or more of physical activity (or 60 minutes for under 16s). On average, people reported undertaking this level of physical activity on four days per week at the beginning of Beat the Street and this remained the same at the end.

However, there were changes in the proportion of people who met physical activity targets. **Four out of ten people were reportedly achieving the Department of Health's activity level targets when they registered for Beat the Street and this increased to five out of ten by the end of the initiative (from 40% to 48%).** This is a statistically significant difference, meaning it is not likely to have happened by chance.

Eight out of ten people said they would try to continue the changes they had made after Beat the Street ended (78%).

There were no major differences in these trends according to whether participants were women or men or their age groups. People with long-term conditions were just as likely as others to report increased walking. There was no difference in benefits amongst people with different types of long-term conditions.

Figure 4: Number of days people walked for 15 minutes or more in the past week



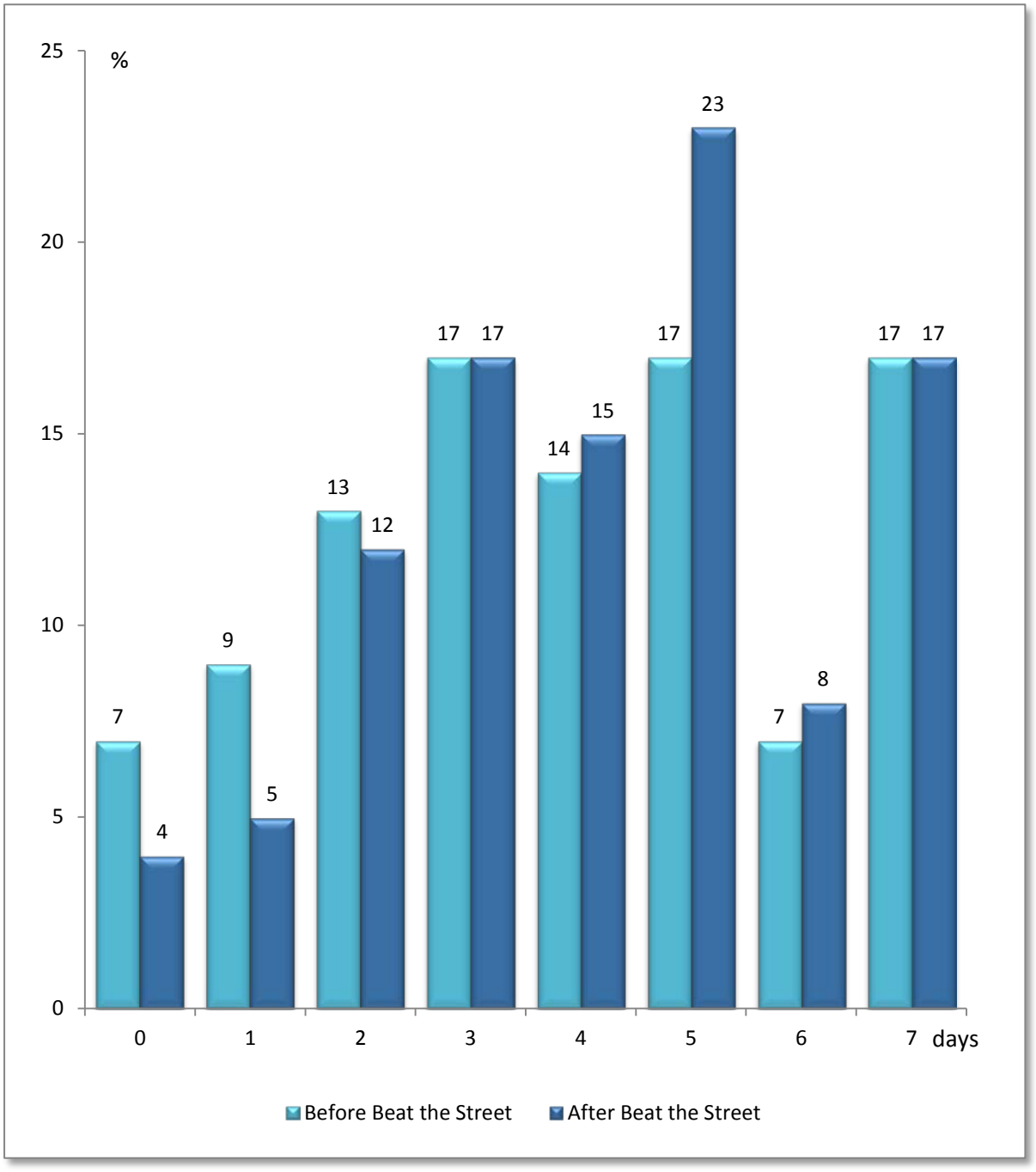
Note: Participants were asked 'In the last week, how many days did you walk for 15 minutes or more? The 15 minutes does not have to be all at once.' 8,758 people provided 'before' information at registration and 887 people provided 'after' data at the end of Beat the Street.

Table 1: Days per week where people used various modes of transport

	Time period	0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
Walking, scooter or skateboard	Before	10%	7%	10%	10%	8%	19%	7%	29%
	After	6%	4%	6%	13%	10%	18%	11%	33%
Bicycle	Before	64%	12%	8%	4%	3%	4%	1%	5%
	After	57%	12%	7%	7%	5%	6%	3%	4%
Bus or train	Before	62%	14%	7%	4%	2%	6%	1%	3%
	After	52%	18%	10%	6%	2%	9%	1%	2%
Car or other vehicle	Before	20%	11%	15%	11%	8%	13%	5%	18%
	After	13%	14%	18%	14%	8%	12%	7%	14%

Note: Participants were asked 'In the last week, how many days did you walk, cycle or use these other types of transport for 15 minutes or more? It is ok if you did more than one thing each day. The 15 minutes does not have to be all at once.' 8,758 people provided 'before' information at registration and 887 people provided 'after' data at the end of Beat the Street.

Figure 5: Days in the past week where people did 30 minutes or more of physical activity



Note: People were asked 'If you are 16 or older: in the last week, how many days have you done 30 minutes or more of activity that got your heart pumping? You might have walked fast, danced, cycled, played sport, exercised or done other things. The 30 minutes does not have to be done all at once.

If you are under 16, in the last week, how many days have you done 60 minutes or more of activity that got your heart pumping? You might have walked fast, danced, cycled, played sport, exercised or done other things. The 60 minutes does not have to be done all at once.'

'Before' data were collected from 8,758 people at registration. 'After' data were collected from 887 people at the end of Beat the Street.

Making detailed comparisons

Comparing averages and proportions before and after Beat the Street gives an overall picture of trends, but it is also important to look at what happened with individuals. Of the 887 people who completed a follow-up survey, 425 provided a valid Beat the Street card number that could be matched with their individual registration data (48%). This allowed us to compare the information these people provided before and after Beat the Street. This is a more robust type of analysis, but had a smaller number of people to work with.

This analysis reinforced the positive findings from the general trends. People for whom we could match data walked for 15 minutes or more an average of four days per week at the beginning of Beat the Street. This had increased to five days per week at the end of Beat the Street (see Figure 6).

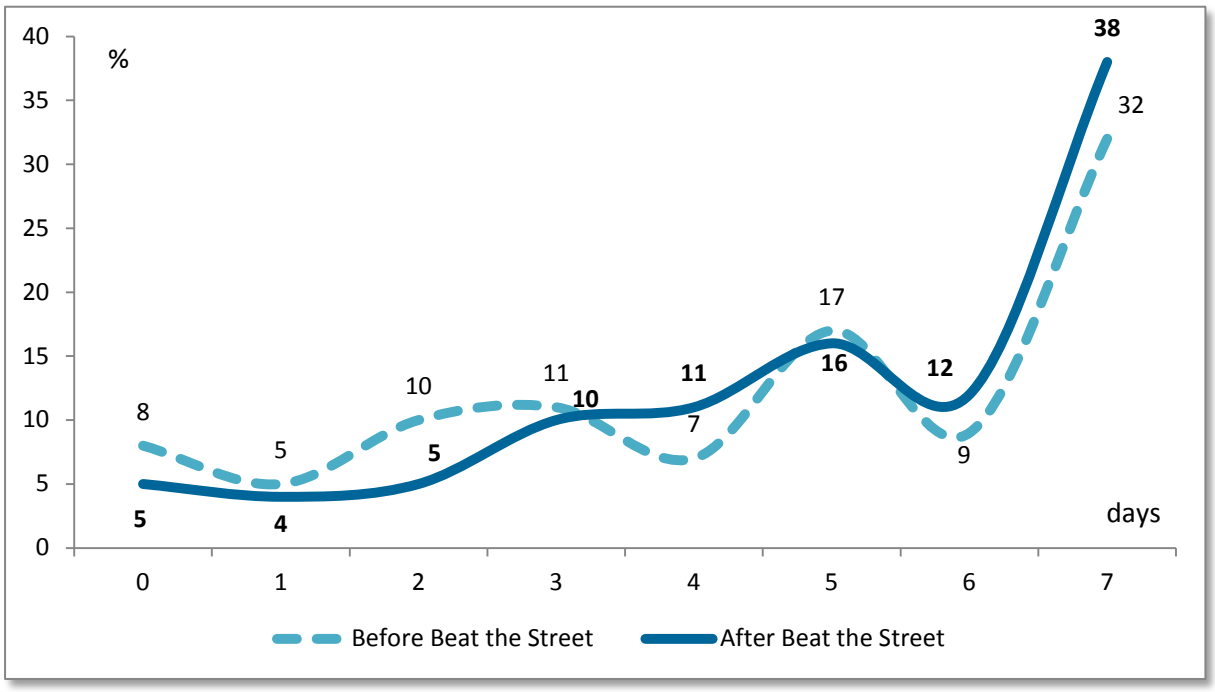
There was an important change in those who walked least at the beginning of Beat the Street. Looking at those who said they walked zero to two days per week at registration shows that this group walked a lot more by the end of Beat the Street (see Figure 7). These people changed from walking an average of one day per week to an average of four days per week at the end of Beat the Street. Two thirds of people in this group said they walked on three or more days per week by the end of the initiative (66%). This suggests that **Beat the Street may have encouraged those who were most inactive to walk more**.

People with 'matched' before and after data had similar trends to the entire dataset regarding how many days they were active for 30 minutes or more. People reported an average of just under four days per week with activity at the beginning of Beat the Street and just over four days per week at the end. The proportion of these people meeting the Department of Health's physical activity target of at least five days per week increased from 41% at the beginning to 52% at the end (see Figure 8). This is a statistically significant difference, which means it is not likely to have happened by chance.

Once again there were positive changes when considering those who reported the lowest levels of overall activity at the outset. Half of the people who said they were physically active on zero to two days per week at the start of Beat the Street had increased their levels of activity by the end of Beat the Street (54%). The average increased from one day per week at the start to three days per week at the end of Beat the Street (see Figure 9). This suggests that Beat the Street had a positive impact on those who were least active.

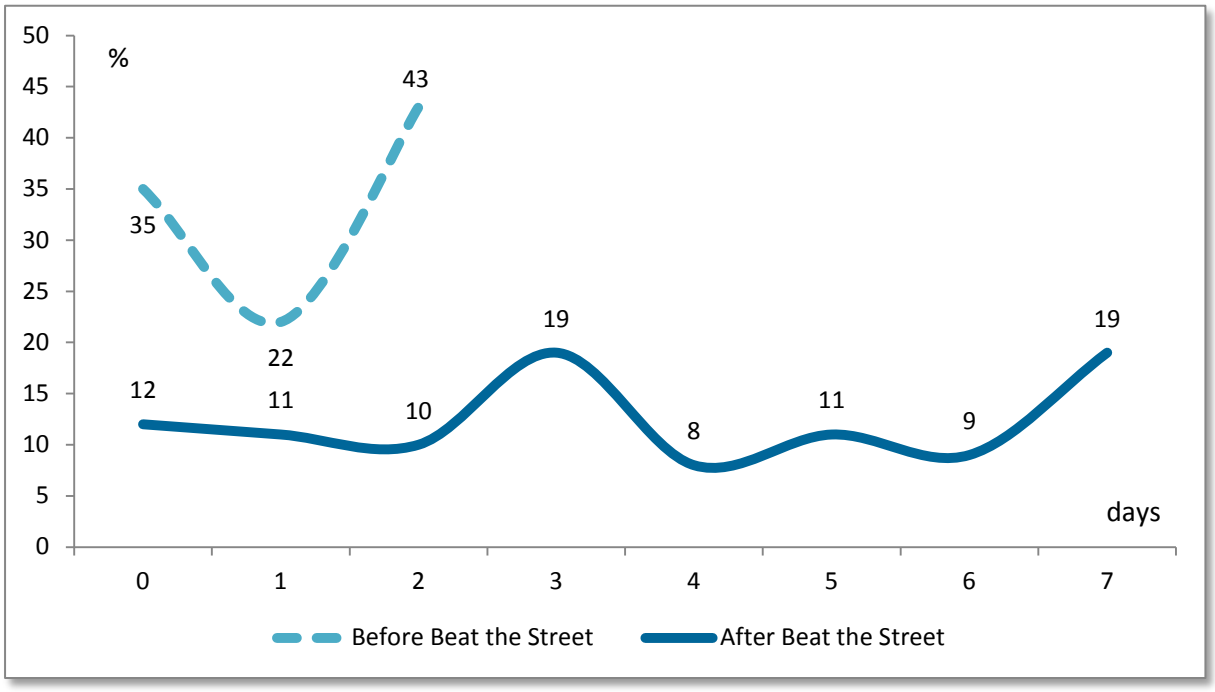
The benefits were equally evident amongst people with long-term conditions. There was no variation in outcomes amongst people with different types of long-term conditions.

Figure 6: Days people walked for 15 minutes or more in the past week (matched pairs)



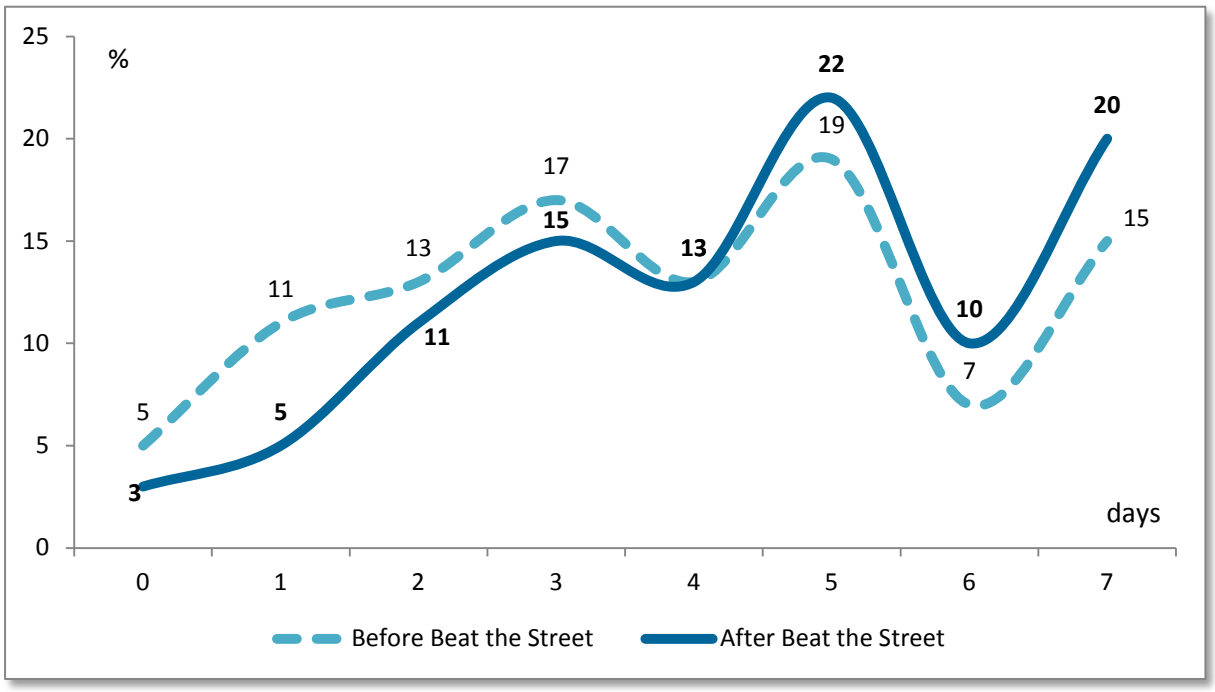
Note: Data are based on 425 people who provided their Beat the Street card numbers so we could match their information before and after Beat the Street.

Figure 7: Days walked for 15 minutes or more in past week amongst those walking 0-2 days at start



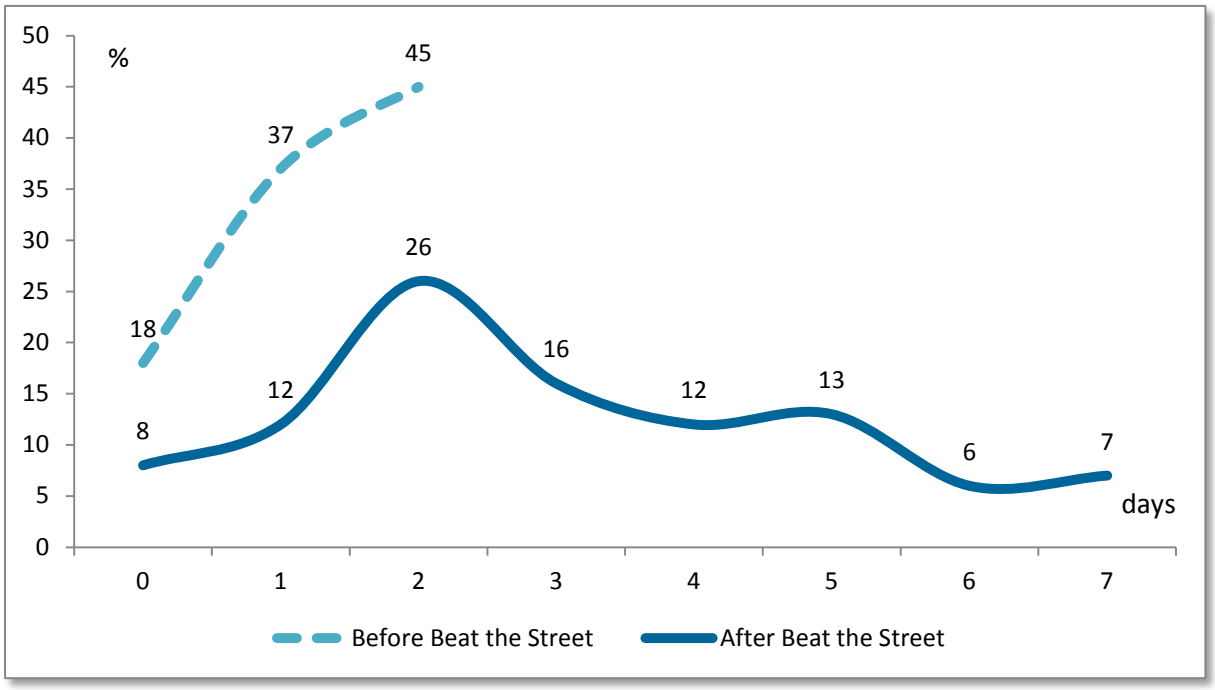
Note: Data are based on the 100 people whose information we could match before and after Beat the Street and who had walked 0-2 days per week at the beginning of Beat the Street.

Figure 8: Days per week people did 30+ minutes of physical activity (matched pairs)



Note: The question wording is listed under Figure 5. This is based on 425 people who provided their Beat the Street card numbers so we could match their data before and after Beat the Street.

Figure 9: Days per week of 30+ minutes of physical activity amongst those active 0-2 days at start



Note: Data are based on the 124 people whose information we could match before and after Beat the Street and who did 0-2 days per week of physical activity at the beginning of Beat the Street.

Do changes last?

In about six months the Beat the Street team will follow up participants to see whether the changes people reported at the end of the initiative were sustained over time.

Some important data are already available about whether people continue to report increased physical activity because Beat the Street ran in Reading in 2014. A total of 3,748 people registered online at the beginning of Beat the Street in 2014 (with many more taking part through schools). Of those who registered in 2014, 2,563 (68%) registered again in 2015. This is based on matching people's email addresses. Other people may have also registered again, but for the purposes of this analysis email addresses were used to match data from 2014 and 2015. Where an email address was used more than once per year (for instance in the case of an organisational email address), secondary matching was undertaken based on name and other identifiers.

The fact that two thirds of people who registered in 2014 did so again in 2015 suggests that people enjoyed the programme or felt it was worthwhile because they wanted to continue to participate.

In 2014, three out of ten people reported achieving the Department of Health's physical activity target when they registered. By the end of Beat the Street in 2014, this had risen to almost five out of ten people.

We wanted to see whether this change was sustained so we looked at activity at the start of Beat the Street in 2015. We compared people who had taken part in Beat the Street 12 months ago to those who had not.

At the beginning of Beat the Street in 2015, 46% of those who had taken part before reported meeting the physical activity target compared to 40% of people who had not taken part before. This may seem like a small difference, but it is statistically significant. This means it is not likely to have happened by chance. We can be relatively confident of the results because data were available from almost 9,000 people completing the 2015 registration form. The results suggest that people who took part in Beat the Street in 2015 seemed to have maintained the gains they made in 2014.

At the end of Beat the Street in 2015, the trends were even more positive. Both people participating for the first-time and those who had taken part before were more likely to be meeting the physical activity target at the end of Beat the Street – but past participants had even greater gains than first-timers.

Figure 10 illustrates the trends clearly. It shows:

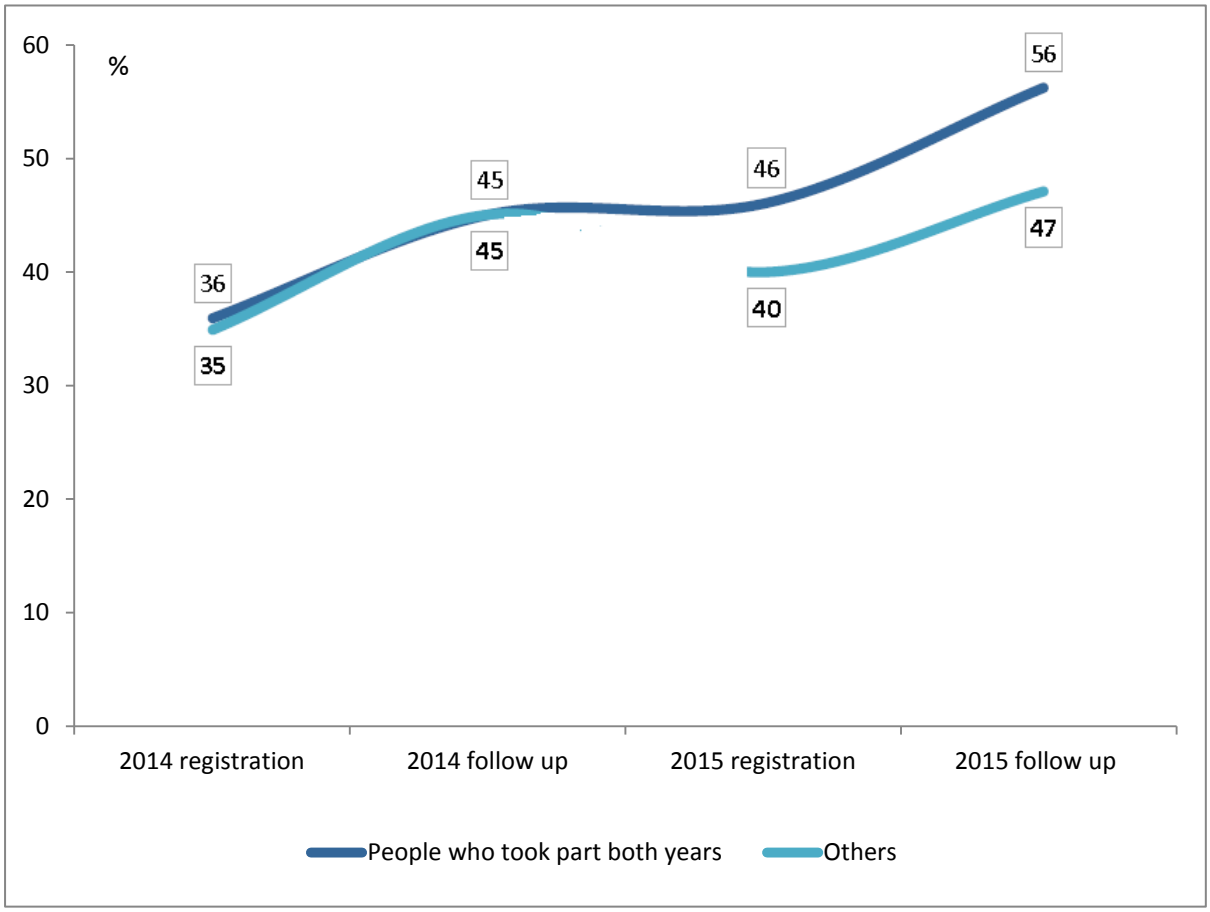
- Beat the Street may help people make some immediate changes to their physical activity levels [improvements seen in 2014]
- These changes may be sustained one year later [higher 'baseline' score in 2015 if people took part before]
- With repeated participation in Beat the Street, activity levels may increase even further [past participants continued to increase activity in 2015]

The implication is that **running Beat the Street over the course of several years may help people to embed new physical activity habits**. People who have taken part in the past continue to increase their reported levels of physical activity year on year.

Table 2: Examining the sustainability of changes in physical activity after Beat the Street

	At start of Beat the Street in 2014 (n = 3,748)		At end of Beat the Street in 2014 (n = 1,048)		At start of Beat the Street in 2015 (n = 8,758)		At end of Beat the Street in 2015 (n = 887)	
	Took part both years	*Took part only in 2014*	*Took part both years*	*Took part only in 2014*	*Took part both years*	*Took part only in 2015*	*Took part both years*	*Took part only in 2015*
Data available (n)	2,563	1,185	755	293	2,563	6,195	146	741
Average days per week with 30+ minutes of activity	3.5	3.4	4.1	4.1	4.1	3.8	4.6	4.1
Proportion meeting Department of Health target of five days activity or more	36%	35%	45%	45%	46%	40%	56%	47%

Figure 10: Proportion of people meeting Department of Health's physical activity target



Note: The number in the dataset at each time period is listed in Table 2 above.

Suggestions

The overall impression from the survey is that people enjoyed Beat the Street and thought they got a lot out of it.

Almost everyone said they found it easy to get a Beat the Street card (96%) and said they would recommend Beat the Street to friends or family (91%). There was much positive feedback.

> *"Beat the Street was really fun and I managed to get over one hundred miles! I hope that Beat the Street comes back next year! Also, I think that there were SO MANY beat boxes that I managed to get around town more!"*

> *"I liked the competitive element. The fact that the points accrued were immediately visible online was great… It did get people talking in the workplace and it was a fun incentive to be involved in."*

The Beat the Street team are always eager to hear suggestions for development. In total, 558 people responded to an open-ended question about this (see Box 2). The most common suggestions related to:

- having more Beat Boxes or distributing them in a wider range of locations
- increasing publicity so more people know about the competition
- providing more regular communication by email to keep people engaged, including 'congratulations' messages when people reach a certain score
- running the competition for longer or repeating, including during the school holidays
- thinking of ways to avoid 'cheating' such as people driving to Beat Boxes or using multiple cards
- providing a clearer map online and allowing co-ordinates to be downloaded
- using an app so phones could be used to scan on boxes as well as cards
- using key fobs as well as cards
- responding to queries promptly, particularly about boxes not working or points not being recorded
- having Beat Boxes a different colour from lamp posts
- having Beat Boxes lower on lamp posts for younger children to reach
- improving the website so people can see their score and how they rank easily

Box 2: Examples of people's suggestions for ongoing development

Suggestions about publicity and communication

"Beat the Street could be much better advertised a few weeks before it commences. When the cards are given out a map could be given out with the card."

"I found I had to e-mail quite a few times about boxes that were out of order so maybe keep checking so that doesn't occur. Also the maps you gave out weren't very clear. Maybe next year print a list of where the boxes are to make them easier to find."

"I would have liked a certificate with my points and distance on it."

"It would be nice to get a 'congratulations' when you reach a certain score! (Maybe incorporate into the web app.) Or maybe have more incentives for children eg different scores relate to different levels - bronze, silver, gold, (or further subdivisions)."

Suggestions about Beat Box placement

"Boxes were in many locations placed too high on lamp posts for children to reach also many occasions boxes were not working."

"I found that sometimes we were taking busier routes than we normally would, in order to be able to tap the boxes. Sometimes we had to cross busy roads in less ideal positions as well. I understand why the boxes are located mainly on busy routes, but for very small children I'd be happier if some quieter, more back street routes, could be included."

"I think encouraging e-mail updates showing how far you've travelled with a table which shows how far you've travelled alongside those who have travelled the top 10 distances and also information showing the most different routes walked/ridden. Suggested walks/rides including information on points of interest, where the boxes are and how far the route would be."

Other suggestions

"The previous fobs where better as attachable to school bags / keys / key rings etc."

"Whilst I appreciate that they are designed to be a bit of fun and incentivise physical activity, I feel the way the competitions and prizes work is really unfair. This has the effect of disenfranchising and demotivating large numbers of competitors. The vast majority of teams don't have a chance with the total points competition."

"Found it unfair that some schools were taking children out of school to do beat the street and some were not! Would be fairer if points for school children were only allocated out of school hours!"

"Maybe we should all be given targets for our own school, like aiming for small planets towards the big moon. It would be good to get some small treat if the school aimed for their own targets instead of against each other."

Summary

Feedback from over 800 people who provided email addresses when they registered for Beat the Street suggests that people got a lot out of taking part. The most frequently reported benefits were having fun, feeling healthier and getting fit, exploring the local area, feeling part of the community and spending time with friends and family. These benefits were mentioned by half of people who provided feedback at the end of the competition.

Eight out of ten people said that Beat the Street helped them be more active and walk more. It is acknowledged that people who did not respond to the survey may have had a different experience. However, the positive feedback from those surveyed provides a strong case that many people gained a considerable amount from Beat the Street.

The proportion of people meeting the Department of Health's physical activity target for adults increased from 40% at the beginning of Beat the Street to 48% at the end. This change was statistically significant, meaning it is likely to be the result of Beat the Street rather than happening by chance. The average number of days that people reported walking per week also increased.

People who were least active at the beginning of Beat the Street reported changes by the end of the initiative.

Importantly, improvements may continue over time. Those who took part in 2014 and again in 2015 were more likely to be meeting the Department of Health's physical activity target than those who participated for the first time in 2015.

The overall message is that people taking part in Beat the Street thought it was worthwhile. People were eager for Beat the Street to run again. It helped to increase the amount of walking that people reported doing and helped people feel more part of their community. Those with long-term conditions were just as likely to report these benefits as others. People with diabetes, heart failure, COPD and other long-term conditions all reported being more active as a result of Beat the Street. Two fifths of these people said that Beat the Street helped them with their conditions.

Eight out of ten people said that they **planned to continue any changes** they had made after Beat the Street ended. The Beat the Street team will follow up in about six months to see whether any changes are sustained.

REPORT FROM SOUTH READING CLINICAL COMMISSIONING GROUP & NORTH & WEST READING CLINICAL COMMISSIONING GROUP

TO:	**HEALTH AND WELLBEING BOARD**		
DATE:	**18th March 2016**	**AGENDA ITEM:**	**8**
TITLE:	**NHS PLANNING GUIDANCE & BERKSHIRE WEST CCGs DRAFT OPERATIONAL PLAN 2016/17**		
LEADS:	**Dr Andy Ciecierski**	**Tel: 01189 9503094**	
	Dr Ishak Nadeem		
	Dr Cathy Winfield		
JOB TITLE:	**Chair, North & West Reading CCG**		
	Chair ,South Reading CCG		
	Chief Officer , Berkshire West CCGs		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 NHS England issued planning guidance to Clinical Commissioning Groups (CCGs) : Delivering the Forward View : NHS Planning Guidance 2016-17 - 2020/21 in December 2015. This guidance requires CCGs to provide two separate (but connected) plans: A 5 year Sustainability and Transformation Plan (STP) and a 1 year Operational Plan 2016/17. In addition submission of a Better Care Fund Plan for 2016/17 is also required.

1.2 The Better Care Fund requires formal assurance from Health & Wellbeing boards (HWBB) and NHS England (NHSE) and will be discussed as a separate document on the HWBB agenda.

1.3 The 5 year STP and associated 1 year Operational Plan, along with activity and financial plans are required to be formally approved by NHS England, ensuring the plans align with the Better care Fund plans and the Health and Wellbeing Strategy.

1.4 This report outlines the latest draft Operational Plan 2016/17 for the four Berkshire West CCGs which was submitted on 2nd March. The final submission is due in 11th April 2016. We plan to develop a public facing "plan on a page for each CCG" in recognition that the Operational plan is an "NHS" document, written in a format to meet the requirements of the NHS planning process and not intended as a public facing document.

1.5 The guidance describes 9 "must do's" to be fulfilled by local systems.

- Develop a high quality, agreed STP & achieve local critical milestones for accelerating progress in 2016/17
- Return the system to aggregate financial balance
- Develop & implement local plan to address sustainability & quality of general practice (Including workforce & workload issues)

- Achievement of access standards for A&E & ambulance waits (Including through making progress in implementing the urgent & emergency care review)
- Improvement & maintenance of NHS Constitution standards (18 weeks Referral to Treatment Time (RTT) & patient choice)
- Deliver 62 day cancer waiting time standard & make progress in improving 1 year survival rates(Including by securing adequate diagnostic capacity)
- Achieve & maintain 2 new Mental health access standards (Treatment of psychosis & referral to IAPT) & continue to meet dementia diagnosis rate
- Deliver actions to transform care for people with Learning Disabilities (Including community provision & reducing inpatient capacity)
- Develop & implement plans for improving quality (providers to also participate in annual publication of avoidable mortality rates, **Plus** – 3 specific actions against roll out of 7 day services - consultant cover and diagnostics/improved access to Out of hours care, and improved access to Primary care evenings and weekends.

1.6 This draft plan has been developed and aligns with the four goals and sub objectives of the Reading Health and Wellbeing Strategy 2013-16 and the recent Reading JSNA and the individual CCG public Health profiles have informed its content for any Reading specific areas of focus.

1.7 Final 5 year STP and 1 year Operational plan executive summary will be presented at the 15th July 2016 Health and Wellbeing Board.

2. RECOMMENDED ACTION:

2.1 To note the priorities identified by the CCGs as outlined in the "One Year Operational plan 2016/17" and to support the ongoing work of the CCGs in supporting the delivery of the Reading Health and Wellbeing Goals.

2.2 To note the requirement for the development of a 5 year Sustainability and Transformation plan across Berkshire West.

2.3 To note that final 1 year and 5 year STP will be reported to the Health & Wellbeing Board in July 2016.

3. POLICY CONTEXT

This Operational Plan reflects the requirements of the NHS England planning guidance to Clinical Commissioning Groups (CCGs) : Delivering the Forward View : NHS Planning Guidance 2016-17 -2020/21 in December 2015.

4. CONTRIBUTION TO STRATEGIC AIMS

The operational plan "must do's" (where relevant) align with the strategic aims of the Health & Wellbeing Strategy for Reading. For example, initiatives around Dementia align with Goal Three: The impact on long term conditions is reduced and Diabetes initiatives which include health promotion and prevention as well as management of diabetes aligns with Goals Three and Four of the Reading Health & Wellbeing Strategy. Other examples include the support for people with mental health issues.

Our Vision – A Healthier Reading

Communities and agencies working together to make the most efficient use of available resources to improve life expectancy, reduce health inequalities and improve health and wellbeing across the life course

Goal One – The health of communities is promoted and protected
Goal Two – Focus is increased on early years and the whole family
Goal Three – The impact of long term conditions is reduced
Goal Four – Health-enabling behaviours and lifestyle are promoted

The Plan on a Page which will be developed will summarise the vision and key workstreams and the STP will set out the success criteria, governance arrangements and system values which have been agreed by the ten statutory organisations that form part of the Berkshire West 10 integration programme.

5. COMMUNITY ENGAGEMENT AND INFORMATION

The information drawn together for the Operational Plan reflects the work underway across a number of system wide work streams , where patient representation is incorporated. As action plans around key disease areas are implemented, patient involvement swill be paramount in informing and shaping our direction of travel.

6. EQUALITY IMPACT ASSESSMENT

Equality Impact Assessments will be carried out as appropriate for all workstreams identified in the plan where this relates to any service changes proposed as a result of the implementation of the Plan.

7. LEGAL IMPLICATIONS

Local CCGs are required to submit plans to NHS England which meet the requirements as set out in the National Planning Guidance 2016/17 to 2020-21.

8. FINANCIAL IMPLICATIONS

CCGs are required as part of the planning submission to assure NHSE that they have an affordable plan which aligns with provider plans across the system.

9. BACKGROUND PAPERS

These include:

- The South Reading CCG & North & West Reading CCG Locality Profiles 2015
- Delivering the Forward View: NHS Planning Guidance 2016-17-2020/21 in December 2015.
- Berkshire West CCgs Operational Plan 2016/17 (attached)

Operational Plan 2016/17 Executive Summary

Wokingham, Newbury and District, South Reading and North and West Reading Clinical Commissioning Groups

Table of Contents

1. Strategic Context and key challenges

This document reflects the Berkshire West CCGs unit of planning and sets out our high level Operational Plan for 2016/17. This plan is supported by a suite of documents including our Financial Strategy, 16/17 Activity plans, Dementia Action plan, Cancer recovery plan, and the Systems resilience plan. This Operational plan sets out our priorities for the coming year in the context of the NHS England planning guidance, forming year one of the emerging Sustainability and Transformation Plan (STP), and which builds on the Berkshire West CCGs strong track record of financial and non-financial performance.

The Berkshire West CCGs are collectively recognised as a high-performing and benchmark well nationally on a number of key performance measures, including non-elective admission rates and prescribing. We are also recognised across Thames Valley and nationally for leading the development of innovative approaches to improving clinical care and patient experience e.g. Diabetes Care, Stroke care, and Improving Access to Psychological Therapy services.

Nevertheless, like other health and care systems we recognise we are facing increasing operational and financial challenges. Within that context we acknowledge that although individual sectors largely perform well, the overall experience of services for our residents can sometimes be uncoordinated and fragmented, and that the current design of the system and services means that people are often driven into higher and more costly levels of care than their needs determine. This fragmentation of care can impact on both the citizen's experience and outcomes, and is a poor use of public money**.** Health and social care partners in Berkshire West are therefore committed to developing, testing and implementing innovative approaches to new ways of working and in delivering our shared vision for our system as a key foundation on which to build.

By 2020/21, our vision is that enhanced primary, community and social care services in Berkshire West will have a developed service model which prevents ill-health within our local populations and supports people with much more complex needs to receive the care they need in their community. People will be supported to take more responsibility for their health and wellbeing and to make decisions about their own care. Care providers will share information, and use this to co-ordinate care in a way that is person centred, and reduces duplication and hand-offs between agencies.

This vision is underpinned by the principle that people will only be admitted into hospital, nursing or residential homes when the services they require cannot be delivered elsewhere. All the services that respond to people with an urgent need for care will operate together as a single system, ensuring that people with urgent but not life-threatening conditions will receive responsive and effective care outside hospital.

2. New Models of Care and Sustainability

2.1 Berkshire West Accountable Care System (ACS)

The Berkshire West system has been working as the Berkshire West 10 (BW10) comprising of 4 CCGs, 3 local authorities, Royal Berkshire NHS Foundation Trust (RBFT), Berkshire Healthcare Foundation Trust (BHFT) and South Central Ambulance Trust (SCAS) for some time within a shared governance structure. The Berkshire West system first came together as an agreed footprint back in 2013 with the submission of our Integration Pioneer bid, and has continued to capitalise on this with the development of a Berkshire West Integration Programme. The Integration programme identified three priority areas of work following an initial review of demand and capacity across the health and social care system; these are Frail Elderly, Children and Young Peoples services, and Mental Health. We have subsequently further prioritised joint work on a Frail Elderly Pathway which will report back in March 2016, with the findings and actions to be used to inform further pathway redesign and the exploration of new approaches to funding in the current Better Care Fund planning and health provider contracting round.

To meet our challenges and overcome the barriers to change in the current system, Berkshire West is proposing to establish a New Model of Care and to operate as an ACS. The ACS is a collective enterprise that will unite its

members and bind them to the goals of the health system as a whole. In so doing we will hold ourselves collectively to account for delivering the necessary transformation of services and in getting the most out of each pound spent on the NHS within Berkshire West.

The key characteristics of our ACS will be:

- We will support our population to stay well through preventative care which considers the lives people lead, the services they use and the wider context in which they live
- We will improve patient experience and outcomes for our population through delivery of a Berkshire West Shared Strategy
- we will get optimal value from the 'Berks West £' by organising ourselves around the needs of our population across organisational boundaries, working collectively for the common good of the whole system
- clinical decision-making and service developments will drive proactive management of care and provision of care in the most effective settings, underpinned by a payment system that moves resources to the optimal part of the system
- finances will flow around the system in a controlled way that rewards providers appropriately and helps all organisations achieve long term financial balance by unlocking efficiencies in different parts of the system; incentives will be aligned and risks to individual organisations will be mitigated through the payment mechanism
- we will develop and use long term contracts to promote financial stability of the providers
- it will be governed by a unified leadership team comprising all commissioners and providers, with delegated powers from the constituent organisations.

The three Local authorities in Berkshire West have given their support to health colleagues fast tracking the development of a new model of care which will enable further integration with social care over the medium term. The objectives of the ACS programme are aligned with the wider BW10 integration programme and support the delivery of Health and Well Being Strategies. The implementation of the Five Year Forward View requires the production of Sustainability and Transformation Plan (STP), see below, and the development of an ACS for Berkshire West will be at the heart of the Thames Valley plan (see section 2.2) and will be the vehicle for delivering the service transformation locally that will lead to wider financial sustainability.

The key objectives of our ACS will be to:

1. Improve individual and population health, promoting primary and preventative care and reducing the requirement for more costly care. The ACS will require a strong public health and health promotion component to be effective in this area.
2. Improve people's experience of care by providing transformed, more integrated pathways of care with minimal hand offs between different parts of the system
3. Achieve financial balance at a system level through redesigned pathways and optimal models of delivery, supported by shared cost effective back office mechanisms, providing public confidence in the local NHS

In its first year the ACS will need to achieve two key deliverables: the production of a multiyear Berkshire West Shared Strategy and an underpinning system wide financial model which demonstrates how the transformation strategy will deliver financial sustainability.

The proposal is that social care could be included in the ACS in a subsequent phase of the programme and this has the support of all three Local authorities. This allows time for the three local authorities to pursue the development of a joint commissioning unit on the same Berkshire West footprint.

The ACS Programme will be managed against a clear documented project plan and a risk and issues log maintained. The programme management approach will be underpinned by partnership working and a communications and engagement plan to ensure all stakeholders are kept up to date.

2.2 Development of a Thames Valley Footprint STP

The CCGs with colleagues from Buckinghamshire and Oxfordshire (BOB) are working together as requested by NHS England to scope an umbrella Thames Valley Sustainability and Transformation Plan (STP). The proposed footprint presents a number of risks, issues and opportunities which the respective Chief Officers and Chairs will consider over the coming weeks. The key concern is to ensure that such an approach would not have an adverse impact on the local plans for an Accountable Care System.

Once agreement on the footprint has been reached, the organisations concerned will need to undertake considerable work to prepare for and deliver the STP. This will include agreeing governance arrangements as well as undertaking further analysis of current gaps across the domains of health and wellbeing, care and quality and finance and efficiency; identifying key priorities for addressing these before Easter. After Easter the focus will be on the detailed development of a plan which must cover the nine initial 'must-dos' described in the planning guidance as well as setting out a broader platform for transforming local health and care services in accordance with a number of key national parameters.

West Berkshire, Oxford and Buckinghamshire CCGs (BOB) remain committed to our main transformation programmes being at CCG or unit of planning levels, focussed on our key service providers of secondary, community, mental health and primary care as these cover the majority of demand from our local population's health needs. This has led to very different approaches across the wider STP footprint, including one devolution bid and one ACS model.

Whilst we clearly have very different approaches to our transformation programmes, we have identified key areas of our transformation that should be undertaken at BOB STP scale.

In summary, those are:

- Specialised commissioning (note that this is wider than the BOB footprint)
- Workforce
- PLCV and Priorities
- Primary Care provider development
- CSU support
- Urgent & Emergency Care
- Digital Innovation

These have been mapped to the three identified gaps, for clarity and range from transformational work at scale (e.g. digital innovation and interoperability) through to areas where it makes sense to share learning to hasten wider implementation, such as primary care provider development.

BOB Alliance - Forum for STP Development Oversight

The BOB AOs and Chairs meet monthly and it is this meeting that will oversee the development of a robust STP. This group will:

- Track progress of STP development, ensuring ongoing alignment with local strategies
- Oversee the aggregation of all local engagement with stakeholders & populations
- Identify further opportunities for BOB scale work to gain maximum efficiencies
- Ongoing monitoring of the work streams above and any further opportunities identified

Draft governance arrangements for this Alliance are in the process of being developed and are going through CCG governance sign-off. These arrangements will ensure effective system governance to oversee both the short and longer term objectives.

3. Financial sustainability

3.1 Local context

The Berkshire West CCGs remain as some of the lowest funded commissioners in England on an allocation per person measure (£1,047 compared to a national average of £1,221), and remain underfunded when compared to their target allocations by approximately £20 a person (i.e. £10m in total). The target allocation of the Berkshire West CCG (if it existed) would be £1,067 per person, the second lowest in the South of England area.

Allocations and growth for 2016/17 are as follows:

	Newbury	N&WR	SR	Wok	BW CCGs total
Baseline 16/17 - £m	131.0	125.4	135.3	172.1	563.8
Primary care 16/17 - £m	14.0	13.7	18.2	18.1	64.0
Growth in above baseline - £m	3.8	5.6	7.2	5.0	21.6
% growth	3.05%	4.78%	5.75%	3.05%	4.07%

The key financial targets for the BW CCGs in 2016/17 are:

- Achievement of I&E surplus of the greater of 2015/16 surplus less any agreed drawdown or 1%;
- Achievement of agreed QIPP plan;
- Commitment of only 99% of resource recurrently in 2015-2016, and for this budget to remain uncommitted at the planning stage.
- Contingency of 0.5% set aside.
- Commitment to an increase in funding for mental health in line with our percentage increase in allocation for 2016/17.
- Manage within our running cost allocation
- Payment to suppliers in line with the Better Payment Practice Code;
- Management within agreed cash limit; and
- Demonstrating value for money.

The four Berkshire West CCGs plan to comply with each of these requirements.

3.2 Alignment with activity and growth assumptions

All trust contracts will as a starting point use estimated 2015/16 outturn as the starting point for 2016/17 contract negotiations.

The CCG has used the same activity assumptions for the finance and activity components of the plan. In 2016-2017, activity growth will be agreed with each provider based on local circumstances. Initial discussions with the main acute provider (RBFT) and also upon review of the Indicative Hospital Activity Model (IHAM), suggest that overall activity growth will be approximately 2% overall with some areas of emergency activity growing by up to 4%.

The assumptions have been made on a Berkshire West basis rather than at CCG level to account for small number variations and to align to the way the CCG commissions services across Berkshire West. These assumptions still require further work and we still need to understand non-recurrent elements of growth for elective care to reduce waiting list backlogs, especially for cancer services. The CCGs have not modelled in the transformational QIPP changes into the activity models due to further detailed work being required, although this has been done for the financial plan. Further testing of the growth assumptions is required, especially for non-elective care, compared to what happened in 2015/16 and the CCG has commissioned a specific piece of work to support this.

3.3 QIPP and Efficiency

It is recognised that the delivery of QIPP plans is a necessary lever to ensure real change to safeguard future financial stability and it is our intention to establish realistic and achievable levels of QIPP and efficiencies within the system. The QIPP gap has been identified for the CCGs for 2016/17, and amounts to £16m in total, which is 2.8% of allocation.

In order to drive the achievement of QIPPs in 2016/17, a new Planning and Transformation team has been recruited (previously outsourced to the South Central and West CSU) and over the last 3 months the focus has been on developing new processes and governance structures which are now embedded across the organisation. Each QIPP scheme is supported by a full suite of documentation, including PIDs and Quality & Equality Impact Assessments and delivery is overseen through both the new QIPP Operational Delivery Group and strategically through the CCGs QIPP & Finance Committee each month.

Schemes are being developed to meet the QIPP gap and these are shown in the table below. Other schemes are under development to close the financial gap, and currently the schemes yet to be identified amount to £6m.

Scheme name	Net saving £m
Frail Elderly	1.2
Care homes	1.2
Business rules	1.6
MSK	0.9
Placements	0.7
Meds management	0.7
Planned care	0.8
Better Care Fund	0.6
Ophthalmology provision	0.3
Referal variation	0.5
Urgent care	0.2
End of life	0.3
Respiratory	0.4
Other Long term conditions	0.6
Innovations in electives	0.2
Other schemes	0.6
	10.8

3.4 Parity of Esteem

Planning guidance set out the requirement for CCGs to invest further in mental health services to endure parity of esteem between mental and physical health services. Berkshire West CCGs have committed to investing in line with their increased allocation.

The increased investment of up to £2.4m will be utilised in a number of organisations within the health economy including Berkshire Healthcare NHS FT, Royal Berkshire Hospital NHS FT, CCGs and Primary Care.

3.5 Moderating demand

Despite a number of initiatives and schemes being put in place during 2015/16 to reduce non-elective activity the system has seen unprecedented activity growth in non-elective activity. Although some of this can be explained by the introduction of a short stay Observation Unit at the RBFT this by no means explains growth of in excess of 10%.

This activity has been in part paid for from the Performance Fund identified in the BCF and if not effectively managed and contained will increase financial unsustainability.

3.6 Improving health

The CCGs recognise the importance of prevention and health promotion in reducing the ultimate demand for healthcare. Effective, evidence-based prevention, addressing the lives people live, the services they access and the wider context in which they live will require co-ordinated action and the CCGs are working closely with Local Authority colleagues to ensure these services are delivered effectively across Berkshire West. This collaborative approach is exemplified by the Prevention Working Group, part of the BW10 Integration Programme, which will enable identification and sharing to develop best practice across the region and will support the development of health promoting health organisations.

3.7 Accountable Care System

The current profile of service provision in Berkshire West is not sustainable and this position will worsen unless action is taken to address the challenges set out above, promoting primary and preventative care.
In 2015/16 and 2016/17, our system is forecasting an overall deficit:

	2015/16 (deficit)/ surplus forecast (£m)	2015/16 (deficit)/ surplus as a % of turnover	2016/17 (deficit) forecast (£m)
Royal Berkshire NHS FT	(9)	(2.40)	(11)
Berkshire Healthcare NHS FT	(2)	(0.85)	(8)
South Central Ambulance Service NHS FT	(4)	(2.10)	TBC
Berkshire West CCGs	5	0.90	(16) QIPP Gap
Total	**(10)**		**(36)**

NB This is prior to the control totals provided by NHSI to providers

The local health economy financial baseline shows that the size of the LHE financial challenge is set to grow significantly. Work undertaken across the health authority last year (currently being refreshed) shows the scale of the challenge by FY19.

	FY15	**FY16**	**FY17**	**FY18**	**FY19**
BHFT CIP cumulative total is **£41.5m**	£8.6m	£12.6m	£6.2m	£6.8m	£7.3m
BHFT CIP target as % of income	3.9	5.8	2.8	3.1	3.3
RBFT CIP cumulative total is **£77.9m**	£18.5m	£16.9m	£15.2m	£13.6m	£13.7m
RBFT CIP target as % of income	5.3	4.7	4.1	3.6	3.6
Commissioner cumulative net QIPP (RBFT)	£6.1m	£11.9m	£16.8m	£21.1m	**£24.8m**
Commissioner cumulative net QIPP (other)	£1.5m	£3.4m	£5.1m	£6.6m	**£8.0m**
Combined CIP and QIPP challenge (FY19)					**£152.2m**
Stranded costs at RBFT through alignment of plans					£4.3m
LHE challenge, assuming plans are aligned (FY19)					**£156.5m**

(Source: Berks West Clinical Strategy Programme LHE Financial Baseline, June 2014)

3.8 Primary Care

As CCGs we have already invested £5m in primary care over the last two years in CESs to enhance extended hours provision (see above) and maximise the impact of care planning and ensure we provide proactive support to care homes. We have also developed a plan for the reinvestment of PMS premium monies through a Quality CES which will be developed on an incremental basis over the next five years, reflecting the role that we need primary care to play in the delivery of our strategic objectives. We are exploring the affordability of commissioning such a CES in the CCGs which do not have PMS premium funding.

As we take on fully-delegated responsibility for commissioning primary medical services we will be working to ensure that the delegated budgets we receive are used to maximum effect to commission high quality care for our population. We will also be working with NHS England through the PCTF bidding process and other capital allocation mechanisms to ensure investment in the premises schemes and technological developments which we have identified are a priority for the delivery of our overall strategy for primary care.

3.9 Better Care Fund (BCF)

Over £25m has been invested from health monies into the pooled budgets creating the Better Care Funds of the 3 Local Authorities, £15m of which was new investment in 2015/16. Section 75 agreements have been put in place for the management of the overall pooled budgets of £27m.

The CCGs are currently working with local authority partners to evaluate the schemes funded through the BCF during 2015/16 and to agree their plans for the coming year. The requirements set out in the Better Care Fund Planning Requirements for 2016/17 received on 23rd February issued by NHS England will be considered in the development of local plans. Local areas are also expected to maintain the progress made around 2015-16 BCF metrics including admissions to residential and care homes, patient experience, effectiveness of reablement and delayed transfers of care. Details of the final plans will be included in our planning submission on 21st March and in the final plans which will be submitted on 25th April. Approval of the final BCF plans will be via the individual Health and Wellbeing Boards (March for West Berkshire and April for both Reading and Wokingham).

Examples of achievements in 15/16 include:

- Working through the BCF Wokingham has supported the recruitment and training of 12 volunteer navigators to support patients to access the right services and reduce demand on GP appointments, by delivering social prescriptions and guiding patients to voluntary organisations who can support their needs
- In Reading the CCG have funded a Full Intake Model which aims to increase community reablement team capacity offering admission avoidance, reablement and support to the "discharge to assess bed base". The "Discharge to Assess" service has been expanded to 12 beds including for older people with mental health conditions such as dementia
- In West Berkshire the Joint Care Provider Project (incorporating seven day working and direct commissioning by specified health staff) has led to a more cohesive service which will reduce duplication, improve access and increase capacity.

4. Primary Care

A strong and effective primary care sector is acknowledged to be a critical aspect of an effective and high performing health care system. The challenges of increasing demand from elderly and frail patients living with multiple and complex chronic diseases is placing an increasing strain on practices and how they respond over the next five years will be crucial to the delivery of our Operational Plan.

Over the last 18 months we have engaged the public, partners and member practices in the development of a detailed Primary Care Strategy. Our Primary Care Strategy clearly defines the following 'asks' of primary care:

- Interfacing in new ways with specialisms historically provided in secondary care to manage increasingly complex chronic disease in a community setting.
- Managing the health of a population by working in partnership with others to prevent ill-health. Acting as accountable clinicians for the Over 75s and other high risk patients and co-ordinating an increasingly complex team of people working in primary, community and social care to support patients at home.
- Using new approaches and technologies to improve access and patient experience, ensuring that the needs of patients requiring urgent primary care are met appropriately and appointments are available in the evenings and at weekends.
- Making effective referrals to other services when patients will most benefit.

The implementation of our Primary Care Strategy is overseen by our Primary Care Commissioning Committee which includes representatives of all four CCGs. A quarterly programme report incorporates progress on both Berkshire-West wide work streams and projects undertaken within individual CCGs. In this way, learning from local projects can be shared across the four CCGs and synergies and further opportunities for joint working can be identified.

Key work streams are described in the following sections.

4.1 Sustainability

Across the 4 CCGs we are supporting practices to explore opportunities to work together to create efficiencies and achieve sustainability and are using commissioning levers to align incentives with these models. Below are examples of the CCG specific areas of work we will be focusing on over the coming year.

In South Reading (where there are a large number of smaller practices) our vision for the future of primary care is that we will see a smaller number of providers, working in merged or federated arrangements likely to include hub and spoke models. We envisage that each of these will serve a population of 25,000 - 30,000 patients. Two such provider units are already emerging. We intend to use a proportion of our released PMS premium funding, together with NHSE's vulnerable practice funding to progress this work.

In Wokingham as a CCG we are supporting practices to explore opportunities to work together to create efficiencies and achieve sustainability and are using commissioning levers to align incentives with these models. Our neighbourhood cluster model has created three clusters of practices, each serving a population of 40-60,000 patients, and practices within these clusters are now considering shared posts, pooled back office functions and a joint approach to meeting on-the-day demand.

In North West Reading CCG it is our intention that current procurement exercises will stabilise two practices where there has been a turnover of providers; putting in place contracts that closely reflect our broader primary care strategy.

Newbury and District CCG practices are exploring opportunities to work together to address current pressures particularly around workforce, and are already training a new role called a GP administrative assistant intended to free up GP time and are also piloting clinical pharmacists in practice.

The JPCC will take an oversight role in assessing the impact of these differing approaches and the impact these have on delivery of the Berkshire West Primary Care Strategy.

The Quality Dashboard that we are currently developing for primary care will allow improved comparison with local peers and national figures, thereby enabling a more detailed assessment of variation and inequalities. This will build upon an earlier risk mapping exercise which considered the potential vulnerability of practices based on a range of metrics including CQC visit outcomes, staffing issues, the standard of practice premises and financial status. We are using this information to support discussions with practices regarding options for future sustainability and in considering priorities for Primary Care Transformation Fund bids and other potential sources of investment.

In addition, where we have had practices rated 'inadequate' by the CQC we are working with NHS England to support these practices to make the necessary improvements and to put in place contingency plans where required.

4.2 Workforce

We are currently developing a detailed programme of work to respond to primary care workforce issues, led by a working group reporting to the Primary Care Commissioning Committee. This will consider workforce planning, recruitment and retention of GPs and other staff, innovative approaches to training and CPD and workforce diversification. We will ensure we consider links with the 10 point plan for GP recruitment and retention as part of this. We will also give further consideration to how we can maximise the impact of retainer placements.

We have worked with the University of Reading, BHFT and RBFT to establish a local training programme for Physician Associates. A number of our practices are hosting training placements and will be supporting their first student over the coming weeks. One of the working groups of the Joint Primary Care Co-commissioning committee will be leading on workforce development including workforce planning, recruitment and retention, training and CPD, workforce diversification including scoping the opportunities for expanding the range of professionals offering primary care services such as pharmacists, a specialist GP role for care home patients, and extending the roles of health care assistants and practice nurses supported by appropriate accredited training and development programmes. As part of this we are exploring the potential to collaborate with Health Education England Thames Valley to develop a primary care training hub in Berkshire West.

4.3 Managing Demand

We recognise the need to develop a more robust approach to managing demand in primary care and therefore the CCGs are proposing the creation of a joint sub group of the Joint Primary Care Co-commissioning Committee and the Innovation technology and Information systems Programme Board with the purpose of scoping and developing a work plan which aims to address this challenge in Berkshire West. This will include:

- Exploring how we utilise IT to maximum effect to give patients the opportunity to access primary care in new ways thereby enabling practices to better manage demand
- Exploring opportunities for greater self-management by patients, including automating elements of QOF as well as for joint working on urgent access.
- Maximising opportunities around self-care of self-limiting illness, including through the use of symptom-checker and GP triage apps.
- Developing a pilot in Wokingham CCG for NHS111 direct booking into in-hours Primary Care
- Exploring collaborative models which will ensure enhanced access to Primary Care across the week including Sundays and which build on the current CES, and take into account the workforce capacity challenges.

4.4 Premises

There will be further development of our Estates Strategy including detailed planning around areas of population growth and maximising CIL/S106 contributions. Our Primary Care Transformation Fund bids reflect additional facilities likely to be required as a result of population growth.

Our priorities for primary care premises investment reflect the need to respond to significant projected population growth, particularly in Wokingham CCG, and to ensure our 'up scaled' providers work from modern, fit-for-purpose premises which support the delivery of an extended range of services in primary care. Our Primary Care Transformation Fund (PCTF bids) will reflect these priorities, focussing on a small number of larger schemes we expect to be required over the next 2-3 years. We have also reviewed the findings of the six-facet premises survey

undertaken by NHS England and assess schemes proposed by practices against this as well as in the light of projected population growth.

As set out above we are currently considering how we can expand extended access provision beyond current commissioned levels and will review premises and technological implications as part of this. As set out in our submission, our Connected Care procurement includes a patient portal which will underpin delivery of self-management and triage approaches. As we pilot NHS 111 direct booking and collaborative working around 7-day routine provision and meeting urgent care demand we will be considering the role of technology within this, including ensuring we maximise the benefit of online access, self-management and remote triage.

5. Prevention

Strong public health and health promotion are core components to delivering an effective ACS. The CCGs will continue to work closely with Public Health to place greater emphasis on prevention and putting patients in control of their own health; we will use the individual CCG Public Health profiles (see supporting documents) to inform local priorities in addressing health inequalities. These profiles show that life expectancy for both men and women are significantly better than the national average within 3 of the 4 Berkshire West CCGs. In contrast, South Reading CCG's life expectancy is significantly worse than the national average (2 years less for men, 1.2 years less for women).

Potential Years of Life Lost (PYLL) is an indicator of premature mortality and shows the number of years not lived by an individual from birth to 75. A death is considered amenable if, in the light of medical knowledge and technology at the time of death, all or most deaths from that cause could be avoided through good quality healthcare. In 2012-14, the England PYLL rate was 2,032 per 100,000 population. Both Newbury & District CCG and Wokingham CCG's rates were significantly better than the national level and the two Reading CCGs had similar rates. All of the Berkshire West CCGs had similar or better rates of PYLL to their respective CCG comparator groups. The main cause of PYLL in England was ischaemic heart disease. The main cause across all of Berkshire West CCGs was neoplasms, with ischaemic heart disease as the second main cause.

Complimenting existing activity the cross-organisation BW10 Prevention Working Group will develop a comprehensive plan for prevention to support the sustainability of the Berkshire West Health and Social Care system. We will continue to promote healthy lifestyles and target the leading risk factors for ill-health in partnership with Public Health to decrease numbers of smokers and decrease levels of alcohol consumption, increase levels of physical activity, detect people with high blood pressure and cholesterol, and reduce obesity in children and adults by increasing the uptake of the NHS Health Check Programme and referring into local services e.g. Eat 4 Health. Local practices have been tasked with increasing referrals by 25% and are on track to deliver this target with 67 referrals in Q1, health walks, recording alcohol consumption and supporting a reducing alcohol intake through brief interventions and signposting.

Health promoting schemes that we have funded in 15/16 and will continue to fund during 16/17 include the Eat4Health and 'Beat the Streets' programmes. This year 23,992 people took part in Beat the Streets (including 12% of patients with LTCs) and walked 306,599 miles. This is a 63% increase in participants from when the project was first piloted in 2014. At the beginning of the project 40% of people reported meeting the Department of Health's guidelines for levels of activity (30 minutes of physical activity for five or more days per week). By the end of the project, this had increased to 48%. 78% of participants said they would try to continue the changes they had made. In 2015/16 North & West Reading CCG commissioned Age UK to deliver a 'Living Well' pilot which provides upstream interventions for older people not requiring medical or nursing care to support improvements in wellbeing and reduce avoidable GP appointments, A&E attendances and 999 contacts. Results from the first 2 quarters of the pilot show that wellbeing has improved by 28% and that there has been a 30% reduction in GP appointments, 50% reduction in A&E attendances and 50% less 999 contacts.

5.1 Obesity and being overweight

Berkshire West CCGs have a recorded obesity prevalence rate of 7.0% in the registered population aged 16 and over, which is approximately 29,472 people. This prevalence rate varies between the CCGs, from 6.6% in Wokingham CCG to 7.4% in North & West Reading CCG. However, these are all lower than their respective comparator groups and the national prevalence rare of 9.0%.

Adults with a Body Mass Index over 25 are defined as being overweight. Figures collected through the Active People Survey (2012-2014) estimate that 64.6% of adults living in England are overweight or obese. All of the Berkshire West LAs have a lower level of adults with excess weight and Reading's is significantly lower at 61%.

Key objectives across Reading's Healthy Weight Strategy will be to ensure that people in Berkshire know how to achieve and maintain a healthy weight, are able to choose a healthy diet and can become more physically active in everyday life. In children, there is a significant link between being an overweight or obese child and becoming an obese adult. Establishing a healthy weight and healthy lifestyle habits in early years will help to create the blueprint for life. A focus will be given within the strategy to evidence based interventions and recommendations for the prevention and management of childhood obesity across the CCG area, including schemes to improve facilities for cycling and walking; encouraging active play, minimising sedentary behaviour and the provision of healthy catering in early year's settings and appropriate referral to and endorsement of weight management, physical activity and healthy eating programmes.

We will commission during 2016/17 a Tier 3 weight management intervention service in line with the NICE guidance (CG 189, 2014). Tier 3 services form an important part of the weight management pathway and provide a more specialist intervention delivered by a multidisciplinary team with the aim of reducing mortality rates and levels of co-morbidity associated with clinical obesity. The social and psychological benefits are well known. The objective is to commission an effective and accessible weight management intervention service for patients (with or without co-morbidities) who have already been through an appropriate Tier 1 and Tier 2 weight loss service including nutrition and physical activity advice and psychological approaches to behaviour change.

In addition to obesity services those at risk of developing diabetes will be referred and managed under the National Diabetes Prevention Programme and working with Public Health we will be promoting a cross Berkshire digital campaign which builds on the successful Change for Life programme.

The prevalence of obesity in children as measured though the National Child Measurement Programme (2014/15) show that the prevalence of obesity in Reading is similar to the national average for both ages four to five and ten to eleven, while Wokingham and West Berkshire's are significantly better. The Reading CCGs have committed to working in partnership with the Public Health team to deliver the Beat the Street competition for the third year running, and to explore wider opportunities to collaborate with Primary Care, Maternity services, Health Visiting, School Nurses and Schools to address this issue. We have re-procured programmes to support children who are overweight (Let's Get Going) and within West Berkshire we are piloting an active schools programme from 0-19 years to increase levels of activity. In addition working with Public Health we will review the awaited children strategy and develop an action plan based upon this.

5.2 Alcohol

In 2013/14, there were over 333,000 alcohol-related hospital admissions in England, which equates to 645 admissions per 100,000 population. Three of Berkshire West's CCGs had significantly better rates of admission than the national figure, ranging from 366 in Wokingham CCG to 493 in Newbury & District CCG. South Reading CCG's admission rate was similar to England's at 597 per 100,000 population.

Public Health England has estimated the increase on average life expectancy for men and women at a local level if all alcohol-related deaths were prevented. This ranges from 7 to 16 months for men and 3 to 5.5 months for women in the Berkshire West CCGs.

In 2016/17, we will be commissioning a new Alcohol Specialist Nursing Service for people who present and/or are admitted to hospital for alcohol related harm. This will support better management of patients presenting at the ED department at the RBFT with alcohol related problems by ensuring that there are clear pathways into both primary care and specialist drug and alcohol services, and provide a rapid response assessment and triage to avoid delayed discharges and avoidable hospital admission. The service will link with the appropriate community services for on-going community treatment and support to reduce re-attendances at ED. The service will also provide education and training to acute and Primary Care clinicians to enable better manage patients with chronic and acute alcohol problems.

In addition, we will be taking part in the Public Health England led improvement programme reviewing the current pattern of services against best practice. This will support the development of our 5 year action plan to address the impact of alcohol across West Berkshire.

5.3 Cholesterol and Blood Pressure

QOF data and Right Care data demonstrate that once detected primary care intervention for high cholesterol and/or blood pressure is effective; however there remains a low level of ascertainment of patients that would benefit from intervention. The national NHS Health Check Programme aims to prevent vascular disease, by inviting eligible people to an assessment of risk of developing a vascular condition. They are then given advice and support to help them manage or reduce any risks identified. GP Practices are the main providers of Health Checks nationally and all of the West of Berkshire LAs have Primary Care Contracts in place with their CCGs to provide this service.

Berkshire West CCG GP Practices completed 22,736 Health Checks from 1st April 2013 to 31st Dec 2015, which equated to 15% of the eligible registered population. The uptake in England over this time was 25%. The local uptake is lower than the national figure and also lower than the apportioned target for this time period (27.5%) and PHE ambition (37%). Working with Public Health we will continue to focus on health checks, including determining alternative ways and venues to find people with high blood pressure in the community.

5.4 Tobacco

In 2014 the national smoking prevalence rate for adults was 18.0%. Reading's rate was similar at 17%, while Wokingham and West Berkshire's were significantly better at 9.8% and 15.5% respectively. If we compare this to local smoking prevalence rates from 2010, this would suggest that there are now over 14,000 less smokers in Berkshire West than there were 5 years ago.

Stop Smoking Services operate to offer support to those people finding it difficult to quit. The service in Berkshire 'Smoke Free life Berkshire' is provided by Solutions 4 Health Ltd and jointly commissioned by all 6 Berkshire local authorities. The Stop Smoking Service and Public Health teams have worked closely with Berkshire Healthcare Foundation Trust to address smoking in certain priority groups. This includes people with mental health conditions among whom smoking rates are very high and quit smoking success rates are traditionally poor. The stop smoking service offer quit support on site at mental healthcare settings as well as work with BHFT to promote the service to people with mental health conditions resident in the community. In addition to smoking cessation support, the service has also worked with BHFT to make all community and in-patient mental healthcare settings smoke free. This work was completed in October, meaning that Berkshire is one of the few areas in the country to have totally smoke free mental healthcare facilities, including both indoor areas and grounds.

5.5 Screening and Immunisation

Currently screening and immunisation are reviewed and overseen by the health protection community and NHS England area team working across Berkshire. This group has public health and CCG representation ensuring the vital link between primary care development and NHS England in the delivering of screening and immunisation programmes. In a concentrated effort to address the inequalities in immunisation uptake in the 0-5 year cohorts in Berkshire, two Childhood Health Inequalities Nurses have been recruited to work within BHFT on a pilot project (Feb 2016 to April 2017). They will be working with child health records department, primary care, health visitors, local authorities, children's centres and other stakeholder agencies to improve timely childhood immunisation uptake in areas with historically low coverage, follow-up children with delayed or missing immunisation and facilitate access to immunisation services and target hard-to reach families.

Concerted effort is being made to maximise uptake of bowel cancer screening and reduce local variations in uptake. This includes Cancer Research UK's media campaign and screening enhancement kits and North and West Reading CCG quality premium initiative.

6. Improving quality of care through better outcomes and experience

Ensuring the quality of patient care provided by our commissioned services continues to be a primary focus in 2016/17. The CCGs have supported our providers to make significant progress in addressing key quality priorities to date, including reducing patient harm, such as a significant reduction in grade three and four pressure ulcers (average of 24 per year reduced to 5 to date in 2015/16), reducing incidents of infection (number of Clostridium Difficile has reduced from 40 in 2013/14 to 29 in 2014/15 and 23 year to date) and reducing falls causing serious harm (22 falls in 2013/14 and in 2014/15 to just 4 in 2015/16 to date). The monitoring of quality performance is underpinned by robust governance processes, which include benchmarking our providers performance with other Trusts across Thames Valley and holding them to account using tools such as Quality visits, clinical audits, and improvement plans to ensure improvements are made when standards fall below what is expected.

The CCGs are in the process of developing the contractual quality schedules which set out clearly our expectations for quality in 2016/17. These are based upon ytd performance in 2015/16, triangulated with feedback from our patients/ users and GPs gathered and reviewed through our Quality Committee, findings from the regulator and local intelligence.

The CCGs will continue to work with RBFT to monitor 104 day waits on the 62 day pathway with the expectation to move towards zero waits in this area in 2016/17. RBFT are developing a process for ensuring all of these patients have a clinical harm review and the CCGs will monitor the outcome of these in 2016/17. In addition, the CCGs will continue to monitor serious incidents that are a result of a failure to meet cancer targets and ensure learning is effectively captured and embedded.

In 2016/17 the CCGs will continue to monitor progress being made by our providers following recent CQC inspections, ensuring any areas requiring improvement are made, with real evidence of change being embedded. The CCGs will continue with its programme of Quality Observational visits to our providers across 2016/17, gaining direct feedback from staff and patients and their families on the care they are receiving.

6.1 Primary Care

In 2016/17 the CCGs will continue to improve the quality of primary care provided across all of our practices. The CCGs have developed a quality dashboard for primary care to monitor performance and support continuous improvement in quality against key quality indicators, which will be monitored through the Quality Committee and at CCG Council Meetings to support improvement. In addition, the CCGs will continue to work with NHS England in supporting those practices in our area as rated by the CQC as requiring improvement, ensuring any decisions made are in line with our Primary Care Strategy and produce the best outcome for delivering the highest quality of care for our patients.

6.2 7 day services

The Berkshire West CCGs have made significant progress on achieving 7 day services access across a range of primary, community and acute services in line with the 10 clinical standards. This is underpinned and driven through several different work programmes including the delivery of the Systems Resilience High Impact Actions, the development of an integrated community care model supported through the BCF and in line with the BCF national

conditions, and the development of relevant CQUINs and Service Development Improvement plans (SDIP) in both Provider contracts for 15/16 (a core part of the 15/16 planning guidance).

In addition to investments made via the BCF, through systems resilience and into MH services all of which directly support 7 day access we have invested in an Enhanced Access CES for Primary Care. This has resulted in over 80% of the CCGs' population now being able to access routine appointments outside of core hours; the vast majority of which are provided by patients' normal practices across the geography of the four CCGs. However, due to workforce constraints in primary care as described previously, as we work to improve coverage and expand availability to all day Saturday and Sundays, we envisage that practices will increasingly need to work together through 'hub' arrangement and/or that we may need to consider alternative provider models. We envisage that this would include provision within each of the four CCG localities; there is no intention for the routine offer to be centred on the walk in centre.

Patients with urgent needs can already access primary care in the evenings and weekends through the Westcall Out of Hours (OOH) service. The Reading walk in centre is also open from 8am-8pm, seven days a week. In addition, the CCGs have worked with NHSE to jointly commission an Enhanced Access CES as an alternative to the Extended Hours DES. This has resulted in 1321 additional routine bookable appointments per week on Saturday mornings and outside of core hours on weekdays (i.e. late evenings or early mornings), covering over 80% of the CCG's population. Some practices are working together to provide these sessions and we intend to increase coverage by promoting this further. A small number of practices continue to offer further extended hours sessions under the DES. We are currently reviewing the potential to expand provision under the CES, recognising however that many practices are affected by workforce constraints. To significantly expand capacity towards full 7 day access we will need to consider alternative provider models such as more systemic collaboration between providers.

Access to our community services is facilitated 24/7 via a Health Hub which is used by all discharging Acute Trusts as the single phone number for any health or social care referral.

In 15/16 we agreed a service development improvement plan (SDIP) with the RBFT which covered standards 2, 5, 6, 7 and 9. RBFT is reporting compliance with standard 2 (Time to first consultant review), standards 5/6 partially compliant and the Trust have completed and agreed with commissioners a Quality impact assessment associated with this position in year. The Trust has met their agreed actions on standards 7 and 9.

We are in the process of finalising the requirements for Q4 15/16 and have already commenced as part of the contract build the development of the 16/17 SDIP to include standard 8 as well as 2, 5 and 6 which are the national priorities for the coming year. The Trust will be completing the self-assessment tool on 7 days as required by the end of April and we will use the results of this to support continued dialogue with the Trust on full achievement of all 10 standards.

BHFT also had an SDIP which covered the respective elements of standard 7(MH on acute admission, PMS) and 9 (transfer to Community, Primary and Social Care). BHFT have provided performance data for Q3 and our intention is also to use this to inform our 16/17 BCF planning.

6.3. Avoidable deaths

The CCGs have a robust Serious Incident process with monthly meetings to scrutinise investigation reports into any incident which has resulted in serious harm or death of a patient. The CCGs will continue to ensure that any lessons learnt from these investigations are fully embedded and will challenge robustly if there are any recurring themes, taking action as necessary if care falls below the quality standards we expect.

The CCGs will continue to encourage an open culture of reporting, which has seen a significant increase in reporting across all our providers in the past two years.

6.4 Sepsis

The CCGs acknowledge the risks associated with failure to diagnose and treat sepsis early to reduce mortality. In 2015/16 the CCGs supported a 'Sepsis Improvement Project' delivered by the Berkshire West GP Out of Hours provider WestCall. This project has involved the introduction of a screening and treatment toolkit in the form of a lactate monitor, to support GPs to diagnose potential sepsis and initiate treatment with appropriate antibiotic immediately. Since implementation of the pilot, WestCall have increased their Sepsis diagnosis rates from 5 cases is April 2015 to 32 cases in January 2016. The CCGs plan to roll work with providers to expand this project into primary care and the ambulance service in 2016/17 and are exploring how best to do this, in collaboration with the Academic Health Science Network (AHSN). The CCGs plan to either continue the Sepsis CQUIN for a second year with our acute trust (depending on national CQUIN guidance), or transfer the requirements for screening and treatment within 1 hour to the Trusts quality schedule to ensure practice is embedded as business as usual.

6.5 Maternity

The CCGs Maternity Steering Group includes membership from all key partners including the MSLC. In 2016/17, we will continue to focus on supporting maternal choice through increasing the percentage of midwifery led deliveries, increasing the number of home births supported and reducing the need for RBFT to divert women in labour. The CCGs have several key performance indicators for maternity in the RBFT quality schedule and in addition monitor a comprehensive Trust maternity dashboard at quarterly Maternity Steering Group meetings, escalating any concerns through to the Berkshire West Quality Committee to agree any action required.

Following the recent publication of the National Maternity Review, a review will be undertaken, led by our CCG Maternity lead and the Maternity Steering Group to ensure its recommendations are fully implemented and progress reported through the Children, Maternity, Mental Health & Voluntary Sector (CMMV) Programme Board and subsequently through the Governing Bodies.

6.6 Medicines Management

The CCGs recognise that medicines form a significant part in addressing quality of care in terms of better patient experience, improving health outcomes and reducing patient harm. Optimising the use of medicines aims to ensure that the right drug is received in the right dose in the right place; that the most cost effective choices are made in line with national and local guidance; and that only those medicines that continue to benefit a patient are continued.

Work streams carried out by the CCG Medicines Optimisation Team to support these overarching aims include:

- A GP prescribing Quality scheme which has prescribing targets for practices to achieve.
- A prescribing support dietitian who reviews patients on gluten free foods, oral nutritional supplements and baby milks.

Both schemes above are delivering successfully with over £880k of efficiency savings delivered up to January 2016.

In addition to this, our Medicines Management team were presented with a CCG Prescriber award In November 2015 for cost effective delivery of diabetes care, which took a whole system approach to prescribing.

6.7 Antimicrobial stewardship

As part of the Primary Care Prescribing Quality Scheme (PQS) 2015-16, practices were asked to achieve three targets. Two of the targets were based on the national quality premium targets for CCGs which are to have an overall reduction in items (to date 37 of the 52 practices are now meeting this target) and also a reduction of specific broad spectrum antibacterials (to date 50 of the practices are now meeting this target). The last target requires practices to undertake an audit of all patients being prescribed an antibacterial for sore throat. Early results suggest there has been a reduction; however the data is in the process of being reviewed. It is expected that for 16/17, all of these targets will be in the PQS.

We are working with the local health economy to set up an Antimicrobial stewardship (AMS) group which will be looking all aspects of AMS, including having a joint strategy than spans primary, secondary and community care.

In addition, ambitions for reducing prescribing rates in secondary care will be added into the Provider contract in line with the expected Quality Premium.

6.8 Learning from cases of violence and abuse

There is an expectation that all providers will deliver domestic abuse awareness training as part of their statutory and mandatory training requirement for staff, ensuring staff know how to identify potential abuse and what support services are available to victims. Compliance with this requirement is monitored through provider quality schedules. Domestic abuse awareness training has been provided to primary care through the IRIS programme and through Berkshire Women's Aid.

The CCGs have a safeguarding children and a safeguarding adult lead to support staff, particularly primary care in understanding their responsibility for safeguarding children and vulnerable adults and this includes victims of abuse. The CCG Designated Nurse Safeguarding chairs the Berkshire West case review group where all cases of abuse are reviewed and lessons learnt are shared across the health economy and formally discussed, ensuring closure of all actions, through the Berkshire West CCG Safeguarding committee, which has a membership of safeguarding leads from all main providers.

6.9 CQUINS

Good progress is being made during 15/16, for example the BHFT Transition CQUIN. This CQUIN was designed to ease the journey of the child with mental health need to adult services. This CQUIN has been thoroughly embraced by CAMHS, as was discussed during a quality assurance visit. In order to achieve this CQUIN the Trust has implemented training for staff, questionnaires for the patients, a robust database to ensure all patients are highlighted.

We expect to reflect national guidance on CQUINs in our contract for 2016/17 and as we have done in previous years, secure a mutually acceptable but challenging agreement around CQUIN that reflects national and local clinical commissioning priorities. Our plan is to identify a list of CQUINs via our Transformation Boards and to use contracting levers to accelerate the adoption of best practice and to drive innovation and improvement where this supports better clinical outcomes. In reviewing CQUIN proposals we will need to jointly identify those CQUIN targets that should appropriately move from being incentivised through CQUIN to core standards as part of the 2016/17 contract, as well as new priorities for CQUIN development for 2016/17. We have actively sought provider input into the development of our proposals for 2016/17, noting that the number of local CQUINs will be relatively limited.

The CCGs have worked with our providers to agree a smaller number of local CQUINs schemes for 2016/17, providing a greater incentive and more intelligently focused on local health needs. The proposed CQUIN schemes are likely to include areas such as End of Life Care, 7 day working focused on weekend discharges, reducing contacts from high care homes users, and suicide prevention

6.10 Safeguarding

The CCGs will continue to be active members of the three Local Safeguarding Children Boards (LSCB) and the Berkshire West Safeguarding Adult Partnership Board (SAPB) and will ensure our providers are fully engaged in delivering the safeguarding priorities of these boards. These include early help, child sexual exploitation, domestic violence and vulnerable groups, the child's voice and the continued development of the safeguarding board in its effectiveness. We will commit to improving safeguarding quality, by sustaining the improvement in compliance of delivering LAC Health Assessments within 20 days and continuing to improve GP report submission to child protection case conferences.

All contracts and SLAs require providers to adhere to the Berkshire-wide safeguarding policies. Contracts also require all providers to complete an annual section 11 audit (adapted to include safeguarding adults), and to provide assurance of compliance staff training levels, and continuing professional development covering topics such as their roles and responsibilities in regards to safeguarding children, adults at risk, Children Looked After, the Mental Capacity Act and Deprivation of Liberty Safeguards. Providers are required to inform commissioners of all incidents involving children and adults, including death or harm whilst in their care.

Our quality assurance reporting framework will monitor progress and contract compliance on the DH and Home Office Prevent strategy against NHS standard contract for all our providers. We will ensure quarterly reporting on training compliance and prevent referrals is submitted to our prevent lead. This training is in accordance with the NHS England prevent and training competencies Framework and as a CCG we have encouraged the use of both Home Office e-learning training and health wrap supported by the regional prevent co-ordinators forum. This is in accordance with the CCGs current status as a non-priority area.

6.11 Carers

The CCGs lead a Joint Health and Social Care Carers Commissioning forum which has been instrumental in the procurement of an Advice and Information service which is due to start on 1st April 2016. This forum is leading the development of a Joint Berkshire West Health and Social Care Commissioning Strategy.

We recognise the importance of Carers and the pressures that are often associated with those in a caring role. We have therefore continued our focus on identifying and supporting carers by ensuring that at least 90% of those registered with participating GP practices identified as carers are pro-actively contacted by way of phone or mail and given key information to help them including advice on NHS health checks, benefits, information on respite care and voluntary organisations providing specialist advice and services. We are also encouraging the role out of the use of 'carer champions' in some practices. In addition to expanding the role of Primary Care, the CCGs are also in the process of commissioning Carers Health and Wellbeing reviews with collaborative funding from Public Health West Berkshire. This will involve commissioning Carers Health and Wellbeing reviews being offered through Community Pharmacies, and active signposting by the voluntary sector and other health care professionals. The proposal is to pilot this service from April 2016 with evaluation by Reading University.

We have also engaged our main providers BHFT and the RBFT to ensure that their services are carer friendly.

7. Clinical Priorities

The following principles will support our Clinical Priorities for 16/17:

- To put a greater emphasis on prevention and putting patients in control of their own care planning including through the expanded use of technology enabled care, multi-disciplinary care planning led by GPs here (under Anticipatory Care CES), and proactive support for carers and families. This will underpinned through CCG Programme Board led pathway redesign, service line reviews and the development of the CCG QIPP programme for 16/17.
- We will work with providers to explore opportunities to move away from disease specific pathways to care delivery which is person centred and place based, using national and local benchmarking data, best practice, NICE guidance etc to inform priorities (for example, JSNA, SCN, Commissioning for Value, RightCare Programme)
- We will work with providers to implement new models of care which better support better integration which expand and strengthen the role of primary and out of hospital care, whilst ensuring our acute providers are equipped to treat patients who require in-hospital care.
- We will work with our providers to ensure that appropriate levels of care and diagnostics are available across the week which enable achievement of improved health outcomes for our populations.
- We would want to work with providers to ensure that contracts are delivered within the agreed financial and activity envelope.
- We would want to explore new payment mechanisms which incentivise the delivery of outcome focused care at the right time in the right place, and which support the future sustainability of our local health and care system.

- We will only purchase treatments and drugs that are evidenced to be cost-effective, either through NICE TAG or evidence reviews that have been specifically accepted and adopted by Commissioners on the recommendation of the Thames Valley Priorities Committee.
- We will seek demonstrable improvements in quality across all services and will expect providers to implement a range of best practice pathways for specific treatments and conditions within the agreed contract value.

8. Urgent and Emergency Care

8.1 Performance

The CCGs Urgent Care Programme Board will work to deliver a programme of improvements based upon the best practice as set out within the recently published NHSE 'Safer, Faster, Better' document and will take an oversight and scrutiny role in relation to performance; holding individual organisations to account for the role they have to play in an effective Urgent and Emergency Care system.

The Berkshire West health economy will build on its performance during 2015-16 to maintain achievement of the A&E 4 hour standard for each quarter and the full year in 2016-17. The Urgent Care Programme Board takes an oversight and scrutiny role in relation to the A&E 4 hour target and has responsibility for ensuring that the health and social care system provides resilient urgent and emergency care services which consistently meet the A&E target.

Reports generated from the Alamac kitbag will support the Urgent Care Board to understand the drivers and constraints affecting A&E 4 hour performance. The CCGs have recently refreshed the measures collected in the kitbag and are working with Alamac to set what 'good looks like' so that from these standards automated alerts can be sent out to partners to prompt timely escalation.

In 2015/16 SCAS has been challenged in delivering the ambulance response time standards for the Thames Valley contract. All three of the national standards are at risk of being achieved on an annual basis for the year. During 2015/16, the CCGs served a contract performance notice for this performance and following this a remedial action plan was agreed. This action plan included a trajectory for recovering the standards, all of which should be achieved for the month of March and onwards during 2016/17. This remedial action plan is on track and performance is expected to achieve the March recovery date as agreed. Performance will be challenged during 2016/17 due to the ongoing financial and resource pressures for the ambulance Trust. The contract negotiations are therefore key to ensuring sustainability of performance and achievement in 2016/17.

In 2016/17 the Board work programme will be based on the best practice contained within 'Safer, Faster, Better' with agreed priorities including;

Acute:

Achievement of the required clinical standards for 7 day services which will deliver:

- consultant led daily review with consistent "board" rounds leading to early discharge 7 days a week
- Increase in % of patients discharged "same day" and by midday and at weekends
- Focus on expediting straight forward discharges
- Agreement and monitoring of interdepartmental response standards
- 7 day working for therapies and pharmacy
- Focus on ambulatory care and LOS <48 hours

Community services:

- Consistent and timely management of frailty in the community
- Integrated health and care teams which are able to respond rapidly 7 days a week, with extended hours access to equipment and social care packages

Primary Care:

- A range of options for same day urgent care
- Protected slots for on the day appointments for children
- Development of Urgent Care Metrics for Primary Care
- Explore the opportunities of collaborative approaches for 7 day working in Primary Care
- Continued focus on accountable clinicians, robust care planning and sharing records
- Piloting direct booking into Primary Care for on the day GP appointments via NHS 111

Ambulance service:

- Direct access by the ambulance service to a wide range of alternatives to conveyance (physical and mental health)
- Access to a wide range of clinicians via Clinical Hubs, linking into resources already available 'on the ground' (e.g. specialist nurses working in the community)
- A continued focus on increasing 'hear and treat' and 'see and treat' rates
- Increased access to patient transport for discharge 24/7

In addition the Board will continue to focus on a number of general themes along the patient pathway including:

- Increased use of community alternatives pre-admission supporting higher non-conveyance rates for the ambulance service and more rapid response (admission avoidance) in the community
- Ambulatory care as the default pathway in the acute and a greater proportion of patients staying for 2 midnights or less through a relentless focus on straightforward discharges
- Discharge planning for patients in likely need of onward care starting at the point of admission with a fully integrated pathway for discharge reducing duplication/hand offs and delays
- A pull model operating at the back door at the hospital drawing patients out into the community, operating on the principles of Discharge to Assess and Trusted Assessment, moving patients out swiftly, maximising their rehab potential and reducing their long term dependence on care
- Smoothing of patient flow across the days of the week and hours of the day, minimising surges in demand.

Improvements will be incentivised though the investment of resilience monies targeted at delivering desired outcomes, aligned with the CCGs QIPP, and BCF, and their impact on urgent and emergency care performance will be rigorously monitored by the Urgent Care Programme Board.

8.2 Integrated NHS 111/Urgent Care Service

In line with "Safer Faster Better" and the recently published Commissioning standards for Integrated Urgent and Emergency Care, the Thames Valley CCGs are working jointly to commission an Integrated NHS 111/Urgent Care service to replace the current NHS111 service which will go live in April 2017. The service will via NHS111 offer a functionally integrated Urgent Care Service with immediate access for assessment and advice to a wide range of clinicians including mental health, pharmacy and dental. The model will also offer advice to health professionals so that no decision needs to be taken in isolation. The new integrated service will have access to a range of dispositions including, but not limited to, red and green ambulances dispositions, 24/7 primary care and direct booking into a wider range of urgent on the day services such as Walk In Centres and Minor injuries units. Clinicians in the Hub will have access to all relevant care records supporting robust clinical decision making.

During 2016-17 the Berkshire West CCGs will work with the incumbent NHS111 and Out of Hours Primary Care Provider to deliver improvements ahead of the establishment of the fully Integrated Service. Improvements will be aimed at delivered aspects of the new Commissioning Standards for Integrated Urgent Care including;

- Providing additional clinical expertise to the current NHS 111 service
- Direct booking from NHS 111 in the OOH service
- Special Patient notes, End of Life and Crisis Care plans to be available at the ideal point in the patient pathway
- Joint management of patient pathways and capacity across NHS 111 and OOH
- Early identification of callers who would benefit from speaking directly to a clinician
- Integrated governance arrangements.

8.3 System resilience

System resilience for the urgent & emergency care system operates year round, balancing demand and capacity, planning for expected surges, smoothing patient flow, and early and timely escalation and de-escalation. The Berkshire West system adheres to the Thames Valley Escalation Policy and uses this as a guide and reference point.

Resilience monitoring operates at a number of levels on daily, weekly and monthly basis and is underpinned by robust data and intelligence from the performance dashboard which is the Alamac urgent care kitbag.

In planning for winter 2016/17 the CCGs will build up on the successes of 15/16 and seek to address those opportunities identified for improvement as part of the review of winter 15/16.

Worked well	Opportunity for improvement
• Patient flow was good during the two week holiday period • Conversion rates were high (40-50%) so system working effectively in terms of admission avoidance • Positive response from nursing and care homes • Good liaison between SCAS and RBFT with SCAS activity levels not as high as predicted • Primary Care with extended opening hours offering more capacity and focusing on early visiting • Fit List well maintained with a good flow out to adult social care services	• Capacity in Domiciliary care became constrained by mid-January as the market was saturated (Councils responding by focusing on use of reablement services) • Pressure on the system built through January with RBFT tipping onto internal black by mid-month – different profile of demand compared to 14-15 • Difficulties arranging patient transport evenings and week-ends • Westcall extremely busy and challenges getting full shift cover • Lack of pharmacy cover as Oxford Road was the only pharmacy commissioned to open on the Bank Holidays

Plans for the critical Christmas and New Year period will be scrutinised by the Urgent Care Programme Board. Alamac will be used proactively to predict emerging pressures so that organisations can respond accordingly.

In 2015-16 the CCGs invested recurrent resilience monies into BHFT to support introduction of a 'pull' model from the RBFT acute wards into community services. BHFT established an Integrated Discharge Team with a view to expediting discharges and maintaining flow into community services seven days per week. The team have been hugely successful with a significant reduction in-year for the number of patients on the Medically Fit for Discharge list awaiting community services and patient being pulled out of the acute before they reach the list. The impact of

the scheme is quantified by the number of bed days saved by the team (by comparing the actual and estimated discharge dates) and in the first three quarters of 2015-16 over 2,000 bed days have been saved.

The CCGs also invested in the SCAS) SOS Bus which operates out of Reading Town Centre on week-end evenings. The resilience funding pays for two paramedics to be based on the bus treating patients on scene who would otherwise require conveyance to A&E. In the first three quarters of 2015-16 253 patients have presented at the bus of which 74% have been successfully treated on scene. The patient cohort that can be managed through this service are often under the influence of alcohol and often A&E is the wrong environment for them so it is of significant benefit to both the user and the health economy that they can be treated in this way.

The CCGs are committed to investing resilience monies into the urgent care system where there is a defined case for change and measurable benefits which will contribute to improved system resilience and maintenance of the relevant performance standards throughout the year.

9. Hospital Care (Elective care)

Our strategy for Planned Care is to enable patients to make informed decisions about their care and where secondary clinical interventions are necessary to have access specialist assessment and treatment where necessary in a timely way and in line with national performance standards. The CCGs will support local providers to improve their referral to treatment time performance, ensuring they can adhere to all NHS Constitution measures and access standards to provide patients with care in a timely manner.

Our vision includes the use of new technologies to enable our patients to interact with services in new ways; reducing attendances at hospital, lengths of stay and the number of follow up outpatient appointments required.

We plan to work with our providers to model the demand and capacity for all specialities including Diagnostics to ensure we are commissioning the appropriate level of services and pathways are delivered efficiently. We will also explore other modalities to deliver follow ups in the hospital and work with primary care to reduce clinical variation in referrals through regular review of data and targeting practices with higher than average level of activity.

The work programme for planned care for 2015/2016 delivered a number of successful outcomes:

- The development of an Integrated Pain Assessment and Spinal Service (IPASS) service for patients with chronic pain enabling them to access the most appropriate level of care to improve their condition and to reduce the outcomes for patients with chronic pain who had previously been accessing multiple services and undergoing multiple procedures without satisfactory resolution of the condition. This service was launched in September 2015 and has recently won an award for Emerging Best Practice by the British Society for Rheumatology.

- Arthritis Care - offers support for patients with hip and knee conditions as an alternative to surgery. The initiative, provided by the voluntary sector organisation Arthritis Care offers four options to patients which includes face to face sessions, online and telephone support. Integrating the Arthritis Care programme and a shared decision making approach into the hip and knee arthritis care pathway has enabled a more patient centred approach to care. The service was launched in June 2014 and feedback from patients and referring GPs has been positive and the programme was extended in 2015/2016.

- We have worked with the RBFT as our main provider to look at efficient methods of delivering elective follow up appointments and the Trust has successfully implemented telephone follow ups for T&O, urology and dermatology where clinically appropriate. The CCGs have also commissioned the Trust to set up a virtual fracture clinic, and see and treat clinics for Dermatology. We are in process of implementing a one stop shop for Urology.

- Best practice pathways are continuing to be developed across several specialities including MSK, and Dermatology for utilisation in Primary Care and accessible via the DXS system with the aim of reducing unwarranted clinical variation.

Our Planned Care Programme work plan for 2016/2017 includes continuing work to redesign services and reduce clinical variation focusing on Orthopaedics and MSK, Ophthalmology, Dermatology, Diagnostics, Gynaecology, Gastroenterology, Urology and Pre-op assessments in primary care.

9.1 18 weeks RTT

The RBFT and each of the 4 CCGs are achieving the national incomplete standard for RTT. During 2014/15, there were a number of challenges with RTT reporting at RBFT and as a result the Trust was on a data reporting holiday from July 2014 to January 2015 while the full waiting list was validated. During 2015/16 the Trust has been reporting fully each month, although discussions are continuing with regards to data quality. The CCGs focus during 2015/16 has predominantly been on working with RBFT to reduce the size of the backlog of patients waiting beyond 18 weeks yet to be treated, especially those with the longest waits beyond 40 weeks. The CCGs will have a continued focus on RTT performance and the size of the backlog of patients waiting beyond 18 weeks into 2016/17. In aligning our demand and capacity modelling with local Acute Trust we will be factoring in the capacity required to achieve the national performance standard, this will include as referenced previously the capacity for Diagnostics as a critical step in the clinical pathway. The CCG is expecting to agree a Service Development Improvement Plan or quality schedule indicators to build on the improvements in 2015/16.

9.2 Cancer

We will continue to focus on delivering the cancer standards especially in Dermatology and Upper and Lower GI pathways. The RBFT's performance against three of the standards require improvement and these are the 2ww from GP referral, the 2ww for symptomatic breast and the 62 day from GP referral standards. The CCGs agreed remedial action plans for all of these standards with RBFT in August 2015. The 2ww standard for symptomatic breast has since recovered performance in line with the agreed trajectory and is expected to continue to achieve in 2016/17. The 2ww from GP referral and the 62 day from GP referral standards are not on plan with the agreed trajectories and the CCGs have been working very closely with RBFT to agree revised remedial action plans and recovery trajectories. The revised remedial action plans are currently being tested with RBFT to ensure that they are robust and achievable. The 2ww from GP referral standard is expected to recover for quarter one of 2016/17. The 62 day from GP referral standard is expected to recover in Q2, although this is subject to the Trust being able to secure additional capacity and this is therefore not finalised at the point of submission.

Revised trajectories and action plans will be included in more detail in the April version of the Operational plan and within the contract for 2016/17. Once agreed the plans will be monitored closely with the provider via a number of meetings already in place, including the RBFT Cancer Taskforce meeting where tumour site clinicians attend to review the factors limiting achievement of the cancer wait time standards.

The CCGs are working with an external organisation and the Trust to understand the demand and capacity required for diagnostics for year 1 and the 5 years forward planning considering the impact of

1. Changes in demographics;
2. Increasing demands for diagnosis from cancer pathways (including current backlogs)from:
    a. Compliance with NICE Guidance on suspected cancers
    b. Diagnosis expected earlier in the pathway (as per the upcoming 28 day standard)
    c. Exploring GP direct access

The CCGs are also engaged in the SCN Diagnostics Demand and Capacity Project which we anticipate to utilise to inform year 1 demand.

The CCGs have set up a Cancer Steering Group which includes all local stakeholders from the provider, Public Health and Voluntary Sector with the aim of developing a joint local Cancer Framework/Strategy to deliver the priorities as set out in the national Cancer Strategy. The main focus is on prevention, earlier and faster diagnosis, improved survivorship and better aftercare. We are working with stakeholders to deliver the following objectives:

- To promote health lifestyle changes to reduce cases of preventable cancer
- To increase uptake of early screening
- Enable direct access tests for GPs including x-ray, ultrasound, brain MRI, CT and gastroscopy including clinical responsibility, the process of managing patients who need further review and who communicates results to patients.
- Increase referrals for suspected cancer ensuring adherence to the NICE Guidance utilising the DXS system,
- Develop a pathway to support and enable GPs to make urgent or 2WW referrals for patients with vague, atypical symptoms and no red flags
- Provide GP/health professional education
- Review and agree local pathways for the four main tumour sties to deliver an efficient flow through the pathway including a review of current waiting times for direct access tests and agreement of when tests will be available within 2 weeks and review which 2 week wait referrals should go straight to test rather than to an outpatient appointment.
- Improve patient experience
- Further develop cancer rehabilitation including risk stratified pathways and the provision of end of treatment summaries
- Ensure the Trust are staging all cancers

Examples of work streams we have in place or are planned which will support delivery of our local Cancer Framework include:

- Working with our Public Health teams and Cancer Research UK to improve prevention and reduce the number of cancer diagnosed following emergency presentation. This service will aim to deliver an educational health promotion intervention to those found to be cancer-free having been referred via the 2ww pathway, using this teachable moment to lead to more sustained health behaviour change.
- Working with Public Health, RBFT and Cancer Research UK we will be piloting a cancer prevention service as part of supporting the development of RBH as a health promoting healthy organisation. This service will aim to deliver an educational health promotion intervention to those found to be cancer-free having been referred via the 2ww pathway, using this teachable moment to lead to more sustained health behaviour change.
- Working with the Macmillan team to improve the aftercare of patients and implementing cancer rehabilitation and to increase the attendance of patients in South Reading CCG for 2 weeks appointments for suspected cancer.

9.3 Reducing unwarranted variation in elective care

The CCG is seeking to reduce unwarranted variation in referrals and use of secondary care services by providing practices with their current activity, which can be peer reviewed against the CCG and Federation averages. The aim is for practices to review and utilise this data to learn from and manage clinical variation. By comparing performance, the CCGs will seek to reduce unwarranted variation, underpinned by the use of evidence based clinical pathways.

In signing up to the national RightCare Programme, we will continue to look at the scope across all the CCGs in Berkshire West to provide professional development solutions and data comparisons across the CCGs and help promote services and demonstrate where there are potential opportunities for further cost savings, new services and service re-design.

10. Out of Hospital Care

Our Out of Hospital vision is underpinned strategically by the development of our ACS, and more operationally for 16/17 through the work of the CCGs Long Term Conditions (LTC) Programme Board, the BCF and the Frail Elderly Pathway Programme.

Our aim is to work collaboratively across health and social care and the voluntary sector to provide quality care for patients; minimising the risk of an individual's health deteriorating and requiring increased service intervention, and maximising the opportunities for patient self-management. Within this programme of work are a number of key work streams, supported in many cases by the Strategic Clinical Network and AHSN to help drive transitional change.

We have begun to make good progress in integrating local services – for example, our exemplary community-based multidisciplinary Diabetes service and we are in the process of applying the same principles to designing a community-based respiratory care pathway.

The CCGs will be implementing a project in 2016/17 for patients who have been diagnosed as at End of Life. The objective of the project is to increase the numbers of patients offered and able to achieve their choice of place to be cared for and subsequently die. We will be implementing a 24/7 advice and support service provided by specialist palliative care health professionals which will be available via a single number at the Hub for patients, families, carers, health and social care professionals.

The hub links directly with the appropriate support agency removing the requirement for patients to make multiple phone calls and using the expertise of the specialist palliative care clinical staff will avoid unnecessary admission to and end of life deaths in hospital.

10.1 Dementia

The CCGs have commissioned a Memory Clinic service which is now nationally accredited and is already achieving the contractual standard of 6 week waits. Through the AHSN this best practice model of delivery has been shared and is being adopted across Thames Valley. In addition we commission an award winning service for young people with Dementia , which has demonstrated in its first year encouraging outcomes measures for the clients is has served. Although our current models are considered exemplary and "fit for purpose", we are acutely aware that as our population continues to age and numbers of Dementia patients grows, our current model of delivery within the memory clinic services will need to be reviewed in order for us to have sufficient capacity to meet the needs of our population in the future.

During 16/17 our Dementia steering group will work with the AHSN to examine other possible models of delivery and assessment. This may include carrying out more assessments in a community setting e.g. through care home in reach teams , upskilling of the workforce to facilitate simple assessment where it is not appropriate to send the patient to a memory clinic service just for a diagnosis and a screening and triage process for appropriate access to memory clinic services. Using demand and capacity modelling, we will identify and project patient numbers requiring memory clinic service relative to those cohorts of patients who can receive service through different models of service provision. This will include the identification of key performance indicators which will include waiting times and patient numbers by CCG and practice (weighted according to age of population) and numbers of patients engaged with the Dementia care advisors and Admiral Nurse Services.

Outcome measures will include admission avoidance, reduction in requirements for respite /social care intervention as well as reductions in the need for medical intervention (e.g. measure reduction in mental Health practitioner and community support worker contacts). This information is invaluable to assessing the value for money these services offer but also to release funds to allow further investment in Dementia services. By the end of 2017 we will have identified and costed through a robust business case, as to how the current service may need to adapt to meet the future needs of the population.

We plan to continue delivery of our dementia action plan across Berkshire West to ensure maintenance of the 67% diagnosis of Dementia target in each CCG within Berkshire West. Currently the average across the 4 Berkshire West CCGs at December 2015 is 67.65% however we acknowledge that this varies across the four CCGs ranging from 63.5% to 71.3%. In January 2016 we also saw continued low attainment in Wokingham CCG and a downward trend in diagnosis rates in Newbury & District CCG. Newbury & District CCG have prepared and are implementing a specific 10 point action plan to address these issues. This includes a coding review, further work with individual practices where there is highest variance from predicted prevalence through the practice nurse facilitator as well as raising awareness within practices through a variety of routes at the CCG disposal. Wokingham CCG with the highest proportion of elderly of the four CCGs also has a CCG specific action plan which has been in place since Dec 2015. A number of the elements of this action plan are similar to Newbury but Wokingham are currently piloting the use of the Dementia Care Advisors in Wokingham practices which will help support GP practices identify and provide ongoing support to Dementia patients/carers on the GP registers. This initiative may also help GP practices identify new patients. If successful , this can be rolled out across the other Berkshire West CCGs. Wokingham have also introduced a referral form specifically to facilitate "remote" confirmation of diagnosis of Dementia in existing care home patients who would not be deemed suitable or able to attend a memory clinic, simply to confirm diagnosis. This will it is hoped increase the % diagnosis rates in many of the Wokingham practices in the next few months and could be a technique adopted, if successful , within Newbury CCG also. We aim to have achieved the 67% target in Newbury and Wokingham CCGs by September 2016.

During 2012, the Prime Minister launched the 'Dementia Challenge' which set out an ambitious programme of work to push further and faster in delivering major improvements in dementia care and research by 2015, building on the achievements of the National Dementia Strategy (2009). The local health and social care economy worked in partnership to develop and submit 7 proposals, 5 of which were successful in gaining full funding.

This plan will now be refreshed to allow us to meet the challenges and will be included with the April Operational Plan submission. We will work as a system to develop, own and deliver an agreed affordable implementation plan across Berkshire West. A key deliverable within our action plan will be the achievement of a dementia initial assessment within 6 weeks of GP referrals. This will require identification of variation in referral and diagnosis rates within primary care. We will provide dedicated support to those practices identified as outliers but also to allow us to share good practice between practices. Our current variation in primary care project and intelligent health dashboard will be key tools in measuring and addressing unwanted variation in the system. As well as building on the Prime Ministers challenge on Dementia in the 5 key areas of care, we will refocus on improving the quality of post-diagnosis treatment and support in line with the 2020 vision. An essential component for our plan will be to utilise performance benchmarking data to address variation in quality and outcomes for people with Dementia within our population as well as learning from the experiences and models of care elsewhere in the country as shared in the Dementia challenge 2020 publication.

Our current established dementia stakeholders group will meet monthly and by June 2016 will have agreed the Dementia action plan for 2016/17 and beyond. We recognise that as we have come some considerable way so far as a system, much of our anticipated investment in Dementia services planned is likely to be within our baseline expenditure. As part of the 2013-14 QIPP programme the Berkshire West CCGs prioritised increased investment into their Older People's Mental Health services delivered by Berkshire Healthcare Foundation Trust. This investment was in recognition of the costs associated with both the increase in the volume of patients with dementia and the prescribing issues relating to anti-dementia drugs. Capacity in memory clinics was increased in line with demand. Prescribing of anti-dementia drugs has been extended to those with mild dementia in line with NICE guidance. Shared care has been introduced between specialists and GPs, enabling suitable patients to transfer to GP care once stabilised on their medication and agreed by the clinicians involved.

We recognise that increasing demand will mean more people will be cared for by their GP practice and other models of delivery may include looking at the option to further integrate older people's mental health specialists within our practice GP clusters. We have already seen with our young people with dementia service is indicating that savings

can be generated through reduced impact on health and social care spend when patients and their carers are supported and managed appropriately within the community, However, through implementation of the action plan during 2016/17 , should further investment be required in order to deliver the plan, this will need to be clearly articulated and considered by all stakeholders within the resources currently available.

10.2 Diabetes

Prevention

Across Berkshire West CCGs, we recognise Diabetes as a significant issue with the prevalence and number of people at risk of developing Diabetes being very high in some areas (such as the south of Reading). It is already a strategic priority with a dedicated Federated Clinical lead and CCG locality clinical leads. QOF data indicates a gap between expected prevalence and recorded prevalence and we recognise that more can be done to build on the successful services in many GP practices, especially in identifying people at risk and referring them to risk-reduction services. We currently commission a community enhanced service for pre-Diabetes, which was commissioned in 2013 and further expanded in July 2014 across Berkshire West. Further investment of £51,000 has since been set aside for 2016/17 with agreement to fund the service for a further two years as a minimum. This builds on the pioneering Pre Diabetes Project which has been running within Newbury and District CCG through 2013-14, which has successfully identified Diabetics and Pre Diabetes as well as promoting lifestyle intervention for Diabetics prevention. The GP CES addresses the needs of those already identified with PreDM (coded with IGT, IFG, Resolved DM, h/o Gestational DM, at risk of Diabetes and those with previous HbA1c 42-47), with annual testing for progression, and lifestyle advice etc. As of October 2015, 2509 people had been invited for a review and 910 had taken up the offer.

Berkshire has been selected as a first-wave pilot site and will therefore receive funding for the National Diabetes Prevention programme (all 7 CCGs and 6 LAs). This programme will be locally led by Public Health working closely with the CCGs and will complement the local CES scheme. The lead partners will aim to deliver 3,800 referrals to providers of the Diabetes Prevention Programme across the two year timeframe. If a Diabetes prevention service was available to Berkshire from April 2016 we consider that we could refer at least 1,500 people with pre-diabetes and a further 1,500 with currently undiagnosed diabetes in the first year for risk reduction. Our reasoning is described in our expression of interest but builds upon the early success seen in our local community enhanced service which has been running across Berkshire West since July 2014. This provides us with a sound base to be early adopters within the national programme.

Diabetes Management

Within Berkshire West we have strong clinical leadership and an integrated approach to the management of diabetes, which has been widely recognised and acclaimed nationally. A Diabetes steering group has been in place since 2012 and has developed a vision supported by 4 key objectives. Our vision is to enable people with diabetes in Berkshire West to live healthier lives by improving outcomes and reducing complications, and to do that efficiently. We aim to do this through informed , engaged patients , informed motivated Health Care Professionals, collaboration between stakeholders , supported by the of informatics and technology. An action plan is currently in place and we have made major progress since 2012 in achieving our objectives. This has included the commissioning of an innovative interactive database technology “Eclipse”, to which all our practices have access. The Diabetes steering group reports directly to the Long term conditions programme board, a subcommittee of QIPP and finance which has delegated authority from the four Berkshire West CCG Governing Bodies to oversee and implement change.

In order to build on the current action plan, a comprehensive assessment of our performance against NICE Clinical Guideline guidance in type I and type II diabetes. This has enabled us to identify any further gaps in current service provision and forms our refreshed action plan for 2016-2017. A recent Business case presented in Jan 2016 gives an overview of current service provision and any gas that now require to be addressed. Eclipse tells us that we have 1829 type I diabetics and 16,763 type II diabetics currently registered in Berkshire West. With a 100% submission

rate to National Diabetes Audit, we have access to rich data sources on which to base any further actions that may be required locally to improve our Diabetes care.

We have recently invested in a new service for the care of highly complex diabetic patients post discharge, which builds on the success seen in the virtual clinics and will see the implementation of new community based service for this patient cohort, aiming to reduce non-elective admissions and readmissions. The national Diabetic audit also tells us that more work is needed to avoid diabetics locally developing complications and progressing to renal replacement therapy.

Other local initiatives to reduce the numbers of patients with very badly controlled diabetes include the insulin intensification program for patients very badly controlled diabetes on insulin therapy. There is also a focus on managing patients with early diabetic nephropathy. There has been local focus on care of people with diabetes foot problems. This has involved reconfiguration of the diabetic foot clinic with increased vascular and orthopaedic surgical input. HES data and atlas of variation information also indicates we perform well against national benchmarking. Throughout 16/17 we will continue to build on our success and implement further actions where gaps have been identified through data sources and a self-assessment against NICE criteria of service delivery.

South Reading CCG are also one of eight CCGs in England participating in a CQC Diabetes thematic review which aims to identify to challenges in delivery of diabetes services in the community and to share best practice examples across the country To will take this as a golden opportunity to learn from this experience.

10.3 Frail Elderly Pathway

Work on the development of a Frail Elderly Pathway first began in recognition of the need to improve the experience of older people in understanding the complex arrangement of services across our system, and the aspiration of being able to use resources more efficiently in the face of growing demand. Our aim is to develop a pathway that is centred on the needs of an individual person and their family, rather than the services themselves, professional boundaries or governance and structural requirements of individual organisations.

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In 2014 the Kings Fund worked with the Berkshire West organisations to develop a new pathway for the provision of Frail Elderly Services. This was developed around the needs of a single service user ‘Sam’. Work is now underway to assess the progress that has been made since 2014 in implementing the pathway and to model the activity changes and financial impact of its adoption.

In addition in 2015/2016 an evidence base on early prevention activities in older people was produced by Public Health that was shared with each local integration board, this highlighted local strengths and weaknesses and will be used to develop priorities in each locality in 2016/2017. This evidence will inform changes in the way services are commissioned to ensure resources are allocated to those services which make the greatest contribution in supporting the Frail Elderly in Berkshire West.

The governance of the programme is into the Berkshire West 10 Integration Board and Delivery Group and the expected outputs of this programme including identified opportunities for “quick wins” will be used where possible to inform commissioning and contracting decision for 16/17. The final reports including an implementation plan will be produced by the end of March 2016.

11. Mental Health - Parity of Esteem

The Mental Health Taskforce has recently published their 'Mental Health Strategy Five Year Forward View'. The CCG's CMMV Programme Board is reviewing this document against our Commissioning ambitions for 16/17. Any changes to these will be reflected in our April submission.

The CCGs are leading a local Mental Health Taskforce for Berkshire West and this will be the first time there has been a strategic approach to improving mental health outcomes for people of all ages in the health and care system, in partnership with the health arms-length bodies. Berkshire West CCGs is committed to work across the health and social care system in developing a joint mental health strategy to improve the experience of mental health service users and carers.

In Berkshire West we have already made significant investment in mental health services year on year to support the delivery of Parity of Esteem and we will continue to drive change to ensure all our mental health users and carers receive a high quality, outcome focus service to the same level as physical health care. The CCGs have invested in Primary Care education through our Training in Practice event, the latest event in January was specifically focused on Mental health and was adapted for not only to GPs but to practice nursing and reception staff.

We already have a well-established Crisis Care Concordat Steering Group in Berkshire (which will feed into the taskforce) that is hosted and co-ordinated by Berkshire West CCGs Director of Joint Commissioning, involving multi-agencies as part of the CCC Declaration Statement Signatories. A high level plan has been developed and is overseen by this group. As a result this has strengthened partnership working across multi-agencies i.e. Thames Valley Police, Ambulance Service, Local Authorities, CCGs, Mental Health & Acute Provider Trusts, Voluntary Sector Providers, Drug & Alcohol Services, Users/Carers and Public Health.

Berkshire CCGs jointly commission 3 places of safety (POS) with BHFT; these are based at Prospect Park Hospital. One of these is dedicated for Children and Young Person with facilities for parents to stay with their child during assessment period. The POS is managed by BHFT inpatient staff and has support system in place to effectively manage mental health patient with high risk presentation. The POS have significantly reduced mental health patients placed under Section 136 being detained in custody suite.

The Crisis Care Concordat plan includes steps to agree and implement a plan to improve crisis care for all ages, including investing in places of safety. For children and young people under the age of 18 years a CORE 24 compliant service is being piloted for 12 months. This builds on the existing CORE 24 compliant service for YP aged 16+. The pilot has been developed jointly by BHFT, RBFT and CCG commissioners.

In addition work with Public Health on a population wide approach to promoting good mental health and preventing mental illness and has included promoting Five Ways to Wellbeing messages across schools, businesses and local communities, and supporting local groups that work with people experiencing mental illness and social isolation e.g. Friends in Need, Pulling Together and Eight Bells.

11.1 Mental Health Standards

Working with our main provider, Berkshire Healthcare Foundation Trust (BHFT), we will lead service transformation to bring all its services in line with National Standards to meet the Parity of Esteem "Call to Action Framework" and we will be working with them to deliver on the Two New National Mental Health Standards as set out in the Planning Guidance.

IAPT – BHFT have been delivering on the IAPT trajectories (of 75% of people with relevant conditions accessing talking therapies in six weeks and 95% within 18 weeks).This is being reported quarterly and monitored in our contract monitoring meeting with the provider. The BHFT service has been recognised nationally as a high quality service with excellent wait times and access rates. This service has received national recognition for its achievements:

- Achieved a recovery rate of more than 50%
- Wait time of 4 weeks (against a national target of 18 weeks)
- 95% patients reporting a positive experience

Our priority for 16/17 is to ensure that current performance is maintained and that recovery rates are above 50% going the next contractual year. This service will continue to evolve and we are working with BHFT to roll-out the IAPT service in managing long term conditions i.e. COPD/Diabetes.

Berkshire West is part of the University of Reading CYP IAPT collaborative and has been for a number of years. (Wokingham CCG is the lead CCG for Berkshire). Many BHFT CAMHs Tier 3 staff and some local authority Tier 2 staff are undertaking CYP IAPT training. Learning from CYP IAPT has helped to shape care pathways and the development of outcomes framework in Berkshire West

CAMHS –In 15/16 the CCGs invested over £1 million in BHFT to reduce the lengthy waiting list for CAMHS services with a focus on prioritising those children assessed as being high risk, as well as reducing the overall waiting times to provide assessment and offer an appropriate treatment package if required. We will continue to work with the Trust to ensure that we have defined metrics for improvement in 16/17 and that performance is monitored closely through the contract with the Trust (see section on CAMHS transformation and supporting document).

Early Intervention Psychosis (EIP) – In 2015/16 we have an agreed Service Development Plan with our Mental Health Provider BHFT to implement 'A NICE compliant EIP' service that is able to offer and deliver the following NICE recommended treatments to more than 50% of people within 14 days of referral:

- CBT for Psychosis (CBTp)
- Individual Placement Support (IPS) for education and employment
- Family Interventions
- Medicines management
- Comprehensive physical assessments
- Support with diet, physical activities and smoking cessation
- Carer-focused education and support programmes

We are working closely with the South Region EIP Support Team to develop an EIP service that will meet the national accreditation criteria. We are working through our baseline figure with BHFT for 2016/17 and this will be agreed by the EIP Regional Team in the coming month, for reporting to start from April 2016.

BHFT have already started to develop the RTT Pathway for EIP Service for people aged between 14 and 35 and the completion of this pathway is expected by Q1 in 2016. The Referral to Treatment pathways on RiO (the BHFT IT Management System for Health Care Record) will support the reporting of EIP Activity Data from April 2016 using the new NHSE EIP reporting template.

Crisis Resolution Home Treatment Team (CRHTT) – We have increased our investment in this service line to improve workforce capacity to cover week-ends and night shifts to support those experiencing mental health crises out of hours, provide short term interventions and face to face contact. We have also invested in 'Street Triage' one year pilot in Berkshire West to work alongside Police Officers in responding to emergency mental health calls and/or assess individuals picked up by Police on the street to reduce the application of Section 136 under the Mental Health Act 1983. The CRHTT service now operates from Prospect Park Hospital and provides 24hr/7 days a week service in Berkshire West providing rapid response to manage mental health crisis in the community.

Liaison Psychiatry Service (Psychological Medicine Service) – Operating from Royal Berkshire Hospital the Psychological Medicine Service mirrors the 'RAID' (Rapid Assessment Intervention Discharge) model, providing rapid

access to individuals presenting at Emergency Department with mental health problems and working with those admitted into an acute inpatient bed with co-morbid mental health conditions to reduce length of stay. This service is also supported by the Community Crisis Response teams and the Community Psychological Medicine Service working with frequent flyers and those with medically unexplained symptoms.

Male Mental Health - In Berkshire West there were 97 suicide/undetermined/open verdict deaths in 2012-2014 and males have a higher suicide rate compared to women in line with national figures (73% male; 26% female).As part of the Thames Valley network we are supporting the CALM project targeting information and support to men with mental illness to recognise signs of mental illness and access information and services.

Perinatal Mental Health – The Berkshire West Perinatal Service will be launched on the 1st April 2016. The service specification has been agreed including KPIs, Outcome Measures, Information Requirements and expected activity levels. The aim of the service is to provide a comprehensive range of community services for women requiring pre-conceptual counselling or who experience mental health problems or illness during pregnancy or in the first year after birth**.**

In 2016/17 we will continue to prioritise mental health investment, and will be considering recurrent investment in services such as the following:

- **Street Triage Service** – Improve the experience and outcomes for service users in crisis. There will be a professional mental health assessment undertaken by an experience healthcare worker (rather than for example a S136 applied by a police officer) and the person being taken to a Place of Safety, where a full MHA assessment is required. The number of Section 136's in Berkshire West will be reduced as a consequence.
- **Alcohol Specialist Nurse Service** – We have developed a business case to request funding for investment in the Alcohol Specialist Nurse Service to operate from RBH ED and Wards; this service will provide rapid assessment and treatment to all those presenting at ED with alcohol related problems and avoid hospital admission.
- **Recovery College** – We have set up a local project group to develop a recovery college service model to support mental health service users in their recovery journey from mental health problems and access education, training, vocational and paid employment. We also expect this service to support carers in accessing education and training.

Mental Health and Physical Activity – In 2015/2016 we supported Sport in Mind a local charity providing supported sports activity to users of mental health services to obtain a lottery grant for 3 years. Working with BHFT the project will widen participation in 2016/2017 using sport as part of recovery and ongoing health promotion for people experiencing mental health problems. Sport in Mind plan to deliver 1,750 sessions and expect to support 1,500 people in 2016/2017. In addition, working with Public Health, we have promoted the Activity for Health Scheme and Moving Forward; both schemes are designed for people experiencing both physical and mental health problems.

11.2 Transforming Care

The Berkshire West Transforming Care plan (see supporting documents) for people with Learning Disabilities is aligned to a regional 'Positive Living Model'. This plan provides the opportunity to develop integrated working, clear lines of accountability and clinical engagement with adult social care to deliver high quality provision in a cost effective way through reducing the need for inappropriate admissions whilst releasing savings into the health and social are system.

Working with the best of local experience, skills and knowledge a new service model has been created that incorporates Positive Behavioural Support and increased level of community based provision through a reduction in beds. The CCG and 3 local authorities are planning to deliver intensive care support in the community as a viable alternative to hospital assessment and treatment beds. This will be achieved through specialist skills and knowledge to be transferred to community support settings and for the remaining beds to be redesigned as part of a challenging behaviour pathway. Cost savings will be released for investment into community intensive support.

BHFT has signed up to Berkshire West CCGs commissioning intentions to reduce the contracted bed based provision for people with a LD by 2017. The CCG is in the process of completing joint plans aimed at transforming services for people of all ages with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition, in line with *Building the Right Support – a national plan to develop community services and close inpatient facilities* (NHS England, LGA, ADASS, 2015). These plans will cover 2016/17, 2017/18 and 2018/19.

The CCG will work with BHFT to review the levels mortality in Berkshire in line with the recommendations of the Mazars report. The CCG will aim to develop a process for ensuring that there is good quality healthcare to achieve outcomes such as admissions avoidance. This process will be developed through understanding the current rate and reasons for mortality amongst people with learning disabilities. In parallel the Transforming Care Programme board will aim to identify how services will need to be commissioned and provided in the future to ensure that people with learning disabilities and/or autism with behaviours which challenge services are supported within their local community and only require in-patient services for clearly defined purposes.

The Berkshire West plan will aim to demonstrate how the national service model will be implemented by March 2019 that requires CCGs and local authorities to work together to reduce the reliance on in-patient beds through intensive intervention services in the community. The Director for Joint Commissioning will be leading this process for Berkshire as the Senior Responsible Officer for transforming care. The aim of this plan is to show where people are placed and how they are funded to provide opportunities for collaborating health and social care to resources to discharge people into community placements. A Pan Berkshire Business plan is also in the process of being finalised, that will show a phased reduction of in-patient beds and mobilisations plans for the intensive intervention service in the community.

Berkshire Healthcare staff, the 3 local authorities, Carers and Commissioners developed new patient care pathways to support phased closure on in-patient beds and utilise the resources to implement a 'Positive Living Model in the community. Time lines for the phased closure will be agreed by a pan Berkshire Transforming Care Board on 3rd February 2016 and further detail will be included in our April submission.

11.3 CAMHS Transformation

The CCG has established a multiagency 'Future in Mind' group which includes all key stakeholders (e.g. Schools, Health Visitors, Local Acute and Community Providers and the three local authorities). This group will oversee the joint CAMHs transformation plan for Berkshire West. The focus of which is to improve early intervention and prevention services with the aim of improving outcomes for children and young people and reducing the demand on specialist CAMHS services.

We are putting additional training and support in place across the wider children's workforce (including schools and primary care) so that children and families can access help before problems reach the point where a specialist mental health service is required. We are working with the University of Reading to develop bespoke training for families who have a child with severe conduct disorder where Webster Stratten has been unsuccessful.

We are working with the voluntary sector, our community provider and Local Authorities to ensure appropriate support is provided to families who are awaiting Autism assessment. We are also developing a CAMHs outcomes framework which will be implemented by voluntary and statutory providers in all contracts from 16/17.

Following significant investment by the CCGs additional staff has been appointed into specialist CAMHs services in order to reduce waiting times, mitigate clinical risk and ultimately = minimise the number of children whose needs escalate into crisis. The CCGs are funding a 12 month pilot to improve access to urgent care CAMHs services for children aged less than 18 years, 7 days a week. By having more CAMHs staff available in the Royal Berkshire NHS FT

(RBFT) it is hoped that length of stay will reduce, there will be fewer "frequent fliers" and that children and young people who are in crisis are able to access help more quickly, particularly over weekends.

We will be working with the Police and Crime Commissioner, voluntary sector and Health and Justice commissioning to ensure that the emotional and mental health needs of children who are victims of crime or are involved in the criminal justice system are being met.

We are also working with Berkshire East CCGs and our community provider to develop a community Eating Disorders service that meets the new standards. An enhanced perinatal mental health service has been commissioned. The SHaRON online platform is being expanded to include perinatal, carer and CAMHs support.

11.4 Voluntary Sector

The CCG commissions' projects and services from the voluntary sector aligned to the CCG's commissioning priorities and use the Partnership Development fund (PDF) as one of the routes for doing this. This is an annual commissioning cycle and the CCG looks for innovation to support people in the community with Mental Health problems, Children and Young People, Older People and People with Learning Disabilities. Voluntary and community providers play a significant role and these organisations contribute to the wellbeing of people living in Berkshire West; connecting communities, stimulating innovation and flexibility to make a difference to people's lives.

The CCG is in the process of awarding funding to voluntary organisations that submitted PDF applications to support the CCG's strategic priorities. These range from Youth Counselling to support early intervention thus reducing crisis, support for organisations reaching families and children of people with learning disabilities and autism and support for early years. The CCG will also be funding organisations that aim to reach out to support for older people, people with long term conditions, hospital to home services, and community outreach support for people with mental health problems. The CCG will develop generic and specific KPI's to monitor the effectiveness of these services linked to the CCG's commissioning priorities. Successful organisations will be required to submit half yearly written reports to clearly demonstrate achievements against the KPIs.

12. Patient Experience and Engagement

12.1 Patient Choice

The Berkshire West CCGs support Patient Choice by commissioning a range of accessible physical and mental health services from both the NHS and independent sector. Choice is facilitated by maintaining an extensive and up to date Directory of Services in collaboration with all the local service providers and accessed by the E-referral system.

Clinical pathways around Maternity services, End of Life and Ophthalmology are being investigated to assess feasibility of choice and will be added to the E-referral system where appropriate.

Providers continue to offer access to named consultants on e-referrals system.

12.2 Personal Health budgets

Berkshire West CCGs are committed to further rolling out Personal Health Budgets (PHBs) across our area for all patients who would benefit from them and have a programme of work for taking this forward.

Our next step is to take what we have learned from already offering PHBs to those with Continuing Health Care needs (CHC) and apply this in a new offer to people with learning disabilities. In doing so we confidently expect to further develop our processes and practice to facilitate the further roll out of PHBs to other patient groups.

We will develop this work jointly with appropriate local partners in particular the relevant Local Authorities (LAs). The three LAs that cover Berkshire West have already taken part in a public engagement exercise to launch this work and are signed up to being involved in joint delivery and sharing of resources where appropriate and practical.

12.3 Patient Engagement

Berkshire West CCGs Patient and Public engagement plans recognise that there are many different ways which people might participate in health depending upon their personal circumstances and interest. In addition to awareness raising, preventative health and system resilience messages throughout the year, topics that were explored in-depth with patients during 2015/16 included;

- Frail elderly pathway redesign
- Alternative Provider Medical Services (APMS) contract procurements
- Primary care strategy
- End of life care planning
- Digital behaviours
- NHS111

We have developed robust methods of listening, engaging and involving patients and the public which have ensured that their insight and experiences have been acted upon at all stages of the commissioning cycle and have influenced our commissioning decisions. We will now make this more systematic and consolidate our engagement and involvement to better empower patients to shape services and the care that they receive.

The engagement strategy for Berkshire West recognises that there are many different ways which people might participate in health depending upon their personal circumstances and interest. Hence CCG engagement ranges from simple awareness building activities for the general public, through to working with patient and community groups to ensure that their concerns and aspirations are understood and considered by commissioners:

- ***Awareness raising*** - Throughout the year a range of messages are shared via CCG and partner communication channels, online, offline and face to face.
- ***Surveys*** - The Berkshire Health Network (BHN) is used to target engagement activities to interested organisations and individuals, and to publish and invite feedback from surveys and discussion documents.
- ***Governing body meetings*** - Members of the public are invited to observe and attend CCG governing body and JPCCC meetings in public.
- ***Public meetings*** - CCG's host regular public meetings themed around a specific area, such as the primary care strategy or the frail elderly pathway. Such meetings create opportunity for group discussion and meeting outputs are documented for commissioners. Public meetings are also used to ensure the widest possible engagement in service change, such as new contract procurement for a GP surgery.
- ***Patient representatives*** - Patient representatives can be found on each programme board. CCG governing bodies are also supported by a lay member with an interest in patient and public participation.
- ***Patient groups*** - The CCGs are currently broadening work in this area to establish dedicated patient groups that engage with and support specific streams of work.

Patient engagement work during 2016/17 will focus on:

- Socialisation of 16/17 CCG plans
- Areas of service change resulting from the implementation of the primary care strategy and QIPP plans
- The move towards the ACS and the introduction of the new Frail Elderly Pathway.
- Development of a digital roadmap by Berkshire West CCGs and support for patients to engage with existing digital services.
- Work with seldom heard and hard to reach groups, encouraging them to become more involved in their local NHS.
- Work to map and engage PPGs directly in communications and engagement work.

- Build on an early trial in West Berkshire to set up and co-ordinate a communications and engagement network; bringing together providers and the unitary authorities, to share intelligence and look at ways in which partners can better engage with the public together.

12.4 Patient Activation and self-care

There are a number of measures in place across Berkshire West to support patient activation and self-care, including:

- Development of a self-care strategy to support reduction in urgent care demand
- Development of a self-management protocol enabling patients to enter their own data and remind them to attend appointments
- A social prescribing pilot in South Reading with Reading Voluntary Action group focusing on patients social needs
- Use of a diabetes online tool (ECLIPSE) – including a secure patient portal. In 2015/16 Berkshire West CCGs won first place for the most effective prescribing as a result of using Eclipse widely
- The use of risk stratification and care planning for patients aged 75 and over with input from patients

13. Technology

The CCG has been working with partners since 2013 on the innovative and exciting programme called Connected Care to develop a joint vision and strategy for information sharing, and the development of an integrated care record across the 10 Health and Social Care organisations in the Berkshire West community. This will enable delivery of a comprehensive electronic record at the point of care by 2018, including social care partners. Procurement processes for the information integration solution and single electronic care record will be complete by the end of the 2015/16 financial year, allowing the focus to shift to delivery in quarter 3 2016/17.

Delivery of the Local Digital Roadmap will be governed by the Berkshire West CCGs Innovation, Technology and Information Systems Programme Board; this forms part of the overall governance of the Berkshire West 10 Health and Care Integration Programme (BW10). The Connected Care Programme governance feeds in through the BW10 Integration Board and the Delivery Group. This ensures that digital priorities are identified collectively on a system level, and are used as an integral enabler of clinical transformation and organisational priorities across the health economy.

Our system vision for Frail Elderly as described earlier has been used to inform the system requirements based on a local version of the "Sam's Story" narrative initially created by the Kings Fund. This has enabled us to model our requirements using a patient centred approach to pathway redesign. This work has highlighted how much more efficient and effective care would be by avoiding information silos and having a single integrated record.

Programme benefits are projected at approximately £2.5 million per annum on a Berkshire footprint against a Berkshire system wide investment of circa £10 million over the period of the contract (this includes all health and social care organisations). These benefits are focused on the following:

- Reductions in length of stay
- Reductions in admission
- Reductions in duplicate and unnecessary testing

The benefit values are conservative to avoid double counting against other service transformation programmes which are co-dependent on the delivery of the Connected Care Programme and the broader digital agenda across the Berkshire West 10 organisations.

Key activities outside the Connected Care Programme which will form part of the Digital Roadmap delivery for 2016/17 include:

- working with providers to support their use of electronic prescribing solutions and vital signs monitoring,
- maximising the use of existing clinical systems at the point of care.

In Primary Care, Wokingham CCG will be leading the development of a pilot with their practices and NHS 111 in relation to on the day bookings to commence early in 2016/17. We also envisage expanded access to planned extended hours appointments during 2016/17. A number of practices are already piloting Skype consultations and the use of emails and telephone consultation/triage is widespread amongst our practices. We are still working to further define work streams to expand and build upon these new modes of access and to increase self-care and the use of symptom checker and/or triage apps. Our initial priority will be to maximise the use of existing systems such as EPS2, e-referrals and existing patient online tools accessed through the GP record. Further detail will be set out in our Digital Roadmap.

There are a number of additional clinical systems which support decision support and care planning, and we will work to evaluate and rationalise these, ensuring that any duplicate functionality from any new systems allows the decommissioning of existing systems where appropriate.

As part of the integrated record the CCGs have procured a patient portal which will support projects increasing self-management and prevention. This will allow comprehensive patient access to their records across health and care in future, along with the ability to integrate information from wearable devices and self-monitoring tools. In the interim the CCGs will continue to work with practices to improve the digital services offered to patients through the existing patient online tools accessed through the GP record.

The Digital Roadmap will form an integral part of the STP submission as a key enabler of service transformation.

14. Research and Innovation

This statutory responsibility is incorporated into the terms of reference and business cycle of the CCG's Joint Quality committee. The CCGs are committed to and are engaged with the Oxford Academic Health science network, through attendance at the Clinical Innovation Adoption Oversight group and the Strategic Clinical Network (SCN). The AHSN are routinely invited to attend the CCGs Clinical Commissioning committee and the relevant Programme Boards. Innovations are assessed on a case by case basis.

14.1 Genomics, precision medicine and diagnostics

As a result of increased molecular knowledge, disease classification will significantly improve over the next five years and will be more precise which will enable us to refine our diagnostic capability and apply a range of different therapeutic interventions. In turn, this will allow the identification of patient populations most likely to benefit from specific interventions and has the potential to improve the effectiveness and efficiency of the entire healthcare system.

In Thames Valley we are fortunate to have a very strong biomedical research centre and university and as well one of the strongest technology 'clusters' in Europe. Through our subscription to the AHSN we will be informed of developments in this field and will engage in opportunities to test new service models.

In the shorter term, we are aware that the capacity and demand gap for diagnostics is growing with the changing NICE guidelines. We are using the SCN support tools to help us quantify the gap and are participating in their programme of work that aims to jointly consider how this gap will be plugged. There are considerable work force issues that will need to be addressed and some consideration will need to be given to ensuring that going forward the work is done by a workforce fit for the future. This will be done in partnership with other health economies in Thames Valley.

15. Governance and Assurance

In line with the CCGs constitutions the Operating Plans are required to be signed off by the Council of Member Practices. All 4 plans will be presented at the March meetings which will enable member practices to ratify individual CCG plans in advance of the final April 11th submission date.

Progress against plans will be reported quarterly to Council of Practices and 6 monthly to CCG Governing Bodies. This process is underpinned by monthly reporting on delivery of quality and finance performance standards to the Berkshire West Federation of CCGs standing committees, and quarterly assurance meetings with NHSE area representatives.

The Berkshire West 10 system also has in place a formal governance structure which brings together the senior leadership from all partner organisations at both a strategic (Integration Board chaired by the CCG Federation CO) and operational level (Delivery Group, chaired by the Director of Adult Social Care for Reading Borough Council, and Vice Chair Director of Strategy for the BW CCGs) in support of the achievement of our overarching vision for Berkshire West. There is a direct link from these meetings through the membership to the three Health and Wellbeing Boards, and individual organisational Boards, Committees and Governing Bodies.

Supporting documents

1. Berkshire West CCGs – Public Health Profiles 16/17(to be submitted with 11th April plan)
2. Berkshire West CCGs Commissioning Intentions 2016/17(to be submitted with 11th April plan)
3. Berkshire West CCGs Finance Strategy 2016/17(to be submitted with 11th April plan)
4. Berkshire West CCGs Operating Plans on a Page(to be submitted with 11th April plan)
5. RTT and Cancer Treatment standard recovery plans(to be submitted with 11th April plan)
6. Berkshire West Operational Resilience Capacity Plan(to be submitted with 11th April plan)
7. Berkshire West Primary Care Strategy 2016/17 (attached)
8. Berkshire West CAMHs Transformation Plan (plans produced for each LA – copy of Wokingham plan attached)
9. Crisis Care Concordat Action plan (attached)
10. The Berkshire West Transforming Care plan (attached)
11. Connected Care Programme – Briefing document (to be submitted with 11th April plan)
12. Berkshire West Frail Elderly Pathway final report and implementation plan (to be submitted with 11th April submission)
13. Berkshire West CCG Dementia Action Plan(to be submitted with 11th April plan)
14. Berkshire West CCGs Communications and Engagement Plan (attached)
15. Berkshire West Diabetes Action plan (to be submitted with 11th April plan)
16. Berkshire West ACS PID(to be submitted with 11th April plan)

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT SOCIAL CARE & HEALTH

TO:	**Health and Wellbeing Board**		
DATE:	**18th March 2016**	**AGENDA ITEM:**	**9**
TITLE:	**Reading Joint Strategic Needs Assessment**		
LEAD COUNCILLOR:	**Councillor Hoskin**	**PORTFOLIO:**	**Health**
SERVICE:	**Public Health**	**WARDS:**	**Borough Wide**
LEAD OFFICER:	**Kim Wilkins**	**TEL:**	**01189373627**
JOB TITLE:	**Senior Programme Manager: Public Health**	**E-MAIL:**	**Kim.wilkins@reading.gov.uk**

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 To provide an update to Health and Wellbeing Board on the progress made to date on the redesign process with refreshed national and local data for the web based Reading Joint Strategic Needs Assessment (JSNA)

1.2 To share content of the web based Reading JSNA.

1.3 To ask the Board to recommend the JSNA to full Council for information and comment.

2. RECOMMENDED ACTION

2.1 The Board is asked to endorse the proposal to move to in year JSNA updates

2.2 The Board is asked to recommend the JSNA to full Council for information and comment

3. POLICY CONTEXT

From April 2013, the Health and Social Care Act (2012) introduced significant changes to the health and social care system. This meant a review of JSNA processes were necessary to ensure that the local system across Berkshire had the health and wellbeing intelligence it required in order to commission and provide the best services based on an evidence of need.

A new approach to JSNA was introduced by Public Health in Berkshire in 2013/14 and was subsequently endorsed by the Public Health Advisory Group and the six Berkshire

Health and Wellbeing Boards as the approach to be adopted by each Local Authority and their respective Clinical Commissioning Groups.

The Reading project plan to develop the JSNA in Reading was driven forward via a multi – agency steering group and project team. Key to JSNA development was:

- The need to make the JSNA accessible to a range of audiences – via an accessible web based format, with content that was easy to upload and download onto a newly created JSNA microsite; with pages and sections that that can be printed on demand and accessible via e.g. libraries and other community internet access points.
- The need to make the JSNA local and unique to each Authority
- The need to enhance the intelligence used within JSNA including a focus on locally sourced intelligence for both geographical application and for cohorts of customers. For instance Local authority level JSNA information was enhanced with individual ward profiles which provided the facility to use Ward Data in promoting and planning localised services and promote ward level conversations based on evidence of needs; and the needs of specific users e.g. those with autism or end of life.

The Reading Joint Strategic Needs Assessment (JSNA) has aimed to be the cornerstone of local needs assessment and commissioning. JSNA content has been used by partners in a variety of ways, including to:

- Inform the development of North and West Reading CCG and South Reading CCG 2 Year Operational Plan.
- Support discussions about the health needs of the population registered at Circuit Lane practice
- Engage providers and community organisations around links between mental health physical health and identify service gaps and unmet needs in mental health service provision in Reading
- Provide baseline information for local stakeholders as part of a Reading diabetes prevention scoping workshop
- Inform content of Reading's Better Care Fund submission as the basis for identifying the population need

Following a recent review which highlighted gaps in local intelligence significant work has been undertaken to maintain and build on a revised JSNA: building on the national data already published with local information; telling the Reading story and ensuring that robust intelligence drives assessment of local population health need and directly informs strategy and commissioning

An interim, high-level position statement on the health needs of the people of Reading has already been completed and was presented to the Reading Health and Wellbeing Board in October 2015. A data appendix was included within this position statement and provided an initial specification for the full JSNA dataset to be included in the new version.

4. THE PROPOSAL

RBC's Public Health Team has led the production of a comprehensive joint strategic needs assessment (JSNA) for 2016-19 to replace the current one. Staff reviewed and

supplemented existing JSNA text, along with updating appropriate national and local supporting statistical data.

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

Public Health Services for Berkshire continued to supply RBC with core JSNA national data sets. Further sources of information available were identified in consultation and co-production via RBC departments, North and West and South Reading Clinical Commissioning Groups (CCGs) and Reading Voluntary Action.

The RBC web team has led the on online presentation of the JSNA. The online look and feel of the JSNA has been enhanced with a content search facility and content enabled to be fully mobile e.g. accessible via smartphones and tablets. Language translation is now available on all pages. Content can be printed on demand and will continue to be accessible via e.g. libraries and other community internet access points.

Throughout the year individual JSNA modules will be reviewed following revised data, both national and local sets. This will ensure that the JSNA is updated as new data is released and reviewed appropriately before being uploaded onto the JSNA website.

Emerging from work on the full JSNA, the key health and wellbeing needs in Reading include:

- Poor life expectancy for men, and significantly worse early death rates from cardiovascular disease , with a 9.1 year difference in life expectancy between our least and most deprived wards,(this is average within its comparator group). Reading has high levels of preventable premature mortality and this is reflected partially in Reading showing low uptake of screening programmes in key area e.g. breast and bowel screening
- Higher levels of infectious disease with sexually transmitted infections and TB being national outliers. Linked to the latter (and early deaths in men) we also see higher levels of homelessness including families and higher rates of unemployment. Crime rates are also higher than expected
- Reading has a largely young population, 25% of population are under 20 and within our children we see significant impact of mental illness on our children's health. During primary school we see a doubling of rates of obesity and significant numbers of children have tooth decay. Reading has low levels of school readiness and in older children educational attainment in children who are eligible for free school meals is less than 50% of that seen in children not eligible, and we have higher than expected numbers of children not in education or training.
- Reading males show significantly higher rates of death as a direct result of alcohol, mainly alcohol associated cancers and chronic liver disease. Prevalence of opiate users is also higher than seen in similar populations.

The above JSNA priorities give a clear picture of Reading and where it is significantly different to England and its comparison authorities. However, there are other areas that may well be included in our Health and Wellbeing strategy such as social

isolation or promoting wellbeing since, whilst they are not significant outliers, have a broad impact and are a national service priority.

The current Reading Health and Wellbeing Strategy will have a rapid review to ensure that the strategic goals remain key and can demonstrate outcomes. At the same time work will commence on the next iteration of the Reading Health and Wellbeing Strategy. This will be directly supported by data from the new JSNA and will be developed in collaboration with local key stakeholders. The timeframe for the production of new version is by July 2016. This will also include strategy implementation plan which will support the ambitions and priorities for the Reading Health and Wellbeing Board. A "dashboard" of key performance indicators will be developed to enable robust and transparent progress monitoring of commitments and actions set out in the implementation plan.

5. CONTRIBUTION TO STRATEGIC AIMS

The Phase 3 JSNA process supports the delivery of the requirement to conduct a JSNA to inform the Reading Health and Wellbeing Strategy and subsequent commissioning plans as set out in the Health and Social Care Act (2012).

6. COMMUNITY ENGAGEMENT AND INFORMATION

A series of JSNA conversations with voluntary sector groups and forums have been undertaken. These have included the Reading Carers Steering Group, Older People's Partnership, Access and Disabilities Steering Group, Physical Disability and Sensory Needs Partnership and Learning Disabilities Partnership Board. Conversations covered a high level presentation about what the JSNA is intended to achieve and key facts for Reading; input to what content group members want / expect to see and how they would like to use the JSNA; either generally or in relation to specific modules; and providing info on development timescales.

A presentation on the JSNA was given to the Voluntary Sector Wellbeing Forum on the 27th January 2016 and an article providing information on JSNA plans and encouraging contributions from the sector circulated via RVA News.

7. EQUALITY IMPACT ASSESSMENT

Reading Borough Council must meet the Public Sector Equality Duty under the Equality Act 2010.

All sections of the JSNA were and will continue to be developed with an awareness of inequalities of health and the JSNA core data set will continue to be a key tool to support authors in identifying inequalities across and within chapter content.

JSNA content includes information relating to a number of the protected characteristics within the Equality Act, including age, disability and religion.

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

8. LEGAL IMPLICATIONS

The Health and Social Care Act 2012 gives duties to local authorities and clinical commissioning groups (CCGs) to develop a Joint Strategic Needs Assessment (JSNA) and to take account of the findings of the JSNA in the development of commissioning plans. This builds on requirements previously set out in the Local Government and Public Involvement Act 2007. The document is formally required to be signed by the Director of Public Health, Director of Adult Social Services and Director of Children's Services.

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

9. FINANCIAL IMPLICATIONS

None identified

10. BACKGROUND PAPERS

Reading Joint Strategic Needs Assessment position statement (October 2015)

READING BOROUGH COUNCIL

REPORT BY MANAGING DIRECTOR

TO:	**HEALTH AND WELLBEING BOARD**		
DATE:	**18th March 2016**	**AGENDA ITEM:**	**10**
TITLE:	**PROPOSAL OF WELLBEING DASHBOARD**		
LEAD COUNCILLOR:	**CLLR GRAEME HOSKIN**	**PORTFOLIO:**	**HEALTH**
SERVICE:	**WELLBEING**	**WARDS:**	**BOROUGH WIDE**
LEAD OFFICER:	**JO HAWTHORNE**	**TEL:**	**01189 9373623**
JOB TITLE:	**HEAD OF WELLBEING**	**E-MAIL:**	**jo.hawthorne@reading.gov.uk**

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. Purpose of this report

The purpose of this report is to present the Health and Well Being Board with the draft Health and Wellbeing Performance Dashboard.

2. RECOMMENDED ACTION

2.1 That the Health and Wellbeing Board agree the format of the proposed dashboard and to then be taken to a task and finish group for further developments.

2.2 That the Health and Wellbeing Board acknowledge the specific priorities used to measure the impact of the Wellbeing Strategy Dashboard.

3. POLICY CONTEXT

The Health and Social care Act 2012 established health and wellbeing boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. The activity of the Health and Wellbeing Board is focused on delivering the strategic vision for Reading as established the Reading Health and Wellbeing Strategy and in the Corporate Plan – "Building a Better Reading".

The Health and Social Care Act 2012 placed a duty on local authorities and their partner clinical commissioning groups to prepare and publish joint Health and Wellbeing strategies to meet needs identified in their joint strategic needs assessments (JSNAs). The first Reading's Health and Wellbeing Strategy was published in 2013 and is currently being reviewed and refreshed based on the information from the refreshed JSNA.

The Health and Social Care Act also required health and wellbeing boards to encourage persons who arrange for the provision of any health or social services in the area to work in an integrated manner, for the purpose of advancing the health and wellbeing of the area.

The Better Care Fund (BCF) sits as part of a wider strategic approach and the focus of this work is to establish better co-ordinated and planned care closer to home, thus reducing demand for emergency/crisis care in acute settings and preventing people from requiring mental health and social care services.

The draft dashboard will enable the monitoring of the key performance indicators linked to the Health & Wellbeing Strategy. Monitoring performance will ensure targeted outcomes are achieved, in budget and on time. The Wellbeing Team will support this by providing data and intelligence through performance reports and it is envisaged that the dashboard will be viewed at each Health & Wellbeing Board as a pictorial aid once developed.

4. THE PROPOSAL

4.1 Background

It is proposed that the dashboard will contain key priorities, the respective performance indicators and outcomes which will be monitored and reported on at the Health and Wellbeing Board by partners, who have the responsibility to develop and deliver specific outcomes.

The JSNA will provide the National and local context for the development of indicators, which have been drawn largely from the national NHS Outcome Framework (NHSOF), Public Health Outcomes Framework (PHOF) and Adult Social Care Outcome Framework (ASCOF).

This will reflect what was identified within the first Reading Health and Wellbeing Strategy as key factors in achieving the Board's four goals. The dashboard will be used to measure the progress and impact of the Health and Wellbeing Strategy. As the dashboard further develops other appropriate quality measures may be identified and added. This will be in collaboration with Reading Healthwatch and Commissioners. The draft dashboard demonstrates the outcomes that the Board is aiming to achieve and are set out in appendix, along with an initial list of national and local indicators it will use to measure progress. The indicators have been split into three priority categories.

4.2 2016 Project

A Task and Finish group with key stakeholders has been formed and has developed the first draft of the Health and Wellbeing dashboard. This has identified the relevant performance measures on goals and targets set out in the Health and Wellbeing Strategy. The aim is to provide a robust mechanism to monitor performance. This will provide greater transparency of the information shared and give regular opportunities for all partners to feedback in a formal process.

The intention for the board is to agree the principle of the dashboard in order for the Task and Finish Group to continue to develop, design and bring back to the Health and Wellbeing Board a more detailed dashboard for approval.

The outcomes and indicators contained within this dashboard will be reviewed in line with reviews of the Health and Wellbeing Strategy on an annual basis, or as indicated by the Board.

4.3 Finance Implications

There will be no direct financial implications from this report. The dashboard development would be delivered within existing resources.

5. CONTRIBUTION TO STRATEGIC AIMS

This project will support the delivery of the Reading Corporate Plan objectives and the Reading Health and Wellbeing Strategy four strategic goals:

Goal 1 **-** Promote and protect the health of all communities particularly those disadvantaged.
Goal 2 - Increase the focus on early years and the whole family to help reduce health inequalities.
Goal 3 - Reduce the impact of long term conditions with approaches focused on specific groups.
Goal 4 - Promote health-enabling behaviours & lifestyle tailored to the differing needs of communities.

Appendix 1

Reading Health and Wellbeing Board's Performance Framework
DASHBOARD OF OUTCOMES

Our Principles: Independent living | Prevention and early intervention | Integration | Partnership work | Quality Value for money | Engagement

Key Statutory Frameworks: Adult Social Care Outcomes Framework (ASCOF) | NHS Outcomes Framework (NHSOF) | Public Health Outcomes Framework (PHOF)

Goals	Priority	Indicators	RAG	Lead	Target
GOAL 1 Promote and protect the health of all communities particularly those disadvantaged	PRIORITY 1 A drive for prevention and early intervention services to reduce inequalities of long term conditions and obesity	1.1 Improvement in vaccination coverage 1.2 Integration vision and operating plan for 2020 1.3 Reduce injuries due to falls in people over 65 years	✓	Wellbeing Lead	1500/100000
	PRIORITY 2 Operate an integrated 7 day health and social care system in Reading	1.4 Operate a 7 day social care service with in Royal Berkshire Hospital 1.5 24 hour duty service for sheltered schemes	✓	Head of Adult Services	Action plan of current services
GOAL 2 Increase the focus on early years and the whole family to help reduce health inequalities	PRIORITY 3 Reduce inequalities in early development of physical and emotional health, education, language and social skills	2.1 Proportion of children in poverty reduced 2.2 Number of young people not in education, employment or training reduced 2.3 Weight in schoolchildren reduced engaging local communities in creating opportunities for physical activity	→		
GOAL 3 Reduce the impact of long term conditions with approaches focused on specific groups	PRIORITY 4 Seek opportunities to enable effective out of hospital services to reduce delayed transfers of care, including admission prevention and non-elective schemes	3.1Hospital admissions reduced and discharges improved 3.2Proportion of people feeling supported to manage their condition increased 3.3 Number of admissions to residential and nursing homes reduced 3.4 Estimated households in fuel poverty 3.5 Reduction in Non-Elective Admissions 3.6 Reduction in DTOC	RED	RIB	

	PRIORITY 5 Support appropriate services for Reading residents who need onward health and/or social care and reablement so that they can leave hospital as soon as they are medically fit	**3.6 Care home Rapid Response scheme** **3.5 Implementation of SYSTEM lead discharge** **3.6 Discharge to Assess**	**AMBER**		
GOAL 4 Promote health-enabling behaviours & lifestyle tailored to the differing needs of communities	**PRIORITY 6 Empower people to take care of their own health and have the information good lifestyle choices**	**4.1 Proportion of people feeling supported to manage their condition increased** **4.2 Successful drug rehabilitation treatment** **4.3Reduction of smoking prevalence to 1.5% below national average**	**GREEN**		

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT SOCIAL CARE AND HEALTH SERVICES

TO:	**HEALTH & WELLBEING BOARD**		
DATE:	**18 MARCH 2016**	**AGENDA ITEM:**	**11**
TITLE:	**QUALITY ACCOUNTS**		
LEAD COUNCILLOR:	**CLLR HOSKIN**	**PORTFOLIO:**	**HEALTH**
SERVICE:	**ADULT SOCIAL CARE & HEALTH**	**WARDS:**	**BOROUGHWIDE**
LEAD OFFICER:	**WENDY FABBRO**	**TEL:**	**0118 937 2072**
JOB TITLE:	**DIRECTOR OF ADULT CARE & HEALTH SERVICES**	**E-MAIL:**	**WENDY.FABBRO@READING.GOV.UK**

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This report clarifies the options for Health and Wellbeing Boards to comment on and advise on quality standards and performance to be achieved in the delivery of Health and Wellbeing strategic outcomes.

2. RECOMMENDED ACTION

2.1 HWB members and observers identify a task and finish group to evaluate Quality Accounts against strategic intentions and JSNA priorities.

2.2 That HWB receives a further report at its next meeting, setting out recommendations for on going monitoring of Quality Accounts as an essential element of Health Scrutiny

3. POLICY CONTEXT

3.1 A Quality Account is a report about the quality of services delivered by an NHS healthcare provider. The reports are published annually by each provider, including the independent sector, and are available to the public. Quality Accounts are an important way for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders. They aim to give confidence that the board is being open and honest about the quality of services being provided across the organisation and is committed to driving continuous quality improvement

3.2 The quality of the services is measured by looking at patient safety, the effectiveness of treatments that patients receive and patient feedback about the care provided.

4. THE PROPOSAL

4.1 The Department of Health requires providers to submit their final Quality Account to the Secretary of State by uploading it to the NHS Choices website by June 30 each year. The requirement is set out in the Health Act 2009. Amendments were made in 2012, such as the inclusion of quality indicators according to the Health and Social Care Act 2012. NHS England or Clinical Commissioning Groups (CCGs) cannot make changes to the reporting requirements. Additionally Healthwatch should be provided with a copy to comment on prior to publication of the Quality Account, and have been asked to consider to produce guidance that will enable them to effectively challenge Quality Accounts locally

4.2 Foundation trusts and NHS trusts are only required by regulation to share their Quality Report with NHS England or relevant clinical commissioning groups (as determined by the NHS (Quality Accounts) Amendment Regulations 2012), Local.

4.3 Health Watch organisations and Overview and Scrutiny Committees (and have their reports audited). There is no regulatory requirement for foundation trusts or NHS trusts to share their Quality Account/Report with Health and Wellbeing Boards unless the Health and Wellbeing Board is fulfilling a scrutiny function; although it is hard to see any reason why this would not be sensible given the remit of the Health and Wellbeing Board to oversee alignment and potential integration of health and care services. For Reading Borough Council, the Constitution identifies the Adult Social Care, Children's Services & Education Committee (ACE) as the Health Scrutiny body, although in practice much of the reporting of developments is managed via the Health and Wellbeing Board.

No central guidance has been issued to Health and Wellbeing Boards in terms of the expectation of comments, however, comments may be made on the following areas:

- the degree to which local communities have been engaged in priority setting
- other priority areas that could have been included in the Quality Account
- the approach the organisation has towards quality improvement overall

5 Reporting in current year

5.1 At this point, a consultation document on QA priorities has been received and responded to from Royal Berkshire NHS Foundation Trust, but not the whole QA, and a draft QA has been received from Berkshire Healthcare NHS Foundation Trust, with a further QA expected from South Central Ambulance Service. However, the next meeting is planned for July, after the deadline for publishing with NHSE. The documents are attached as Appendices A and B.

6. BACKGROUND PAPERS

6.1 None

Royal Berkshire NHS Foundation Trust 2016/17 Quality Account Consultation

Background

Quality is at the heart of the services that the Royal Berkshire NHS Foundation Trust provides for patients and service users. The safety of our patients drives how we deliver our services and we are committed to continuously improving quality of care.

- **Last year we refreshed our quality strategy which highlights our improvement priorities over five years to 2018/19.**
- **We are also developing the key priorities for 2016/17 to be included in our Quality Accounts. We are asking that you let us know which of our priorities you would most like to see reflected in our Quality Account for next year. We will take your views into account in developing the six priorities we will report on publically. These priorities should include at least one from each aspect of quality of care: patient safety, clinical effectiveness and patient experience.**
- **When we have finalised our priorities we will decide on the appropriate metrics that will allow these to be measured and reported, ensuring that we can demonstrate improvement in our goals.**

In developing our quality improvement goals we have undertaken a Patient Partnership Standing Conference with our Patient Leaders which has helped us capture the quality improvement aspirations, as well as reviewing feedback from incidents, complaints, patient feedback and our local Health watch organisations.

How you can help us

We have listed below all of the key quality improvement priorities that we are considering. We would like your views on:

1. **Whether you feel that these priorities are appropriate and whether there are others that you wish to see included; and**
2. **Which of the indicators you would like us to focus on in 2016/17 as part of our Quality Account (maximum of six, with one from each domain). The proposed measures of quality improvement in the Quality Account should, where possible, be specific and measurable, realistic and achievable within a year.**

We would like to have your response by 19 February 2016.

You may feedback your responses to: patient.safety@royalberkshire.nhs.uk

Telephone: Katie Elcock 0118 322 8335

Patient Safety	Tick Box	Clinical Effectiveness	Tick Box	Patient Experience	Tick Box
Improve handovers, comprehensive and accurate documentation	x	Reduce waiting times to ensure treatment received at the right time for patients with cancer.	x	Improve signage around the sites, and improve environment through reducing maintenance issues.	
Reduce rate of avoidable grade 2,3 & 4 pressure ulcers		Improve availability and quality of medical records.		In conjunction with patients, carers and patient leaders develop and publish a list of patient experience never events.	
To implement always events		To improve the quality of care and clinical outcomes for patients with Acute Kidney Injury		Improve administration systems (to improve booking processes, reduce cancellations). -CAT	
Improve the safety culture	x	To reduce the hospital readmission rate	x	Improve discharge information	x
Ensuring we have the right numbers of staff with the right skills to meet our patients needs		To improve anti-microbial stewardship		Improving the care with patients with dementia and supporting carers	x
Sepsis				Effective communication- breaking bad news	
				Experience based co design to improve the experience.	

FEEDBACK from: Reading Borough Council – Jo Hawthorne Head of Wellbeing

Domain	Priority	Comments
Patient safety	Improve handovers, comprehensive and accurate documentation	All of the Patient Safety indicators suggested above are important. However, good quality handovers with comprehensive and accurate documentation are essential to ensure that people being discharged into community safely. As an example people going back into the care home setting are being discharged without either correct medication or no medication at all. The Reading Borough Council therefore feels that this would be a real priority for the Trust to focus on.
Clinical effectiveness	Reduce waiting times to ensure treatment received at the right time for patients with cancer.	Following the recent release of figures on the Cancer waiting times not being met for people with cancer, Reading Borough Council is highlighting this as a priority for RBH to focus on, equally it could have been identified in either this section or Patient experience.
Patient experience	Improve discharge information	We believe that all the Patient experience priorities are important. However improving discharge information would really benefit not only the patient, their carer/s experience, but enhance the integration between Children's, Young People and Adult Social Care systems.

Priorities for 2015-2016

Domain	Priority
Patient Safety	Improving the reporting of patient safety incidents and the systems for learning from them
Patient Safety	Improving the safety of our Maternity Service
Clinical Effectiveness	Improving availability and quality of medical records
Clinical Effectiveness	Reducing waiting times to ensure treatments are received at the right time
Patient Experience	Improving safe and timely discharge of patients
Patient Experience	Improving administration systems to enhance booking processes, reducing cancellations and increasing access to hospital

Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

Berkshire Healthcare NHS Foundation Trust

Quality Account 2016- Q3 Update Report

What is a Quality Account?

A Quality Account is an annual report about the quality of services provided by an NHS healthcare organisation. Quality Accounts aim to increase public accountability and drive quality improvements in the NHS. Our Quality Account looks back on how well we have done in the past year at achieving our goals. It also looks forward to the year ahead and defines what our priorities for quality improvements will be and how we expect to achieve and monitor them.

About the Trust

Berkshire Healthcare NHS Foundation Trust provides specialist mental health and community health services to a population of around 900,000 within Berkshire. We operate from more than 100 sites across the county including our community hospitals, Prospect Park Hospital, clinics and GP Practices. We also provide health care and therapy to people in their own homes.

The vast majority of the people we care for are supported in their own homes. We have 171 mental health inpatient beds and almost 200 community hospital beds in five locations and we employ more than 4,000 staff.

Table of Contents for Quality Account 2016

Quality Account Highlights 2016

Trust community Services (both physical and mental health) are highly valued by our patients. Results from the patient Friends and Family Test during the past year indicate that greater than 95% of respondents are either extremely likely or very likely to recommend these services to a friend or family member.
It is also evident that Trust community inpatient services, minor injury services and walk-in centres are highly valued with that than 90% of respondents stating they are likely to recommend these services during the year.

The Trust has delivered on its commitment to become smoke free across all of its sites.

The Care Quality Commission undertook a planned inspection of the Trust in December 2015. During this time, we hosted 120 CQC inspectors from a wide range of professions as well as experts by experience. Inspectors visited a vast range of our services in mental health, community services, learning disability and the Trust out of hours service-Westcall. The Trust is awaiting the final CQC report following the inspection.

The Trust has demonstrated that 100% of NICE Technology Appraisals and greater than 80% of all NICE Guidance have been implemented across the Trust.

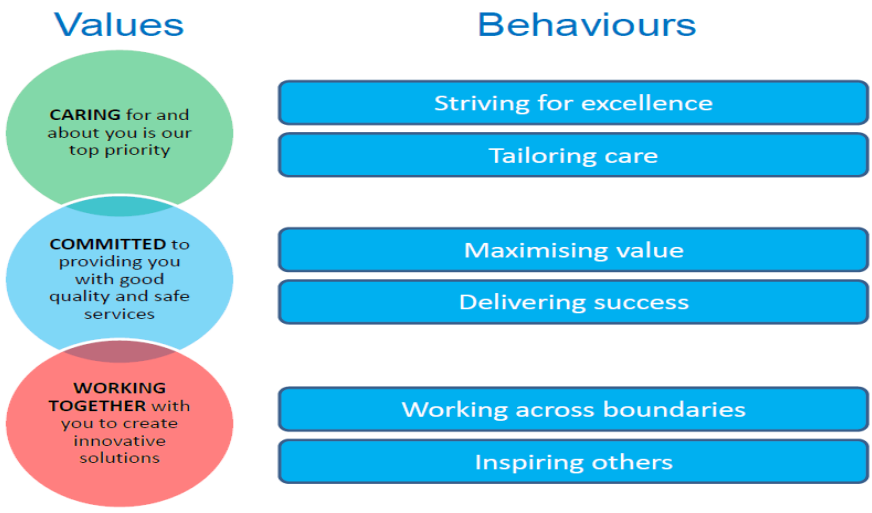
The Trust has introduced a more systematic and detailed method for logging information about and investigating whistleblowing concerns.

Many successful improvements have been implemented by services throughout the Trust, examples of which are included in this report.

The Trust has set quality priorities for 2016/17 relating to the following areas:

- Reducing patient falls
- Pressure ulcer prevention
- Implementation of NICE guidance and guidelines
- Patient experience priorities relating to the Friends and Family Test, learning from complaints and the Patient Leadership Programme
- Suicide prevention

To be updated in Q4 with latest data, and following results of the National Staff survey



1. Statement on Quality

The Trust has continued to deliver highly effective, safe, efficient and equitable care for its patients throughout the year. Such care is reinforced by an organisational culture that embraces the Trust's values- *caring, committed and working together*- all of which are embedded within the Trust appraisal system for staff. Additionally, the principle of working together is extended through collaboration with external health, social care and third sector organisations to enable the delivery of practical solutions to complex health and social care challenges.

Evidence available from patient Friends and Family Test results and the Trust's own patient satisfaction survey demonstrate that the services we provide are highly valued by our patients. This enforces our commitment to ensure that the care we provide is not only of a high clinical quality, but also that patients have a positive experience of our services. We aim to maintain and improve on these results and have set an ongoing priority in this area for the 2016/17 year.

Patient safety remains of paramount importance to the Trust. Throughout the year, the Board has received reports on a variety of patient safety metrics, several of which are shared in this report. Trusts must also learn from experience when things go wrong and we now have increasingly robust governance, patient safety, incident reporting and patient experience systems that highlight areas for learning and improvement. In addition, the trust have implemented a policy encouraging a culture of openness when things go wrong (the Duty of Candour) as well as a more systematic and detailed method for logging information on and investigating whistleblowing concerns (Freedom to Speak Up). The Trust will continue striving to deliver safe care, with priorities relating to the reduction in falls and reduction of pressure ulcers set for the following year.

The clinical effectiveness agenda for the trust has increased during this year with progress being made in the areas of clinical audit and research. Clinical audit has allowed us to measure our care against current best practice leading to improvement, whilst our involvement in research has helped to inform future treatment and management of patients. In addition, the Trust has met its target of implementing 100% of relevant NICE Technology Appraisal Guidance and greater than 80% of all relevant NICE Guidance and Guidelines. We will aim to maintain this level of compliance and have set a further priority target for this.

In October 2015, the trust became smoke free across all of its sites. A staff smoke free policy has been implemented with many staff also taking the opportunity to reduce their tobacco intake or quit smoking altogether. Patients in the community are now asked to abstain from smoking whilst we provide their treatment, with staff helping to ensure that our grounds are smoke free. Our final milestone was realised when we became smoke free on our mental health wards at Prospect Park Hospital. Patients are being supported through this by being offered nicotine replacement therapy whilst on the wards and are given access to stop smoking services if they would like to be supported in making a serious quit attempt during their stay.

The year has also seen numerous other service improvement projects being initiated throughout the Trust. Improvements have been evident across the board, with cross-service and multi-agency improvement work also being undertaken. This report highlights some of the improvements that have been made and demonstrates our commitment to improve services across the whole of the Trust.

Our involvement in primary care management has proven successful during the year. Following our management intervention last year, the Priory Avenue GP Practice was taken out of special measures by the CQC. Resultant improvements to patient care and the processes adapted to enhance the delivery of primary care have been noticeable and highly commended by the Patient Participation Group.

Finally, the Care Quality Commission (CQC) undertook a planned inspection of the Trust in December 2015 during which time we hosted 120 CQC inspectors from a wide range of professions as well as experts by experience. We are awaiting the final inspection report from the CQC.

We are committed to continue ensuring that the people of Berkshire receive amongst the best care in the country for physical and mental health problems. At Berkshire Healthcare NHS Foundation Trust we are determined to play our part in making sure that this is the case.

This quality account is a vital tool in helping to support the delivery of high quality care. The information provided in this report is, to the best of my knowledge, accurate and gives a fair representation of the current services provided

Julian Emms CEO
SIGNATURE OF CEO

To be updated in Q4 to take account of latest data, CQC report and results from national patient survey

2. Priorities for Improvement

2.1 Priorities for Improvement 2015/16

This section of the Quality Account details Trust achievements against the 2015/16 priorities and information on the quality of services provided during 2015/16. The priorities support the Trust's quality strategy (Appendix A) to provide accessible, safe, and clinically effective community and mental health services that improve patient experience and outcomes of care through the following six elements:

1. Clinical Effectiveness – Providing services based on best practice
2. Safety – To avoid harm from care that is intended to help
3. Efficient – To provide care at the right time, way and place
4. Organisation culture –Patients to be satisfied and staff to be motivated
5. Patient experience and involvement – For patients to have a positive experience of our service and receive respectful, responsive personal care
6. Equitable – To provide equal care regardless of personal characteristics, gender, ethnicity, location and socio-economic status.

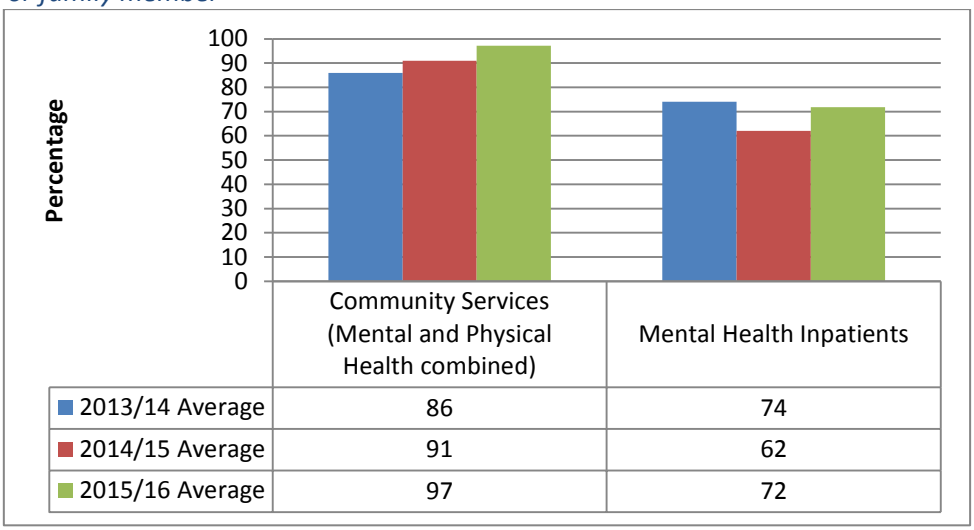
2.1.1 Patient Experience

The Trust has continued to report on the Friends and Family test results and on the Trust's own internal patient satisfaction survey throughout the year. By doing so, the Trust aims to demonstrate continuing improvement. Learning from complaints and improving national survey results also remains a priority for the Trust. Achievement in relation to each of these areas is detailed further below.

Patient Friends and Family Test (FFT)

Figures 1 and 2 below demonstrate the Trust's achievement in relation to the patient Friends and Family Test. The figures demonstrate that Trust community services (both physical and mental health) are highly valued with over 95% of people surveyed likely to recommend them. Additionally, Trust community inpatient services, minor injury services and walk-in centres are valued with over 90% of respondents recommending such services. For mental health inpatients, the percentage recommending services has reduced in the third quarter following increases in the first and second quarters of the year.

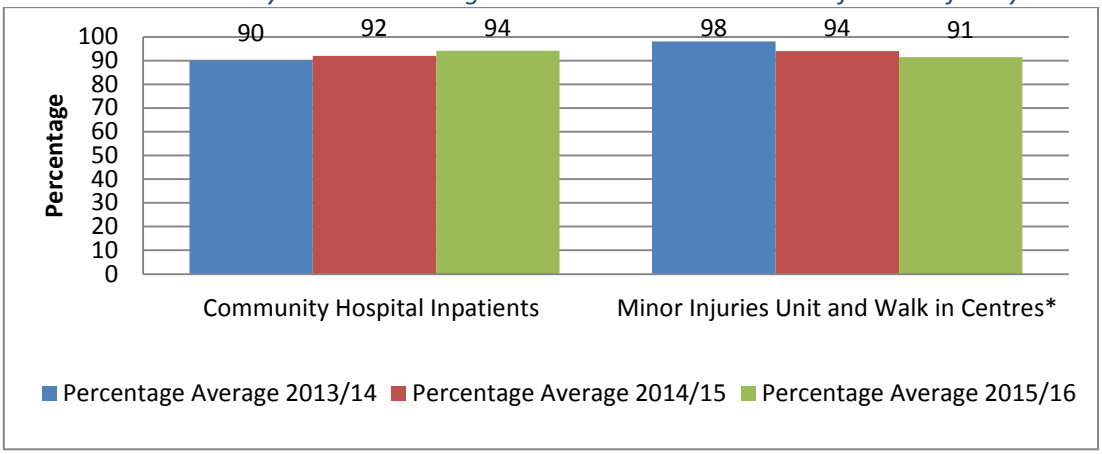
Figure 1- Patient Friends and Family Test: Percentage of Patients Extremely likely or very likely to recommend the service to a friend or family member



	Community Services (Mental and Physical Health combined)	Mental Health Inpatients
2013/14 Average	86	74
2014/15 Average	91	62
2015/16 Average	97	72

**MH figures for 2014/15 are for Nov 2014-March 2015 due to the change in national methodology. 2015/16 figure is for Q1- Q3. Source: Trust Patient Experience Reports*

Figure 2- Patient Friends and Family Test: Percentage who would recommend to a friend or family member.

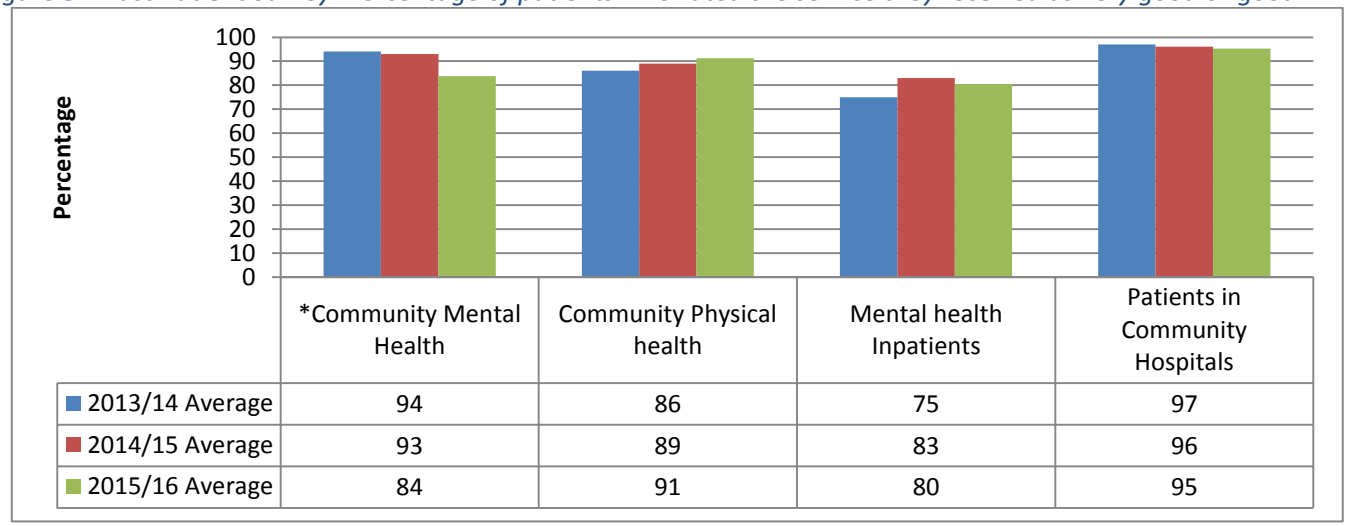


** 2013/14 figures are for Minor Injuries Centre only. 2014/15 figures onward include Slough Walk in Health Clinic. There has also been some change in the methodology to ensure visitors report in higher numbers and anonymously. 2015/16 Figure is for Q1- Q3. Source: Trust Patient Experience Reports*

Trust Patient Satisfaction Survey

In addition to the patient Friends and Family Test, the Trust has also carried out its own internal patient satisfaction survey throughout the year to further ascertain and assure levels of patient satisfaction. Figures 3 and 4 below demonstrate the Trust's performance in relation to this survey. It can be seen that during the 2015/16 financial year, a total of 9244 service users and carers have provided feedback through this survey programme, with 90% of people giving a good or better than good rating of the care they received.

Figure 3- Trust Patient Survey: Percentage of patients who rated the service they received as very good or good.



	*Community Mental Health	Community Physical health	Mental health Inpatients	Patients in Community Hospitals
2013/14 Average	94	86	75	97
2014/15 Average	93	89	83	96
2015/16 Average	84	91	80	95

**2012/13 Community mental health results only include learning disability and older people's services as data for adult and children services are unavailable. Community Mental Health Teams and Electroconvulsive therapy included for 2013/14. 2015/16 Figure is for Q1- Q3. Source: Trust Patient Experience Reports.*

Figure 4- Trust Patient survey: Total number of responses to internal patient survey over the year. (2015/16 YTD)

	Total Number of Responses	Total Number of Good or Better Responses
Community Mental health	1114	934
Community physical health	7641	6972
Mental Health Inpatients	450	362
Community Inpatients	1025	976

Source: Trust Patient Experience Reports.

Carer Friends and Family Test (FFT)

A Friends and Family Test for Carers has been created and has been distributed to services from February 2015. This allows carers the opportunity to share their experience with us in a dedicated way. Whilst this is not mandated within the Friends and Family national guidance, the Trust recognises the crucial role that carers have and the value of their feedback.

In Quarter 3, the Trust received a total of 15 Carer FFT responses (73 in Q2) from all services. All 15 respondents replied that they were either very likely or likely to recommend the Trust services

Learning from Complaints

The Trust has continued to respond to and learn from complaints during the year. Figures 23 and 24, shown in part 3 of this report, show the number of complaints and compliments received by the Trust.

During quarter three we achieved a response rate of 85% within the agreed timescale with the complainant. This is a drop from quarters one and two. The complaints team have worked with the clinical directors to improve this situation and are hopeful that quarter four will show improvement. Services on average took 32 days to investigate and respond to complaints. Many complaints are responded to much quicker if they are less complex. This is a slight increase in our responsiveness. Of complaints closed during quarter three, just under 52% were upheld or partially upheld.

The highest numbers of complaints during this financial year have been received by mental health inpatients, child and adolescent mental health services (CAMHS) and community mental health teams.

Services receiving the highest number of complaints in quarter three were:

- Mental health inpatient services where there are no trends identified currently
- Community nursing is starting to feature within complaints more frequently so this is being monitored more closely. The service is far exceeding its commissioned levels of activity and is experiencing difficulties in recruitment. The trust is in discussions with commissioners about reviewing this service.
- Crisis response and home treatment team have received 11 complaints within this financial year. In 2014/15 the service received 19 in total. The Trust is hopeful that at the end of this financial year we will see fewer complaints overall for the service because of the focused work led by the Chief Operating Officer in light of the additional funding agreed by commissioners this year. East of Berkshire services still receive more complaints that the west of Berkshire services.

CAMHS services have been highlighted this quarter because they have received 23 complaints so far this year compared with 21 for the whole of 2014/15. This means that CAMHs is the service with the highest number of complaints for this year however of the 23 complaints received 19 were for West of Berkshire services whereas in 2014/15 the two localities, Bracknell and Reading, received the highest number of complaints. The Director of Nursing has asked the management team to investigate what is happening in the West of Berkshire because we are seeing a change that requires action. Access to treatment and waiting times continue to be the greatest reasons for complaint.

The main themes from the formal complaints received were care and treatment, attitude of staff and waiting times for treatment and communication. This continues the trend we have seen in previous quarters. Each service takes complaints seriously and implements new ways of working if appropriate. If a staff member has been directly named, they are involved in the investigation and its findings and action taken if required. The service and staff directly involved in the complaint are asked to reflect on the issues raised and consider how they will change their practice.

The number of posts placed on NHS Choices about our services continues to increase with 12 negative and 8 positive comments during the quarter. The negative comments cover staff attitude, communication and service capacity so very similar to complaint trends. It is good to see positive comments as well being placed though. The system the trust has in place means that we are able to respond quickly to each post.

It is good to note that the trust has not received notifications from the Parliamentary Health Ombudsman Service (PHSO) that they intend to investigate any new complaints; one complaint is open to investigation and another with an action plan requiring completion.

2015 National Community Mental Health Survey

The Trust uses national surveys to find out about the experiences of people who receive care and treatment. The results of the annual National Community Mental Health Survey were published in October 2015.

This year's survey allowed for comparisons to be made with the 2014 results as there were only minor amendments made. The survey contained 33 questions (the same number as in 2014) which were categorized within ten Sections. Each question was scored out of a total mark of 10.

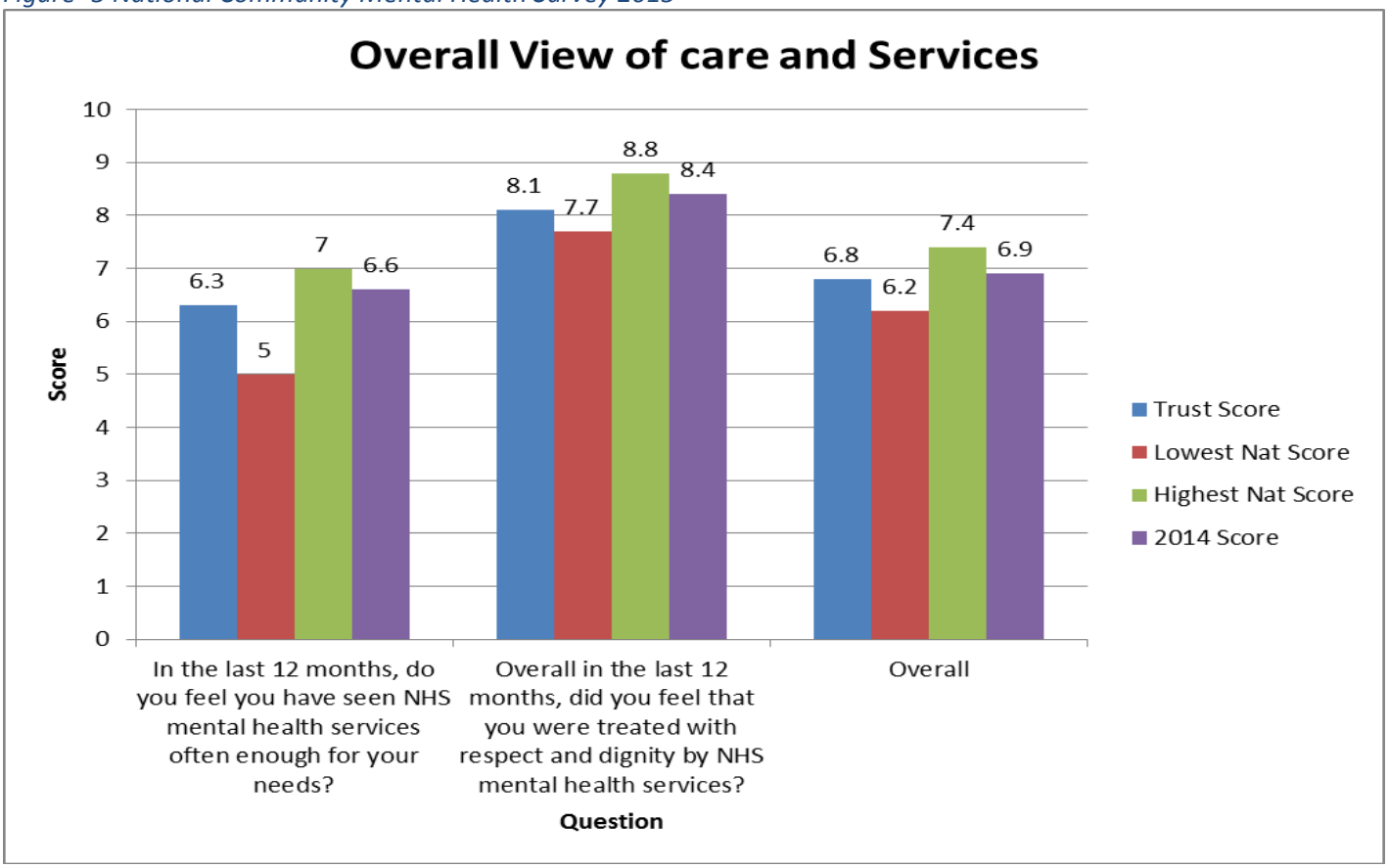
Patients were eligible to receive the 2015 survey if they had been seen by community mental health services between 1 September 2014 and 30 November 2014. Surveys were sent out to 850 patients meeting this requirement between February and July 2015, with responses received from 245 people (30%).

Out of the available 43 scores (including section scores), the Trust achieved 42 results that were ranked as about the same as the majority of other participating trusts.

For one question, the Trust received the lowest score: 'In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping accommodation?'
These results are consistent with a deep-dive survey that was undertaken in the last financial year and an ongoing action plan is being implemented as a result.

Figure 5 below gives an overview of scores for the Trust in relation to respondents' overall views of the care and service they received and their overall experience. The 2015 Trust scores are compared with the highest and lowest scores achieved by other trusts this year, and with the comparable Trust score for the equivalent question in 2014

Figure -5 National Community Mental Health Survey 2015



Source: Trust Results from National Community Mental Health Survey 2015

2015 National Staff Survey

One of the Trust's patient safety priorities for 2015/16 was to achieve staff survey results that were amongst the best 20% of similar Trusts in relation to relation to errors, near misses, incidents and concerns (Questions 18 and 19 of the survey). Figure 6 below details the results of the 2015 staff survey in relation the stated priorities, together with other results including those relating to the staff experiencing harassment, bullying or abuse from staff in the last 12 months and those believing that trust provides equal opportunities for career progression or promotion.

Results are due for publication on 23rd February 2016, and will be published in the Q4 update report.

Figure 6- 2015 National Staff Survey

Question ref.	Question	Trust 2013 %	Trust 2014 %	Trust 2015 %	National average for all mental health trusts 2015 %
Q12a	*Care of patients / service users is my organisations top priority (agree or strongly agree)*	71	73	**TBC**	
Q12b	*My organisation acts on concerns raised by patients and service users (agree or strongly agree)*	75	78	**TBC**	
Q12c	*I would recommend my organisation as a place to work (agree or strongly agree)*	62	62	**TBC**	
Q12d	*If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation (agree or strongly agree)*	69	71	**TBC**	
Q5a	*I look forward to going to work (often or always)*	58	59	**TBC**	
Q5b	*I am enthusiastic about my job (often or always)*	71	74	**TBC**	
Q8g	*How satisfied am I that the organisation values my work (Satisfied or very satisfied)*	44	47	**TBC**	
Q11c	*Senior managers try to involve staff in important decisions (agree or strongly agree)*	41	41	**TBC**	
Q11d	*Senior managers act on staff feedback (agree or strongly agree)*	38	41	**TBC**	
Q18a	*My organisation treats staff who are involved in an error, near miss or incident fairly (agree or strongly agree)*	54	51	**TBC**	
Q18b	*My organisation encourages us to report errors, near misses or incidents(agree or strongly agree)*	90	88	**TBC**	
Q18d	*My organisation blames or punishes people who are involved in errors, near misses or incidents (agree or strongly agree*	9	10	**TBC**	
Q18e	*When errors, near misses or incidents are reported my organisation takes action to ensure that they do not happen again (agree or strongly agree)*	67	67	**TBC**	
Q18f	*We are informed about errors, near misses or incidents that happen in the organisation (agree or strongly agree)*	48	51	**TBC**	
Q18g	*We are given feedback about changes made in response to reported errors, near misses and incidents (agree or strongly agree)*	48	51	**TBC**	
Q19b	*I would feel secure raising concerns about unsafe clinical practice (agree or strongly agree)*	71	78	**TBC**	
Q19c	*I am confident that my organisation would address my concern (agree or strongly agree)*	55	65	**TBC**	

Source: 2015 National Staff Survey Table A3.2: Survey questions benchmarked against other mental health/learning disability Trusts

2.1.2 Patient Safety

Throughout the year, the Trust's aim has been to foster an environment where staff are confident to raise concerns about patient safety. Learning occurs with respect to errors, incidents, near misses and complaints across the organisation. Initiatives to achieve this have been implemented during 2015/16. The Trust has continued to engage with and contribute to cross organisational initiatives such as the patient safety collaborative.
The Trust has also signed up to the 'Sign up to Safety' pledges and through this has committed to put safety first, continually learn, be honest and transparent, collaborate in learning and support staff to help them understand and improve on when things go wrong.

In order to assure patient safety, the Trust has continued to monitor a range of quality indicators on a monthly basis alongside the daily staffing levels. Progress is reported on the following indicators:

1. Community wards
   - Developed Pressure sores
   - Falls where the patient is found on the floor
   - Medication related incidents (Detailed in part 3 of this report)
2. Mental health wards
   -AWOL (Absent without leave) and absconsion (Detailed in Part 3 of this report)
   -Patient on patient physical assaults (Detailed in Part 3 of this report)
   -Seclusion of patients
   -Use of prone restraint on patients

Further information on Trust patient safety thermometer metrics, including the number of patients surveyed and the incidence of various types of harm are included in Appendix D.

Pressure Ulcers

The Trust collects data on pressure ulcers data to measure its incidence and to make improvements in this area. Figures 7 and 8 below give an overview of the number of developed pressure ulcers on inpatient wards and in the community during the last twelve months. In addition, the rate of new pressure ulcers across the Trust, detailed against the national rate, is shown in Appendix D.

Figure 7 shows that, in the twelve months to the end of December 2015, there have been 21 Category 2 and 1 avoidable category 3&4 pressure ulcer on Trust inpatient wards. This compares with 39 category 2 and 5 avoidable category 3&4 pressure ulcers during the whole of the 2014/15 financial year.

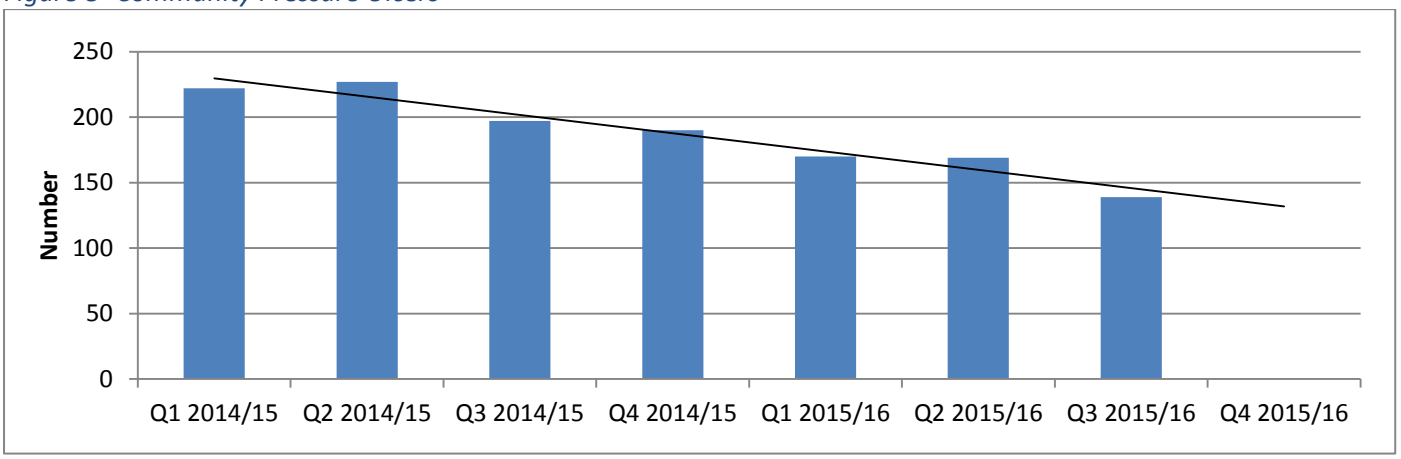
Figure 8 show a reduction in the trend of number of community pressure ulcers since April 2014/15.

Figure 7- Overview of Developed Pressure Ulcers on inpatient wards during the last 12 months.

	2014 - 2015			2015-2016									
Developed	**Q4**			**Q1**			**Q2**			**Q3**			
Pressure Ulcers	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
Category 2 PU	4	4	3	0	3	3	1	1	0	1	0	1	**21**
Cat 3 & 4 PU Avoidable	0	0	0	0	0	0	1	0	0	0	0	0	**1**
Cat 3 & 4 PU Unavoidable	1	0	0	0	0	0	1	1	1	1	0	0	**5**
Grand Total	**5**	**4**	**3**	**0**	**3**	**3**	**3**	**2**	**1**	**2**	**0**	**1**	**21**

**This is not all the PU events on the wards as we separate developed within our services and those inherited from other services. These are just the developed. We currently do not investigate developed category 2s so these cannot be identified as avoidable or unavoidable. Source: Trust Pressure Ulcer Reports.*

Figure 8- Community Pressure Ulcers

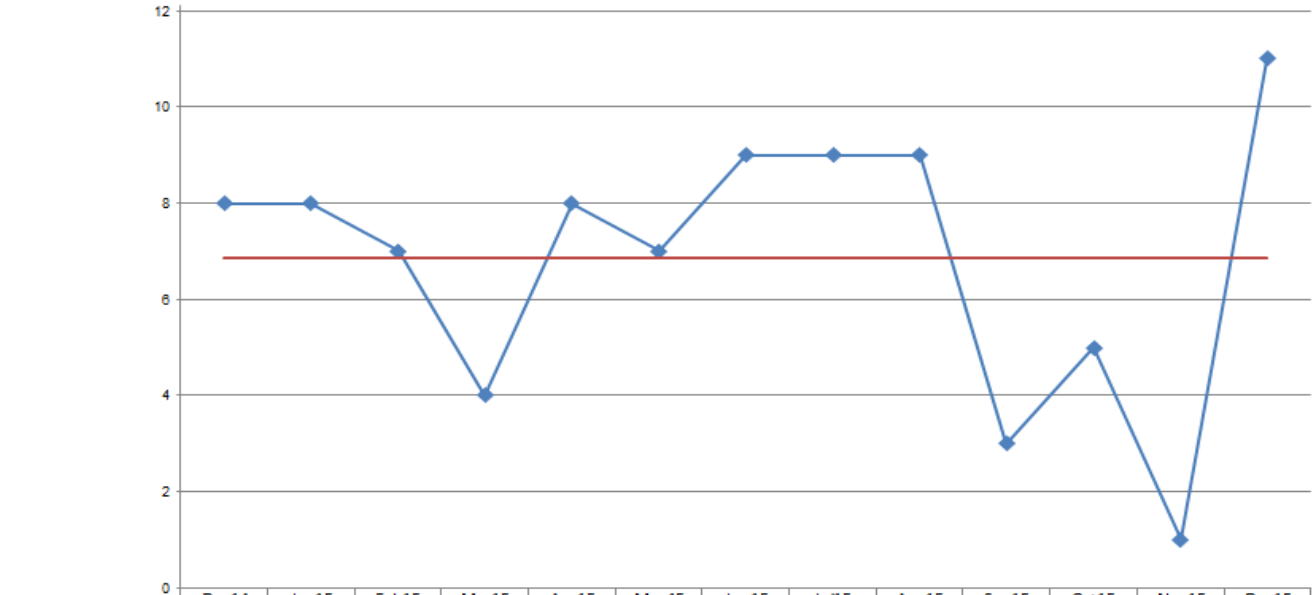


Source: Safety Thermometer

Falls

Figure 9 below details the number of falls that have resulted in harm for the Trust during the last 12 months. This data has been obtained from the Trust Safety Thermometer data. Five falls resulting in harm occurred in October 2015, with one in November 2015. However, eleven falls resulting in harm were recorded in December 2015. The Trust mean number of falls resulting in harm per month is 6.8. The number of falls calculated per 1000 bed days is contained within part 3 of this report.

Figure 9- Falls resulting in harm: All services, inpatients and community.



	Dec14	Jan15	Feb15	Mar15	Apr15	May15	Jun15	Jul15	Aug15	Sep15	Oct15	Nov15	Dec15
Falls with Harm	8	8	7	4	8	7	9	9	9	3	5	1	11
Mean	6.85	6.85	6.85	6.85	6.85	6.85	6.85	6.85	6.85	6.85	6.85	6.85	6.85
Patients	1317	1377	1394	1327	1398	1363	1332	1346	1360	1254	1261	1296	1262

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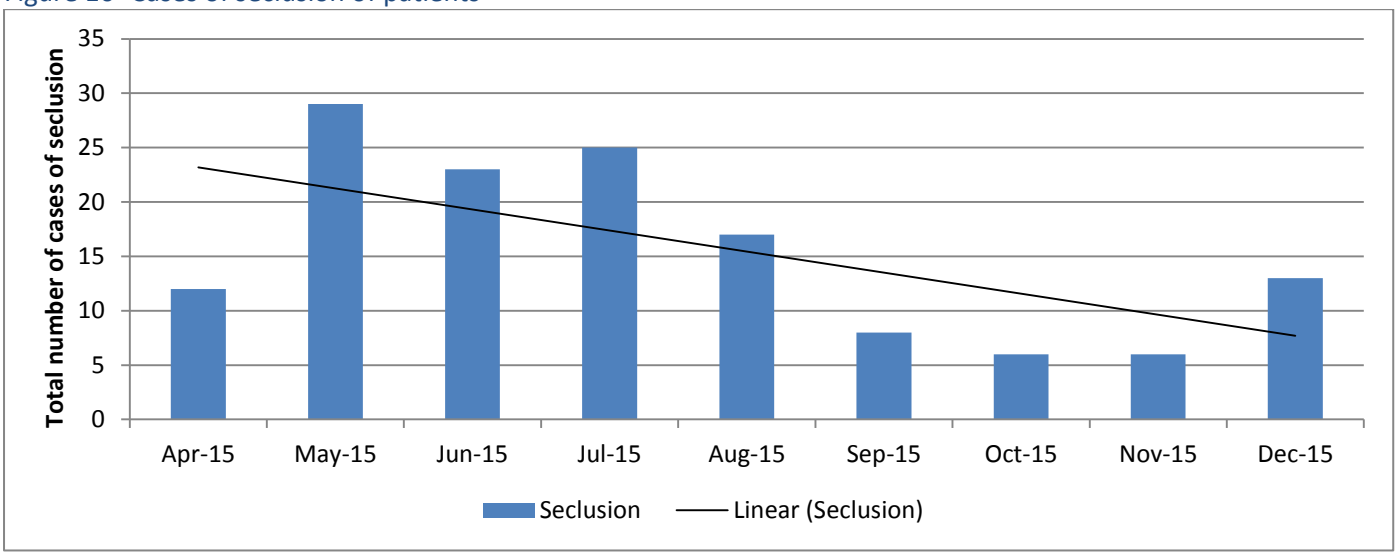
Seclusion of patients

Figure 10 below shows the monthly number of cases of seclusion of patients during the year. As can be seen, there is a general downwards trend in the monthly number of secluded patients between April 2015 and December 2015.

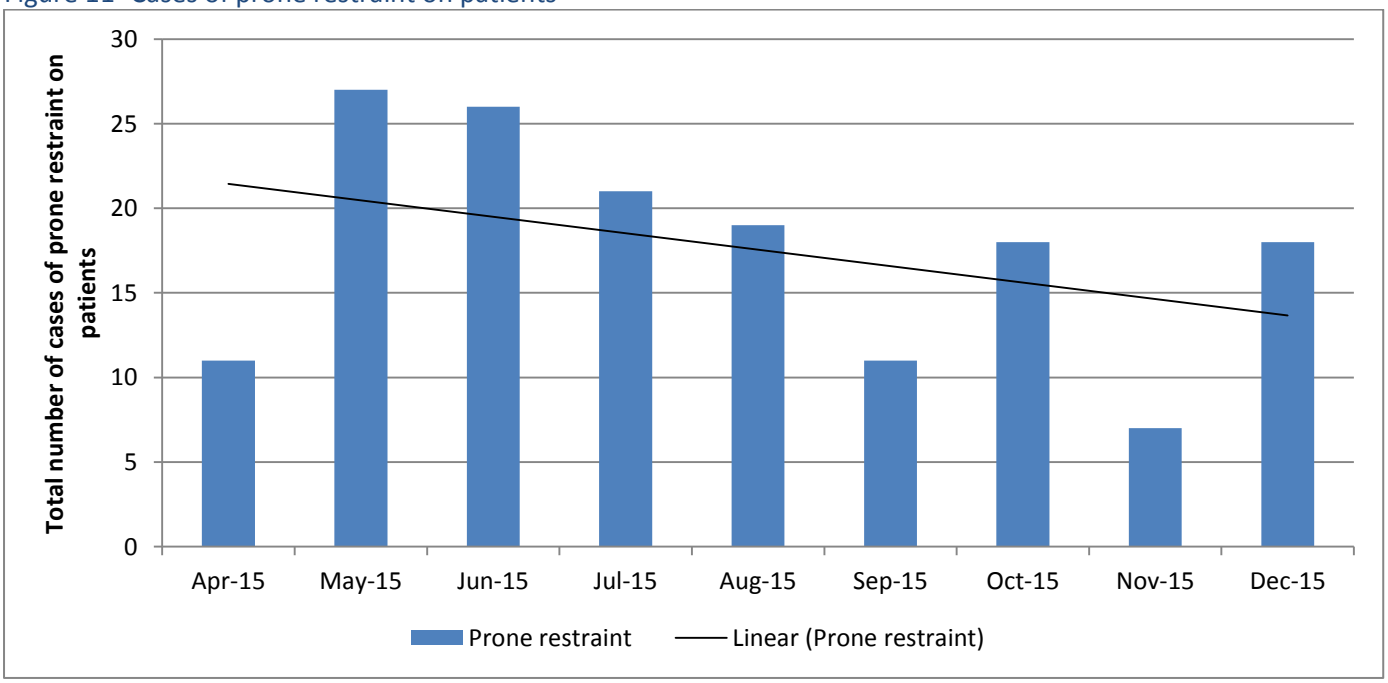
Figure 10- Cases of seclusion of patients



Use of prone restraint on patients

Figure 11 below shows the monthly number of cases of prone restraint on patients during the year. As can be seen, there is a general downwards trend in the monthly number of cases of prone restraint between April 2015 and December 2015.

Figure 11- Cases of prone restraint on patients



Quality Concerns

The Quality Committee of the Trust Board identify and review the top quality concerns of the organisation at each meeting to ensure that appropriate actions are in place to mitigate them. They are identified through some of the information sources provided within this account together with intelligence received from performance reports, our staff and stakeholders.

Our quality record is good and the trust has recently undergone a CQC comprehensive inspection with the results due to be received by the trust in February and published towards the end of March 2016.

CQC

In January 2016 a CQC warning notice was received regarding our High Dependency Unit (two beds) on Sorrel Ward at Prospect Park Hospital. This related to not meeting the standards required in trust policy regarding long time segregation and the Mental Health Act Code of Practice 1983, patient care plans and gender separation. Actions are in progress to rectify these issues by the end of February 2016.

Locked Wards

Our inpatient assessment and treatment unit for people with learning disabilities and psychiatric intensive care unit are both locked units managing very challenging and vulnerable patients, who frequently assault staff. Both of these units continue to experience high turnover of staff and agency use and therefore potentially provide a poor patient experience. Regular supervision is in place along with recruitment plans. Professional leads are working closely with staff to ensure standards of practice are maintained. Both wards are robustly monitored by Executive Directors.

Shortage of adult nursing and therapy staff

Mental and physical health inpatient and community services are now affected by shortages of nursing and therapy staff, which has resulted in increased agency staff use. This has a potential impact on the quality of patient care and experience, and increases our costs. A variety of mitigations are in place including 'over recruitment' and workforce redesign. Our plans to increase the use of framework agencies and develop an internal bank along with the embedding of e-rostering will also help us with effective distribution of resources.

Berkshire Adolescent Unit (BAU)

The BAU has provided tier 4 child and adolescent mental health services since July 2015. The unit has struggled to recruit permanent staff and has had a number of challenges implementing new ways of working and adapting the environment. A comprehensive action plan has been developed and implemented with the number of beds open reduced currently. New nursing and medical ward leadership has recently been appointed.

Interface between CRHTT, Common Point of Entry and Community Mental Health Teams.

Ensuring a smooth transition between components of our mental health services is a high priority, as we recognise the level of risk that this presents, particularly when services are busy. Short term initiatives to address this issue are being led by Executive Directors, alongside medium to longer term work to improve our understanding of and response to demand and capacity risks.

Mental Health Act (MHA) Code of Practice Compliance

The CQC comprehensive inspection and previous CQC MHA inspections has shown that our staff do not always adhere to the Code of Practice which may result in patients not knowing their rights and therefore potentially receive harm as a consequence. A training and audit programme is underway and plans for a MHA inspector role within the trust are in development.

Acute Adult Mental Health Inpatient Bed Occupancy

Bed occupancy has been consistently above 90% since August 2015. Patients have high acuity, there is disruption for patients who are on leave with concerns about where they will go on their return and patients are being placed out of area (this increases suicide risk on their discharge). There are clear weekly processes in place to mitigate risks.

Freedom to Speak UP

Whistleblowing cases are defined as cases where the member of staff has raised a concern under the Trust Whistleblowing policy or have referred to the complaint as 'blowing the whistle'.

In the period January to November 2015, the trust has received 11 whistleblowing concerns raised by staff of Berkshire Healthcare NHS Foundation Trust. All but one was raised anonymously. All were received in writing. The number of cases in 2015 appears to be higher than the previous years, which is expected following the introduction in December 2013 of the new approach and policy on raising concerns, where staff were encouraged to do so and the mechanisms For voicing issues was clarified and widely communicated.

Of the 11 concerns raised, seven have been investigated and closed. The remaining 4 are still open, and are being investigated. The time taken to investigate and close a case varies considerably. This is to be expected bearing in mind that most are raised anonymously and this generally entails a wider group of people being interviewed.

Following recommendations from our internal auditors, the Trust has introduced a more systematic detailed method for logging information centrally about whistleblowing concerns. The challenge continues to be ensuring that information about all cases is communicated centrally whilst keeping management of the issues at the appropriate level

2.1.3 Clinical Effectiveness

During 2015/16, the Trust prioritised the implementation of NICE Guidance to ensure that the services it provides were in line with best practice.

NICE Guidance

NICE guidelines, technology appraisals and quality standards provide valuable evidenced-based information on clinically effective and cost-effective services. The Trust has continued to demonstrate 100% compliance with technology appraisals and the performance target of 80% of all relevant guidance being implemented is now also being met.

At the end of Quarter 3 2015/16, progress against these targets was as follows:

Figure 12 NICE compliance December 2015

Trust Performance Target	Target (%)	Score (%)
1. Compliance with NICE Technology Appraisals	100	**100**
2. Compliance with all NICE Guidance	80	**83**

Source: Trust NICE Guidance Compliance Update Reports

Other clinical effectiveness activity, including that relating to service improvements, clinical audit and research, is reported later in this report

2.1.4 Health Promotion

The Trust has committed to deliver on its priorities to become smoke free, to increase awareness of diabetes amongst patient and staff and to improve monitoring of physical health risk factors amongst patients with mental health problems. An update on each of these priority areas is detailed below.

Smoke Free

On 1st March 2015 our first major milestone was achieved and the staff smoke free policy came into effect, many staff have used this as an opportunity to reduce their tobacco intake or quit smoking and we are hoping to publish some of their positive stories onto the smoke free teamnet intranet pages.

To support the staff smoke free policy we have updated the job description template, there is now reference to this in all adverts and the interview checklist now includes a reminder to advise applicants of the smoke free policy. A new paragraph will be included in terms and conditions.

Any staff with queries about going smoke free can contact a dedicated Trust e-mail address for advice. Business cards have been printed for staff and managers to give to colleagues as a reminder of the key elements of the policy and where to get support if required.

On 1st July 2015 we achieved our second milestone and all staff should now be asking our community patients to abstain from smoking whilst we provide

their treatment/ care and will also be ensuring that our grounds are smoke free. To achieve smoke free in our grounds we are asking staff to advise their patients, and anyone that they see smoking that we do not allow this on our sites. We have leaflets / business cards to support any conversations that staff will have with patients, carers and visitors. To support the campaign new signage has been put up on the main Trust sites and posters designed. The policy is available on the intranet.

Smoke Free Life Berkshire have been working very hard to support our campaign and have ever increasing visibility with new clinics for staff, patients and the public being held at various Trust locations.

On 1st October 2015 we reached our final milestone and became smoke free on our mental health wards at Prospect Park Hospital. Patients are being supported with this by being offered Nicotine replacement therapy whilst on the wards and access to Smoke Free Life Berkshire if they would like to be supported in making a serious quit attempt during their stay. Outcomes from this project will be reported in the Q4 report.

Diabetes Awareness

Several initiatives have been undertaken during the year to raise awareness of diabetes amongst patients and staff.

For patients, awareness Initiatives in East Berkshire includes:

- Diabetes Education & Awareness for Life (DEAL) structured group education for people newly diagnosed with Diabetes. These run regularly across East Berkshire and are facilitated by Diabetes Specialist Nurses and Dietitians.
- DEAL PLUS. These group sessions run once/twice a month and are for people who have had diabetes for greater than 1 year
- CHOICE. Group diabetes education for people with type 1 diabetes (run quarterly)
- Weekly Gestational Diabetes Education Group sessions

In West Berkshire Xpert Diabetes Group Education Sessions are run for type 2 diabetes.

The Diabetes Project Group have also been running initiatives for Trust staff during the year, including:

- Production of awareness posters
- Information on the Trust intranet and payslip leaflets helping staff to 'know your risk' of diabetes and signposting them to other resources.
- Diabetes education sessions for healthcare and social care professionals to help raise their awareness of diabetes.

Monitoring of physical Health Risk Factors amongst patients with mental health problems

There has been an increased focus on ensuring that patients with mental health problems also have their physical health risk factors monitored. This focus has been enhanced through delivery of a related CQUIN.

In Trust mental health inpatient settings, training has been disseminated on the importance of monitoring physical health symptoms. The CQUIN slide show has been circulated, with training also being delivered by request. This has been sent out for teams to utilise in their staff meetings.

Training focuses on where assessment and interventions should be recorded and for each of the following:

- Smoking status;
- Lifestyle (including exercise, diet alcohol and drugs);
- Body Mass Index;
- Blood pressure;
- Glucose regulation (HbA1c or fasting glucose or random glucose as appropriate);
- Blood lipids.

Importance has also been placed on recording where the assessment has been refused and that it is important to continue attempting to collect the information. CQUIN results are published In Q4.

2.1.5. Service Improvements

In addition to improvements resulting from the priorities detailed above, services have undertaken additional initiatives to improve the quality, safety and experience of care provided to patients. Details of some of these improvements are detailed below.

1. Community Health Services for Adults

The End of Life Care Team have undertaken a full service review against the new recommendations relating to caring for dying adults detailed within 'One Chance to Get it Right'. As a result, the trust Individualised End of Life Care Plan was launched across community services, with monthly audit in place to review its usage and implementation. Policies related to this area have also been revised, and End of Life Awareness Training has been delivered.

The Diabetes Centre/ Teams have been involved in several initiatives to improve the quality of the service provided. Some of these are included within the Health Promotion section of this report above, with additional initiatives undertaken as follows:

- The West Berkshire Diabetes Team implemented the 'Optimisation of Insulin' programme. This is a bespoke package of education and one-to-one advice for patients with high HbA1c results putting them at further risk of complications
- Trust Inpatient Diabetes Specialist Nurses in East Berkshire have:
  - Introduced Hypoglycaemia boxes for use in the acute trust (Frimley Healthcare NHS Foundation Trust)
  - Supported the preceptorship programme for newly qualified staff nurses at Frimley Healthcare NHS Foundation Trust.
- The time and location of the Gestational Diabetes Mellitus (GDM) education sessions have been changed in line with patient and staff feedback.
- The development of the hypo-ambulance project will mean that patients will automatically be referred to Diabetes Specialist Nurses following paramedic callout/ A&E admission for hypoglycaemia.
- The Update on Glucometer Project has informed staff and patients of what glucometers to use based on patient and staff feedback, the clinical evidence base and cost.
- In addition, services continue to be updated in line with the latest NICE Guidance in this area.

The Podiatry Service has introduced wound care sandals to the community teams so that patients have quick access to them. These sandals aim to improve off-loading of forefoot wounds and reduce wound healing times. The team have also fully implemented a wound care template across the service to support clinicians with monitoring wounds, thus leading to better wound outcomes for patients. In addition, new guidance has been devised for clinicians regarding the admission process/ home visits for patients with acute foot conditions. This will support emergency admission and access to appropriate care for the condition.

The Berkshire Community Dental Service has held regular locality meetings throughout the year which include service improvement. One resulting improvement has been the introduction of designated members of staff with responsibility for specific areas such as cross-infection control, radiology, referral waiting lists and audits. The Service have also been able to reduce the costs of using agency dental staff at weekends by implementing a rota for permanent staff to work at Dental Access Centres on Sundays and bank holidays. Finally two articles have been published which have raised the profile of the team in a positive way.

The East Berkshire Mobility Service has been working hard throughout the year to maintain a successful service and have held group meetings addressing service improvements. The team also monitor the delivery of the wheelchair service by a provider organisation. This is achieved by receiving regular updates, monitoring delivery times and submitting incident reports if patients' appointments have to be cancelled due to non-delivery of wheelchairs.

The East Berkshire Musculoskeletal (MSK) Physio Service have launched an additional service offering appointment times on Saturday mornings and also extending clinic hours to 7pm at some sites. Patients are also now able to book their appointment online and chose the time and site of their appointment. Rehabilitation classes are now more varied and allow for better access to and types of rehabilitation. An antenatal class is also being planned to allow the service to respond more quickly to that patient group.

The West Berkshire Integrated Pain and Spinal Service was launched in September 2015 and consists of specialist physiotherapists and physiotherapists in the community receiving regular support from the Royal Berkshire Hospital pain and spinal consultants. Patients with acute spinal pain or long standing pain which has been fully investigated can be referred by their GP to the service. Following assessment, there are a range of options available for the patient including; MRI and direct listing for injections, psychology treatment, physiotherapy treatment, pain management classes and education sessions. Initial feedback from patients has been very positive with patients attending the pain programme showing an improvement in their outcome scores, and feeling more confident in dealing with their pain.
In addition, the service has won the British Society of Rheumatology's 2016 Emerging Best Practice Award for its work in helping people with musculoskeletal and chronic pain problems. The British Society of Rheumatology highlighted the project's success as a result of the collaborative approach taken through engaging with a wide range of stakeholders in its development, as well as its co-ordinated MSK, rheumatology and pain service on a large scale.

The Bracknell Leg Ulcer Service was commissioned as a pilot in September 2014 as it was identified that there was a lack of equity in service provision across the CCG. The aim was that the district nursing service and primary care would work together to improve quality of life for people with or at risk of recurrence of venous leg ulcers through the delivery of clinically effective care and advice. The service worked with practices that chose to provide their own leg ulcer management within the service specification in order to secure the best possible outcomes for patients and their carers.
After a challenging start during which time many lessons were learned, the pilot became a commissioned service in April 2015. Four GP surgeries have opted to manage their own leg ulcer services and these are supported by the clinical lead who offers advice regarding assessments and treatment plans as well as ensuring that required competencies are assessed and met.
The remaining surgeries refer their patients with straightforward non-healing leg wounds to the tier 2 leg ulcer service.
The Trust runs five leg clinics per week in the CCG area across 2 sites (Great Hollands Health Centre and Skimped Hill Health Centre). A timely and individualised wound management and healing service is delivered with a maximum wait of 10 working days for initial assessment and commencement of treatment. The target of 50% of patients being seen within 5 working days is currently being met. All patients are contacted within 3 working days of receipt of referral; GPs are also sent acknowledgement of referrals within that time framework. Onward referrals are made if required to the specialist leg ulcer clinic or to secondary care. Since the start of the pilot only one patient has been admitted to hospital as a direct result of his leg ulcer.

Patients undergoing treatment for their leg ulcers report the improvement of symptoms such as pain, exudate and odour. This is achieved through the provision of "best practice" treatment in accordance with clinical evidence and guidance which is delivered by appropriately trained and experienced clinicians who are able to demonstrate high rates of wound healing through skilled care and advice. Care is always patient-centred from initial assessment through to discharge to promote long term care and reduce the risk of recurrence.
The service aim is that a minimum 70% of venous ulcers should be healed within a 12 week period across the service. In November 2015 the average healing time was 9 weeks across both local Trust and practice nurse led clinics.
To ensure requirements are met monthly reports also monitor the total number of referrals, patient satisfaction on discharge, the rates of recurrence, infection rates and PROMs (Quality of life)

Reading Community Health Services. A key feature of work for these services has been the development of integrated working across a range of services and organisations to improve the patient experience:

- Care Coordinators amalgamated with the Community Matron Service in June 2015 with the aim of combining their respective resources and experience to develop and deliver an improved MDT format to South Reading CCG surgeries. MDT meetings are held weekly, new assessments are presented and current patients reviewed. Core members of the group are Community Matrons, Case Co-ordinators, Social Workers and Age Concern (Wellbeing Project), representing the voluntary sector. The data produced from the first three months of MDT activity demonstrates the significant positive impact this type of intervention has generated. Next steps will be to develop the

MDT group to include the patient, family, significant other and carers in the process and expand partnership working with a wider range of voluntary groups.

- The Care Homes Support Team has delivered a number of training sessions to care homes across the West of Berkshire to improve the quality of life for people. The team was expanded to respond to needs identified with the care homes resulting in an Occupational Therapist, Physiotherapist and Speech and Language Therapist being recruited to the team in June 2015. The therapists have been addressing ways to enhance the current support provided by focussing on key areas to improve patient experience. These include; falls audit to reduce falls within care homes, seating and positioning for comfort, contracture prevention and promoting appropriate posture for eating drinking and swallowing and advising staff on correct diet and fluids to reduce the risk of aspiration.

The West Berkshire Locality Intermediate Care Team, together with the West Berkshire Local Authority Maximising Independence Team have embarked on a journey to help facilitate a simpler, more efficient and safer discharge process for patients requiring any type of personal care at home. The guiding principles of this pathway were that; there should be only one referral to a joint pathway with no need to decide between health and social care, the pathway should allow the team to work with patients at home to achieve their full potential, the team can accept care plans from the assessor in hospital, joint commissioning of care is in place and social workers in hospital can be used for fine-tuning if needed.
The team have now started using this new process and have a joint health and social care administration team to process all referrals from any hospital. The team continue to work in joining up other areas of staffing to enable joint working across organisations.

Highclere and Donnington Inpatient Units at West Berkshire Community Hospital have been working towards the development of a single inpatient unit. Historically, Donnington Ward provided care for patients requiring rehabilitation with Highclere ward providing sub-acute medical care and end of life care. This resulted in the skill sets of both sets of nursing teams being very different. Each ward housed a vast amount of experience and knowledge but this was not disseminated throughout the unit which in turn was not conducive to effective bed management when placing patients. In January 2015 all staff commenced a rotation programme giving them experience of working in areas of nursing that were new to them. This has resulted in a workforce with extended skills and has provided a more flexible option for patients being admitted to the unit. Feedback from staff has also been positive. In addition, following patient feedback indicating that patients did not always understand what different medications were specifically for, the wards have implemented the MAPPS system allowing them to share medication-related information with the patient. This has resulted in very positive feedback from patients.

2. Primary Care, Minor Injuries Unit and Walk-in Centre

The Slough Walk In Health Centre has consistently achieved over 85% in the Quality and Outcomes Framework (QOF). Action plans are also in place with Trust community services to support patients with mental health problems, those that misuse alcohol and drugs, those with long term conditions and also children.

Priory Avenue GP Surgery. The Trust entered into a contract with NHS England to manage this primary care service out of Special Measures. With the right leadership and support to showcase the skills within the practice, the journey has taken Priory Avenue out of Special Measures and from 'Requires Improvement' to a 'Good' CQC rating within 9 months of the Trust being awarded the interim contract. The improvements to patient care and the processes adapted to enhance the delivery of primary care have been noticeable and highly commended by the Patient Participation Group.

The Minor Injuries Unit (MIU) based at the West Berkshire Community Hospital has worked with the Royal Berkshire Hospital (RBH) to establish a Virtual Fracture Clinic to offer patients a safe and effective process in the assessment of fractures. Using secure technology, patient notes can be sent securely to the RBH trauma team. Every week day morning a consultant orthopaedic surgeon and two specialist orthopaedic nurses at the RBH review all the notes and X-rays received since the previous clinic and telephone the patient to give them advice on their injury, arrange follow with the most appropriate clinic

or arrange admission of surgery. This stops the need for patients to travel to a clinic only to find they need to return to see a particular specialist or have surgery. It also reduces the number of missed appointments and provides a safety net for any patients who may, under the old system, have waited several days to see a specialist only to find they needed urgent intervention or a change in treatment.
The MIU has also introduced a Telemedicine Referral Image Portal System (TRIPS), allowing for a secure way to make referrals with photographic evidence to the Burns Unit at Stoke Mandeville Hospital. Once the referrals and photographs are received and reviewed, the team at Stoke Mandeville will phone back the MIU practitioner with advice on whether the patient needs to be seen by them at once at Stoke Mandeville, in clinic, or to suggest a dressing that the patient can have that would prevent them needing to travel to Stoke Mandeville.

3. Community Health Services for Children, Young People and Families

The Children and Young People's Integrated Therapy Service (CYPIT) have continued to design, implement and evaluate the Speech and Language Therapy model of service throughout Berkshire.
Pre-school children and their families are now able to access drop in clinic sessions locally if they have concerns or queries regarding their child's speech and language development, without the need for a referral or pre-arranged appointment. These children and families no longer have to wait to access this service as they had to in the past.
The service also provide a school offer across mainstream schools in Berkshire, where the needs of the children in each school are jointly discussed with education staff and the therapist and a joint action plan is created to meet the ongoing needs of the school population as a whole.
In line with the success of these service developments, CYPIT are now focusing on aligning occupational therapy and physiotherapy services across Berkshire. The service has also created and implemented an integrated report and therapy plan template on RIO and is developing a clinical outcome measure to enable them to demonstrate the impact of CYPIT intervention moving forward.

The School Immunisation Team was established following the changes to and separation of commissioning of immunisations and school nursing. In addition, the Trust won the tender to deliver the seasonal childhood flu programme to children in years 1 and 2 in all primary care schools across Berkshire. As a result, teams were established in East and West Berkshire, with both reporting into an Immunisation Service Lead
The team have recruited a number of new staff, and have given them the supervision and the mandated NHS England approved training to deliver immunisations. Alongside the pre-existing immunisation schedule, the team have delivered flu vaccinations across almost 300 schools in Berkshire over a period of 40 school days. This was a mammoth task undertaken by committed staff, resulting in the team surpassing the uptake target they were set.

Health Visiting and School Nursing Teams have continued to implement service improvements throughout the year.
In Slough, improved health assessments have been introduced for both Health Visiting and School Nursing teams. Improvements have been made to include the voice of the child as well as strengthening the family and environmental factors, helping the practitioner work with the family. Preceptorship has also been implemented for newly qualified Health Visitors and School Nurses to help develop the knowledge and skills acquired during the formal training process.

Health visiting teams in Slough have also been trained to use the Solihull Approach in their work with children and families. This approach supports parents in understanding their child and promotes emotional health and wellbeing in children and families. In addition a new health visitor bloodspot screening service has been embedded for babies under the age of 1 year who have moved into the area and have no written record of screening for the nine conditions.

Reading Health Visiting service have developed an intranet message book that enables administrative staff to add messages which other staff can then access remotely. The method offers a clear audit trail and means that if staff are absent from work their messages can still be actioned by other members of the team. This has reduced the need for staff to return to base and has quickened the process for responding to messages. The message book has been adopted and rolled out across Berkshire in all children's services. In addition, the Reading Admin Support Team (RAST) has been developed. As a result,

the clinic clerks working across Reading have been bought together on the Whitley site to enhance the reception and improve the basic admin support to the Health Visiting teams. This team required up- skilling to be able to offer the Health Visiting teams consistent practical support to ensure that the service was able to meet their needs. A training package consisting of basic IT and customer care skills was also developed, has been further enhanced in Wokingham and is now a Learning and Development package for admin staff. This service is fundamental to the smooth running of the Health Visiting service in Reading and gives the Health Visitors more clinical time.

Health Visiting teams in West Berkshire have changed the way that parents can book their infant/child into developmental clinics. This change was introduced due to the wide geographical area covered by West Berkshire and lower than expected uptake on developmental checks. The system for parents has now been centralised with one number to call. Depending on personal circumstances, parents and children now have a greater choice of when and where to attend appointments.

The Berkshire School Nursing Service have launched a Facebook page providing current health and wellbeing information for young people and sharing information on local services and public health events.

School nursing teams in Slough have implemented a School Nursing Service Manual that covers the Healthy Child Programme 5-19 years and locally commissioned services. It also includes up-to-date information on the management of medical conditions in schools

4. Services for People with Learning Disabilities

Services for people with learning disabilities continue to be focused on ensuring the best care is provided in the right place.
As a result, during this year we have been rolling out our easy read care plan and outcome measure to help ensure that we are focussing on the right things for people and that our service is making a difference. This has been particularly challenging in our inpatient services as we need to be able to support people with a wide range of needs and circumstances, but the team have been developing their skills and confidence in using the new documentation and this is helping us to improve how we involve people using our services and their families more in their care.
Meanwhile, our staff working in the community have broadened their opportunities to connect with people by working together with existing community groups and activities and providing specific training sessions and clinics to promote healthy choices. An example of this is the “Fit for Life” event in Wokingham where 61 people with learning disabilities attended a joint event hosted by Wokingham Partnership Board and supported by our Learning Disability Dieticians to learn about how small changes can make a positive difference.

5. Mental Health Services for Adults

Slough Community Mental Health Team (CMHT) and Slough Borough Council have worked together to provide a new service called Hope College.

Hope College is a new way of delivering educational courses and activities to people with mental health difficulties, using the Recovery College model approach. The model is primarily a group of values which aims to move away from medicalising mental illness into symptoms and problems and helps the client focus on their strengths and goals. It is very much led by the client rather than traditionally a clinical team leading the care.

Hope is a very important element to embed within the recovery model which emphasises the importance of motivation and managing expectations of the client and their families. Self-management and personal discovery is encouraged and techniques to empower the client to learn how to manage their own wellbeing are very important (Shepherd et al, 2008). Students’ friends and family are also welcome to participate in the courses and activities available through the college.

The purpose of the college is to provide hope, opportunity and control for every student as they embark on their recovery journey. We are now in the second term of the college and we ensured that we thoroughly evaluated the first term to continue to improve.
“I much prefer the College and the courses which are on offer. Before I would go to the drop in (day centre) once a week but wasn’t really going anywhere. Now I

feel that I am achieving and learning something which is great". (Service User)

A volunteer peer support programme is also in place. This programme offers a unique service for past service users to use their own experiences of mental health problems to support others. If clients feel able to manage their mental health and feel ready for the challenge, they can apply to attend a ten-week volunteer induction course. Each week covers a topic to prepare for the role as a peer mentor. Topics include communication skills, boundaries and safeguarding. Once they have completed the course, they are invited to become a peer mentor. This role includes:

- Providing support and encouragement to others attending Hope College
- Helping to develop ideas for new services – co development
- Facilitating or co-facilitating groups and courses.

As a one-to-one volunteer peer mentor, clients will feel ready to use their experiences to support other service users, attend meetings once a week to offer emotional and practical support, share experiences, and support the clients to meet their objectives and personal goals.

A monthly 'open space' mental health forum is also offered. This forum is co-facilitated by peer mentors and the ethos of the forum is that everyone is equal and everyone is heard and listened to. The forum uses different ways to engage the client group which often includes breaking off into smaller groups to answer questions and generate ideas.

Hope College is being thoroughly evaluated and each and every course or workshop run is evaluated using several different methods including; Warwick Edinburgh Mental Wellbeing Scale (WEMWS), anonymous questionnaire style feedback forms and verbal feedback as a group using flipcharts. We feel that by having various mediums of feedback this caters to all the needs and level of functioning within the client group.

Reading Community Mental Health Team (CMHT) have reviewed their model of care during the past year to ensure timely allocation with a focus on early intervention and treatment for people newly referred into the service. A multidisciplinary focus on new referrals has enabled quicker access to the right type of treatment using most relevant interventions by the best placed practitioner to provide this treatment. The team have integrated their resettlement and reablement team with the main CMHT to support enhancing recovery focused work for people with longer term mental health problems and are working with the local authority and health colleagues across the whole of West Berkshire to develop a Recovery College. This exciting development is being led by IMROC (Implementing Recovery through Organisational Change), a nationally recognised group who have supported a number of organisations in the UK to co-produce more recovery focused services with people who have experienced mental health difficulties. We are looking forward to developing this further in the coming year.

The team have been particularly successful in delivering a co-produced carer support programme. This has been designed and delivered by staff and carers who have experience of supporting people with mental health problems and has been of real benefit to the loved ones of people receiving mental health services within the CMHT. We intend to continue this programme in the coming year.

Another success has been the introduction of the Individual Employment and Support Employment Service (IPS). This national model aims to support people with a mental health diagnosis into paid work and already this dedicated service is proving to be successful in the Reading locality with 60 people being referred into the service in the first six months of it starting, way above target figures set at the start of the project.

Trust Older Peoples Mental Health Services. The Trust was awarded a grant by Health Education Thames Valley and Health Education England to develop and deliver Tier 1 Dementia Awareness Training for all staff. From a starting point of 5%, greater than 50% of all staff have now completed one of the Tier 1 training options.
Health Education Thames Valley and Reading University are also developing an App of an abridged version of the Trust's Dementia Handbook for Carers suitable for use on mobile phones and tablets. The handbook is also available freely on the Trust website.
In addition, Dr Jacqui Hussey, Consultant- Old Age Psychiatry, has won the TVWLA Inspirational Leader of the Year and has been progressed through to the national final (National result due in March 2016)

Memory Clinics in the trust have been working towards accreditation/ reaccreditation with the Memory Services National Accreditation Programme (MSNAP).

- Reading Memory Clinic was awarded an 'Excellent' accreditation rating by MSNAP this year and has also received an Outstanding Achievement Award.
- Wokingham Memory Clinic was accredited two years ago and retained its excellent rating for assessment and diagnosis and psychosocial interventions. They are preparing for their next peer review.
- Bracknell Memory Clinic was also accredited two years ago and retained its excellent rating for diagnosis and assessment. They are also preparing for their next peer review.
- Windsor and Maidenhead Memory Clinic and Newbury Memory Clinic are both due an accreditation visit in the next financial year, and preparations are well underway for this.
- Slough Memory Clinic will have their accreditation visit on 7th April 2016. In addition, following service user requests, a culturally adapted version of Cognitive Stimulation Therapy (CST) was delivered in Punjabi at Slough Memory Clinic between May and August 2014. To our knowledge, this was the first time CST had been delivered in a non-English language within a UK memory clinic. In a live, symbiotic manner, Punjabi group members led the adaptation process of the CST programme to suit their cultural requirements. Following on from Punjabi CST, we have run a set of Dementia Information Groups, culturally and linguistically tailored to our Punjabi community, in order to raise awareness about the illness.

Windsor Ascot and Maidenhead Older Peoples Mental Health Team and Windsor and Maidenhead CCG (WAM CCG) have undertaken a highly successful improvement project with the aim of improving care for people living with dementia and their carers. The aim of this project was to:

- Re-design services for patients with dementia and their carers in line with NICE guidance and other best practice
- Develop a dementia strategy for agreement between the Trust, WAM CCG, The Royal Borough of Windsor and Maidenhead and all other stakeholders including patient consultation
- Improve recognition of dementia in all settings, and ensure appropriate services and support once dementia is recognised
- Improve dementia care in care homes, increasing knowledge by staff of psychological based approaches, reducing use of antipsychotics, decreasing hospital admissions and using NICE Quality Standards to guide the aims of care.

Windsor Ascot and Maidenhead did have traditional services of three day hospitals and little community development which resulted in little access to services for people with dementia and a disincentive for primary care services to identify dementia.

As a result of the project the following improvements have been achieved:

1. The new services have identified more people with dementia earlier. This has resulted in improved rates of diagnosis of dementia, going from third worst national rates to better than average rates in two years. The work led to the service becoming a finalist for a Health Service Journal award in 2014.
2. Services for people with dementia across all care sectors have been re-designed with the emphasis of care shifted to community settings.
3. More support has been offered to patients with dementia and their carers. An innovation grant was awarded by Windsor and Maidenhead CCG for the establishment of Cognitive Behavioural Therapy for carers groups. A further grant has been awarded to continue this work.
4. A fund was awarded to improve dementia services in 17 care homes. This has resulted in new state of art facilities and many homes have seen such positive results for residents, families and staff, that additional investments are now being made
5. A separate programme was initiated with the aim of reducing the use of anti-psychotics in care homes by reviewing all individuals on such medication. This was linked to a pilot in three care homes of staff training in the use of psychological based approaches. The pilot led to reductions in the use of anti-psychotics, increase in staff knowledge and reduced admissions to hospital. This was presented at the National Faculty for the Psychology of Older People and Royal College of General Practitioners conferences in 2014, and is being rolled out to all 48 care homes in the area this year as part of a "Harm Free" programme.

The success of the project has resulted in it being listed on the National Institute of Health and Care Excellence (NICE) website as an example of shared learning.
http://www.nice.org.uk/sharedlearning/living-with-dementia-%E2%80%93-improving-care-home-care

As a result, Dr Chris Allen, Joint WAM CCG Lead Dementia/Consultant Clinical Psychologist BHFT was asked to present the project to the NICE Conference and Patient Safety Conference in 2015. The work has also been shortlisted for a National Patient safety Award in 2015.

The team is also implementing a project to help community nursing staff in Windsor and Maidenhead manage patients with physical and psychological problems. This will involve three elements:

- An Increasing Access to Psychological Therapies (IAPT) Older People Specialist and Assistant Psychologists working one day a week for three months with more complex clients, using a Cognitive Behavioural Therapy transdiagnostic manual developed by Professor Jan Mohlmann specifically for older people.
- A training workshop with community nurses about identifying psychological problems, assessment and approaches that can be used.
- A referral pathway to IAPT and Trust Psychology services for patients for whom our community nurses require input.

Bracknell Community Mental Health Team for Older Adults (CMHTOA) have reconfigured and integrated the CMHTOA and the Home Treatment Teams (HTT) following a formal consultation process. This integration has enabled the delivery of a model by one team resulting in significant benefits in the patient experience and continuity of care, as their care and treatment is delivered by one team over a seven day period.
Following implementation in March 2015, monthly meetings were arranged to discuss any issues arising with most of the feedback being positive. This has included; more staff to share the weekends, dedicated Community Psychiatric Nurse (CPN)/ Duty/ HTT, increased use of diary, morning handover meetings, easier allocation to CPN from HTT caseload, team working/support, continuity of care and positive patient feedback. Overall, the team has done very well with adopting the new way of working and have been very supportive of each other.

West Berkshire Older Peoples Mental Health Team, based at Beechcroft have embedded pilot projects from 2014 into their best practice service model. These include the addition of a sixth session to their Understanding Dementia Course for Carers that concentrates on the wellbeing of the carer themselves, and four dates per year when carers can attend a discussion session on end of life care planning. In addition, the team's weekly memory clinic accreditation meetings throughout the year have generated multiple service improvements including aligning clinic schedules and admin team roles, sound proofing of consulting rooms and stream-lining the role of the memory clinic nurse to support timely reviews and more efficient recording of information. Current pilot programmes include offering the carer an opportunity to be heard prior to the client appointment and initiating a two-week post-diagnostic follow-up carer support phone call when required. Ideas from 2015 will be further developed in 2016.

Younger People with Dementia. In the west of the county, commissioners have approved a joint business case presented by the Trust and Younger People with Dementia Charity (YPWD) to fund a model of care for these patients and their carers. The funding has allowed for the Trust to recruit an Admiral Nurse for this group of patients. Admiral nurses are specialist dementia nurses who give expert practical, clinical and emotional support to families living with dementia to help them cope. Funding was also made available through this business case for the YPWD charity to deliver age-appropriate workshops for younger people with dementia and their carers in the west of the county. In support of this, an engaging workshop was delivered to the 'Get Physical' half day interactive event, in which Dr Jacqui Hussey described her experiences starting new enterprises like psycho-education groups for patients and carers.
A pilot rollout for this project in East Berkshire is also underway with the aim of demonstrating the need for such a service in this area of the county and funding has been approved by the East Berkshire CCGs to continue this beyond the pilot stage.
The project has achieved national recognition as a model of best practice and the Royal College of Psychiatrists have recently awarded the service the award for 'Team of the Year: Older Age adults'.

Older Adult Mental Health wards, following successful and internationally recognised implementation of the Safe wards programme, have commenced data collection in pursuance of accreditation from the Royal College of Psychiatrists.
In reducing falls, Assistive technology has been introduced into the older adult wards including alarms and high/low beds and looking to implement the Fall

safe programme as part of the falls prevention best care group (Oxford Academic Health Science Network).

In-patient Mental health services have developed and are running a bespoke focused in-patient preceptorship programme for newly qualified nurses. The programme was developed and is facilitated by the Nurse consultant. The programme runs over a period of a year and it helps to support nurses in their first year of qualifying as mental health nurses. The programme also tackles dilemmas and ethical issues for nurses whilst educating them about quality and wider trust strategies. It focuses on developing nurses' skills and focuses on building the resilience needed for in-patient wards. The programme also educates and develops important modern nursing skills such as service improvement skills and introduction to models of improvement (patient safety collaborative work). As part of the programme the preceptees are supported and encouraged to deliver a service improvement project which they present to senior leaders in May 2016. The programme also aims to retain staff on in-patient wards and mostly attracts newly qualified nurses to come and work in Prospect Park Hospital. It tackles the difficult aspects of in-patient nursing and the emotional impact and burn out working on busy in-patient wards potentially can have on nurses. Reflective practice and the use of action learning sets are at the centre of the programme to develop skills, resilience and emotional intelligence. The programme also focuses on leadership and empowerment skills that each nurse needs in today's ever changing NHS.

Safe Wards is a project driven by 16 years of research creating a dynamic model of what drives conflict and containment on acute mental health wards. Researchers investigated the ways staff can act so as to produce an environment which will reduce the frequency of these events, and make wards safer place (Bowers et al 2013).

All in-patient wards in Prospect Park Hospital have successfully implemented the Safe Wards initiative. In addition to this Prospect Park Hospital have been recognized for the progress they have made with Safe wards by the Department of Health, and safe wards official website. Both older adults' wards, Rowan and Orchid, continue to excel with embedding interventions. They are both presenting their work to many conferences across the country and continue to have both national and International visitors. On the official safe wards website both older adult wards continue to be presented as excellent wards to visits for safe wards implementation. A lot of positive feedback is gathered by both service users and carers.

The Occupational Therapy Team, Mental Health Inpatients have expanded their service to span 7 days a week. One Occupational Therapist and an Occupational Therapy Assistant provide a variety of meaningful, therapeutic group activities across all 7 mental health wards at Prospect Park Hospital. Therapeutic activities are planned and facilitated following suggestion and feedback from patients in morning meetings and community meetings and individual therapy sessions. Activities that are provided for patients either take place in the ward environment, therapy centre, or hospital gym. Group sessions have included; reminiscence therapy, cooking, creative activities, physical activities such as yoga and gym sessions.

This service improvement has received overwhelming positive feedback from patients and therefore has contributed to improving the overall patient experience during inpatient admissions at Prospect Park Hospital. It has also impacted out-of-hours safety as there has been a reduction in incidents occurring on weekends. Although there are many contributing factors to the occurrence of incidents, this data provides further evidence that engagement in meaningful activity, and routine and structure plays a positive role in preventing and reducing them.

Sport in Mind/Sport England- Get Health Get Active Project. The Trust is working collaboratively with local charity Sport in Mind who have received funding from Sport England for their 'Get Healthy Get Active' Project in 2015. The project, currently in its infancy, aims to set up and facilitate up to 33 weekly sporting sessions; 5 sessions per Berkshire locality, and 3 for mental health inpatient services. The project spans over 3 years and aims to improve the well-being of participants; psychologically, physically and socially. The programme will be delivered in a safe and supported environment where participants' mental health conditions will not pose a barrier to participation. Sporting sessions will include; yoga, badminton, football, walking and tai chi. The service evaluation aims to measure whether physical activity participation has a positive impact on participants' overall activity levels and mental wellbeing.

Drama Sessions, Pilot on Orchid Ward at Prospect Park Hospital. In January 2016, Occupational Therapy staff at Prospect Park Hospital started a pilot of drama

sessions with local theatre, Reading Repertory. 10 weeks of drama sessions are being delivered to the patients on Orchid Ward by Reading Repertory staff, collaboratively with the Occupational Therapist and Occupational Therapy Assistant on the ward. If successful, we are looking to increase the amount of drama sessions offered to inpatients at Prospect Park Hospital. There is increasing literature available which supports the positive role the arts, including music, dance, theatre, visual arts and writing plays, has in supporting health and wellbeing, and because of this the inpatient therapy team at Prospect Park Hospital are looking to maximise the opportunities to engage in activities such as these in the near future.

The Reader Organisation, Tea and Tales, Prospect Park Hospital. For the past three years we have been working with The Reader Organisation to deliver reading aloud sessions for patients at Prospect Park Hospital. The Reader Organisation's mission is to 'create environments where personal responses to books are freely shared in reading communities in every area of life'. Our patients commonly state that due to their mental health, they have been too unwell to be able to open a book, yet finish reading one, which is one of the reasons why these sessions are viewed as of high importance within the multidisciplinary interventions offered to patients during their treatment and recovery at Prospect Park.
Over the last year the 'Tea and Tales' reading sessions have been delivered for the patients on the four acute wards, and Rowan Ward at Prospect Park Hospital. These shared aloud reading groups provide a place for participants to find their own thought as stories and poems are read aloud in a friendly, relaxed and informal environment. Participants can listen, or take turn to read and there is no pressure either way. Everybody is welcome, readers and non-readers alike, it certainly is not an English lesson! People are encouraged to come along and relax and enjoy the words. Excitingly, we have been able to train some staff at Prospect Park Hospital to 'read to lead' and deliver reading aloud sessions themselves, this means that all seven inpatient mental health wards at Prospect Park Hospital will now have the sessions delivered, including on the intensive care unit. We have received vast amounts of feedback from patients on how the sessions have positively impacted their lives and care they have received, including;
'I have not been able to read alone for several years. Since attending the group I am able to follow text now. Please continue – it is invaluable to our health and well-being as it offers friendship, which is missing in lives of some of the members'
Another patient stated that when they were in hospital it didn't feel right somehow, but here in the group with all of us she feels she can say anything and she won't be judged.

Reducing Failures to Return project on Bluebell Ward
This quality improvement work on Bluebell ward aims to decrease "failure to return" from agreed leave.
The project work sits within the patient safety collaborative work lead by the Director of Nursing and reduces risks associated with failing to return from agreed leave. As a result of this work, Bluebell Ward have now sustained 90% of patients returning back on time to the ward from a start of 20% before starting the work- an impressive improvement.

The Mental Health Crisis Resolution and Home Team (CRHTT) have been running weekly Carers Support groups in the evening both in the east and west of Berkshire. They run 4 sessions as follows:
Week 1: Mental Health – Services and sign-posting
Week 2: How you can help in a CRISIS?
Week 3: Promoting Recovery and Independence
Week 4: Promoting Recovery and Independence
The feedback from carers has been excellent. The service is currently running the 4th Cohort which is proving to be very popular with improved outcome for both Carers and Service Users.

Rowan Ward Staff Supervision Pilot Project. The Ward Manager and Deputy Ward Managers on Rowan Ward are undertaking a pilot project to improve the quality and consistency of staff supervision, and to embed peer review of documentation within the supervision process. Work has been started to ensure that the ward supervision structures and key individual tasks are clearly identified within the Deputy Ward Managers Supervision sessions and to ensure that there is a consistent approach to what is required in terms of peer review of documentation, specifically with the registered nurses on Rowan Ward. This work is being supported through governance meetings which run every other week, alongside Orchid Ward senior nurses. The peer review process will focus on the quality of the risk summaries, care planning and progress notes for each registered nurse's key Patients.
This project is still in its infancy, however, the ground work has commenced and this will continue over the coming months

2.2 Priorities for Improvement 2016/17

The Trust has set the following priorities for 2016/17 in the areas of patient safety, clinical effectiveness, patient experience and health promotion:

2.2.1 Patient Safety

Falls

During 2016/17, the trust will aim to reduce the number of falls experienced by patients. The Trust Falls Strategy was written and ratified in the autumn of 2015. This was in response to the recognition that our falls focus and assessments were not standardised across all our wards and that numbers were at times high both in the mental health and community wards with no real understanding as to why that was. Before the strategy there was no action plan to remedy this. As a result, quarterly meetings of a trust wide falls group are now held, keeping falls high on the agenda across mental health and community services as well as defined falls champions on each in -patient ward.

Patients admitted to Trust inpatient wards have complex needs, both physically and mentally, and it is well recognised that there is no one solution that will reduce the amount of falls. Many of the reasons people fall are out of our control (comorbidity) but equally many of the reasons people fall can be learnt about and practice changed. We know from data collected that the peak times that people fall are soon after breakfast, lunch and supper as well as in the middle of the night. Most falls occur in the toilet or bathroom. Fewer falls happen at the weekend (families are around to help).

In order address this priority, the Trust will take the following action:

1. In 2016 we plan to introduce bespoke assistive technology equipment into all our inpatient wards that will alert nursing staff when at risk patients are moving around so enabling staff to assist as required. This will be in the form of bed, chair and movement sensors as well as a new sensor for the WC (being developed for the Trust) maintaining patient dignity but alerting staff.
2. We are also working closely with the Oxford Academic Health Science Network (OAHSN) across the Thames Valley to implement evidenced-based ways of reducing falls in our services. This may be as simple as:
   - Replacing bins with push pedals with open topped bins, thus reducing the need for the patient to stand on one leg to dispose of paper towels
   - Leaving the light on/ putting a light sensor in the WC, so that the patient does not become confused with the pull cords or embarrassed they will pull the wrong cord and resulting in them using the WC in the dark.

   There is unfortunately not one easy answer to this challenge.

Progress against this priority will be monitored as follows:

1. We will evaluate the use of the assistive technology after 3 months of use, adapting as required.
2. We will monitor and work to maintain the number of falls to under the set required per 1000 bed days metric and also be able to accurately understand why there are peaks in the numbers through close monitoring of patients who are at higher risk.
3. We will continue to link with the OAHSN and review what our neighbours are doing and implement changes as appropriate.

Pressure Ulcer Prevention

The aim of the Pressure Ulcer Prevention priority is to provide the best care to patients through prompt and thorough risk assessment, education of patients and carers, and early intervention to ensure prevention of pressure damage in the first instance.
In pursuance of this aim, the Trust will demonstrate continuing improvement during the year, maintaining the level of performance against current indicators on avoidable developed pressure ulcers and improving the quality of the reporting of tissue damage.

When people in our care develop pressure ulcers this is considered to be a harm. Pressure damage can have an enormous impact on the individual, causing discomfort or pain and delaying rehabilitation or discharge. In some cases this can be severe and have lasting effects. Since the launch of our 'Under Pressure' campaign and strategy in September 2013 there has been a sustained reduction in the development of unavoidable pressure ulcers across the trust and the Trust aims to ensure continued provision of the best and safest care to patients.

Current interventions to ensure sustained best practice include completion of the Waterlow risk assessment and MUST scores on admission and development of an appropriate action plan where a risk is identified.

The Trust currently monitors all developed pressure ulcer incidences of category 2 and above. Category 3s and 4s (and category 2s on inpatient wards) are investigated as serious incidents and deemed either avoidable or unavoidable, to ensure a root cause is identified and lessons are learnt. The Trust currently uses 90 days as a target for celebrating the achievement of being free from any developed pressure damage on the wards. This has proven very successful in embedding the Trust goal of embedding a change of attitude towards pressure ulcers. Nearly all community health service inpatient wards have achieved at least 90 days free from developed pressure ulcers.

Current quality schedule indicators with reductions of 15% and 20% have been challenging following on from the significant improvements already made and mostly these are on target for 2015/16 where they are achievable. However, as part of this priority, the Trust would like to see these targets maintained and this will require continued improvement work.

In order address this priority, the Trust will take the following further actions.

1. The Pressure Ulcer Prevention Champion network will continue to be supported by the tissue viability team with four educational days through the year providing an effective resource, continuing to undertake small improvement projects linking to the safety collaborative and the work of the Oxford Academic Health Science Network.
2. Improvement projects will be undertaken and include the piloting of a 'MOPS' tool to assist with distinguishing between moisture and pressure, and closer monitoring of Category 1 pressure ulcers, which is expected to impact on the development of category 2s.

Progress against this priority will be monitored as follows:

1. The number of pressure ulcers will be monitored against Quality Schedule targets
2. Pressure ulcers will also be monitored through the Classic Safety Thermometer with a focus on harm-free care. Work is almost complete with the rollout of the eHealth system which is an easier method for clinicians to collect data and the Trust expects that improved validation using this system will be demonstrated through an increase in Harm Free care.

2.2.2 Clinical Effectiveness

NICE Guidance

The aim of the NICE Guidance priority is to maintain the Trust achievement of 100% compliance with technology appraisals and greater than 80% compliance with all NICE Guidance during the year.

NICE guidelines, technology appraisals and quality standards provide valuable evidenced-based information on clinically effective and cost-effective services.

In order address this priority, the Trust will take the following actions.

1. The Trust will continue promoting the implementation of NICE Guidance by ensuring that it is identified, assessed and implemented in a timely manner. All guidance will be prioritised and assurance will be sought through expert opinion and clinical audit.

Progress against this priority will be monitored as follows:

1. The level of compliance with NICE guidance will be reported at the Trust Clinical Effectiveness Committee meetings.

2.2.3 Patient Experience

The Trust patient experience priority will focus on the Friends and Family Test, learning from complaints and participation in the Patient Leadership Programme. Further information on each of these priorities is detailed below.

Friends and Family Tests

We will continue to promote and encourage the Friends and Family Test, integrating this wherever possible into our existing internal patient survey programme. We introduced the Friends and Family Test for Carers in 2015 and will continue to promote

this throughout the year because we recognise the crucial role that carers have and value the feedback that they can provide.

Progress against this priority will be monitored as follows:

1. Monthly monitoring of patient friends and family Test results
2. Monthly monitoring of carer's friends and family test results

Learning from Complaints

Sharing learning from complaints will remain a priority for the Trust.

Progress against this priority will be monitored as follows:

1. Monthly monitoring of the number of complaints and compliments received
2. Monthly monitoring of the number of complaints that have been acknowledged within 3 days
3. Monthly monitoring of the number of complaints that have been resolved within an agreed timescale of the complainant
4. Quarterly patient experience reports to share learning from complaints

Patient Leadership Programme

The Trust will continue to improve on how we involve patients and carers in the development of our services. In pursuance of this, the Trust are going to take part in the Patient Leader Programme collaboratively with the Royal Berkshire Hospital NHS Foundation Trust with the aim of establishing a group of people that have received training and support to work with us to design and change patient services for the better.

Progress against this priority will be monitored as follows:

1. Recruit to the role and to engage patient leaders in developing services

2.2.4 Health Promotion

Suicide Prevention:

The aim of this priority will be to work with staff to prevent suicide through enhancing skills in assessment, interventions, and recording of risk for people who are managed within secondary mental health services.

In order address this priority, the Trust will take the following further actions.

1. A training programme will be developed to complement current generic risk training and will focus specifically on suicide prevention and skills development in this area. The programme will focus specifically on clinical engagement with people who express suicidal feelings and behaviours, management of risk, and documentation of risk assessment.
2. During 2016/17 all staff working in secondary mental health services that have not undertaken additional training will have access to this additional suicide training.
3. A robust audit process will be implemented to monitor risk record keeping

Progress against this priority will be monitored as follows:

1. Uptake of training on suicide prevention by staff
2. Results of the audit of risk record keeping to be reported through the Trust Suicide Steering Group chaired by the Director of Nursing
3. Monthly suicide numbers with associated rolling 12month figures will be reported.

2.2.5. Monitoring of Priorities for Improvement

All priorities detailed above will be monitored on a quarterly basis by the Trust Quality Assurance Committee as part of the Quality Report and the Board of Directors will be informed of performance against agreed targets. We will report on our progress against these priorities in our Quality Account for 2017.

2.3 Statements of Assurance from the Board

During 2015/16 the Trust provided 61 NHS services. The Trust Board has reviewed all the data available to it on the quality of care in all 61 of these NHS services. The income generated by the NHS services reviewed in 2015/16 represents 100% of clinical services and 92% of the total income generated from the provision of NHS services by the Trust.

The data reviewed aims to cover the three dimensions of quality – patient safety, clinical effectiveness and patient experience. Details of a selection of the measures monitored monthly by the Board which are considered to be most important for quality accounting purposes are included in Part 3. These incorporate more than three indicators in each to the key areas of quality.

2.4 Clinical Audit

The Trust uses clinical audit to systematically review the care that it is providing to patients against best practice standards. Based upon the findings of audits, the Trust makes improvements to practice where necessary, to improve patient care. Such audits are undertaken at both national and local level, and a summary of progress during this year is detailed below.

National Clinical Audits and Confidential Enquiries

During 2015/16, 10 national clinical audits and 2 national confidential enquiries covered NHS services that Berkshire Healthcare Trust provided.

During 2015/16 Berkshire Healthcare NHS Foundation Trust participated (or is due to participate) in 90% (n=9/10) national clinical audits and 100% (n=2) national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Berkshire Healthcare NHS Foundation Trust was eligible to participate in during 2015/16 are as follows:

1. National Clinical Audit and Patient Outcomes Programme (NCAPOP) - Long Term Conditions (LTC) 009 Chronic Kidney Disease in Primary Care
2. NCAPOP - LTC002 Diabetes (Adult)
   a. Includes National Diabetes Primary Care (2013/14 & 2014/15),
   b. Includes Diabetes in Secondary care (2013/14 & 2014/15),
   c. Includes Diabetic foot care
3. NCAPOP- Older People (OLP) 008 Sentinel Stroke National Audit Programme (SSNAP)
4. NCAPOP - OLP009 Falls and Fragility Fractures Audit Programme (FFFAP)
   a. Includes Fracture Liaison Service Database
5. NCAPOP - National Audit - National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme
   a. Includes COPD Rehab
6. Non- NCAPOP - National Audit - Prescribing Observatory for Mental Health (POMH) - Topic 13b: Prescribing for ADHD in children, adolescents and adults
7. Non- NCAPOP - National Audit - Prescribing Observatory for Mental Health (POMH) - Topic 14b: Prescribing for substance misuse: alcohol detoxification.
8. Non- NCAPOP - National Audit - Prescribing Observatory for Mental Health (POMH) - Topic 15a: Prescribing for bipolar disorder.
9. Non-NCAPOP - National Audit of Intermediate Care

1. NCAPOP - MTH003 Mental health clinical outcome review programme: National Confidential Inquiry into Suicide and Homicide for people with Mental Illness (NCISH)
2. NCAPOP - WCH005 Child health clinical outcome review programme:
   a. Includes Children with chronic neurodisability
   b. Includes Adolescent Mental Health (tbc)

Did not participate in:

1. National Audit - UK Parkinson's Audit (previously known as National Parkinson's Audit).
   a. A decision was taken not to participate in this audit, due to the fact that previous audits had shown 100% compliance in all areas of relevance.

The reports of 4 (100%) national clinical audits were reviewed in 2015/16. This included 2 national audits that collected data in 2012/13, 2013/14, 2014/15 that the report was issued for in 2015/16.

- POMH – Topic 12: Prescribing for people with a personality disorder
- National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (In-Patient Suicide under observation) (2014)
- National Confidential Inquiry into Suicide and Homicide by people with Mental Illness (Annual Report) (2015)
- POMH - Topic 9c: Antipsychotic prescribing for people with a learning disability

The national clinical audits and national confidential enquiries that Berkshire Healthcare NHS Foundation Trust participated in, and for which data collection was completed during 2015/16, are listed below (in Figure 13) alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of the audit or enquiry.

The reports of all the national clinical audits were reviewed in 2015/16 and Berkshire Healthcare Foundation Trust intends to take actions to improve the quality of healthcare which are detailed in Appendix B.

Local Audits

The following gives a summary of the number of local clinical audits registered with the Trust and a comparison during this financial year, and compares this with the previous financial year.

- Registered – (106 last year) 118
- Completed- (87 last year) 102 (may have started in previous year)
- Active – (170 last year) 143 (may have started in previous year)
- Awaiting action plan – (21 last year) 10

The reports of 57 local clinical audits were reviewed by the Trust in 2015/16 and Berkshire Healthcare NHS Foundation Trust intends to take actions to improve the quality of healthcare provided which are detailed in Appendix C.

(NB: Projects are only noted as 'completed' after completion of the action plan implementation, which is why there are more local projects 'reviewed' than total 'completed').

Figure 13- National Clinical Audits and Confidential Enquiries Undertaken by the Trust

NCAPOP Audits		
Diabetes (Adult) ND(A), a. Includes National Diabetes Primary Care, b. Includes Diabetes in Secondary care, c. Includes Diabetic foot care.	a.	2013/14 audit Data collected February – June 2015 191 patients submitted, across 1 teams. Report due December 2015 (delayed) 2014/15 audit Data collected July - September 2015 218 patients submitted, across 1 team. Report due December 2015 (delayed)
	b.	2013/14 audit Data collected May – June 2015 1519 patients submitted, across 1 team. Report due December 2015 (delayed) 2014/15 audit Data collected July - September 2015 1534 patients submitted, across 1 team. Report due December 2015 (delayed)
	c.	Data collection continuous 46 patients submitted, across 1 teams. 23 with 1st assessments before 10th April, data uploaded by 31st July 1st Report due March 2016 23 patients submitted with 1st assessments after 10th April, data upload deadline tbc.
Sentinel Stroke National Audit Programme (SSNAP)	Data collection continuous 339 patients submitted for January –December 2015, across 1 service. 1st Report due March 2016	

NCAPOP Audits		
Falls and Fragility Fractures Audit Programme (FFFAP) a. Includes Fracture Liaison Service Database	a.	Facilities audit - Data collected September – October 2015 across 1 service Report due March 2016 Patient Audit due to collect January – September 2016
Chronic kidney disease in primary care	*Project noted as relevant to primary care – to be confirmed for SWIC, etc. (TBC when audit to start)*	
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme a. Includes COPD Rehab	Data collected January – July 2015 77 patients submitted, across 2 services Report due February 2016	
1. NCAPOP - MTH003 Mental health clinical outcome review programme: National Confidential Inquiry into Suicide and Homicide for people with Mental Illness (NCISH)	Data collection continuous	
2. NCAPOP - WCH005 Child health clinical outcome review programme: a. Includes Children with chronic neurodisability b. Includes Adolescent Mental Health (tbc)	a.	Registration only at this stage
	b.	Registration only at this stage
Non-NCAPOP audits		
Prescribing Observatory for Mental Health (POMH) - Topic 13b: Prescribing for ADHD in children, adolescents and adults	Data collected May 2015 219 patients submitted, across 7 teams. Report due in October 2015	
Prescribing Observatory for Mental Health (POMH) - Topic 14b: Prescribing for substance misuse: alcohol detoxification.	Data due for collection January 2016 Unknown number of patients to be submitted, across unknown number of teams. Report due August 2016	
Prescribing Observatory for Mental Health (POMH) - Topic 15a: Prescribing for bipolar disorder.	Data collected October 2015 137 patients currently submitted, across 6 teams. Report due March 2016	
National Audit of Intermediate Care	Data collected June-July 2015 12 service elements included. Report received December 2015.	
Other audits reported on in-year (data collected in previous year(s)		
Prescribing Observatory for Mental Health (POMH): Topic 9: Antipsychotic Prescribing for people with Learning Disability	Data collected March 2015 Report received August 2015	
Prescribing Observatory for Mental Health (POMH): Topic 12: Prescribing for people with personality disorder	Data collected June-July 2014 Report received January 2015	
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (In-Patient Suicide under observation) (2014)	Data collected ongoing Report received July 2015	
National Confidential Inquiry into Suicide and Homicide by people with Mental Illness (Annual Report) (2015)	Data collected ongoing Report received August 2015	
Did not participate in.		
National Audit - UK Parkinson's Audit (previously known as National Parkinson's Audit)	Decision made January 2015 Clinical Effectiveness Group	

Source: Trust Clinical Audit Team

2.5 Research

The number of patients receiving NHS services provided or sub-contracted by Berkshire Healthcare NHS Foundation Trust in 2015/16 that were recruited during that period to participate in research approved by a research ethics committee was as follows:

703 patients were recruited from 78 active studies, of which 588 were recruited from studies included in the National Institute of Health Research (NIHR) Portfolio and 115 were from non-Portfolio studies.

Figure 14- R&D recruitment figures 2015/16

Type of Study	No of Participants Recruited	No of Studies
NIHR Portfolio	588	47 (of which 12 are PICs)
Student	97	20
Other Funded (not eligible for NIHR Portfolio & Own Account (Unfunded)	18	11

Source: Trust R&D department

2.6 CQUIN

A proportion of the Trust's income in 2015/16 was conditional upon achieving quality improvement and innovation goals agreed between the Trust and the Clinical Commissioning Groups (CCGs) through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2015/16 and for the following 12 month period can be found in Appendix E & F.

The income in 2015/16 conditional upon achieving quality improvement and innovation goals is £3,716,110 The associated payment received for 2014/15 was £3,549,929.

2.7 Care Quality Commission

Berkshire Healthcare NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and its current registration status is registered without conditions.

The Care Quality Commission has not taken enforcement action against Berkshire Healthcare Foundation Trust during 2015/16.

The current quality intelligence draft report which has replaced the CQC Quality & Risk Profile can be found at: **http://www.cqc.org.uk/Provider/RWX.**

Berkshire Healthcare NHS Foundation Trust is subject to periodic reviews by the Care Quality Commission and the last review was in 7th-11th December 2015. We are awaiting the final report from this visit which we anticipate will be available for the public and our staff at the end of February 2016 /beginning of March 2016 following finalisation of the quality assurance process between the CQC and the Trust. Once finalised, the trust's CQC rating grid will be published, alongside how the Trust plans to address any areas that require improvement or are inadequate, and by when we expect it to improve.

As mentioned in the quality concerns section above, In January 2016 a CQC warning notice was received regarding our High Dependency Unit (two beds) on Sorrel Ward. This related to not meeting the standards required in trust policy regarding long time segregation and the Mental Health Act Code of Practice 1983, patient care plans and gender separation. Actions are in progress to rectify these issues by the end of February 2015 with the action plan being monitored by the Director of Nursing. Some actions have already been completed, with the remainder in progress.

During the planned visit in December 2015, the Trust hosted 120 CQC inspectors from a wide range of professions as well as experts by experience. Inspectors visited a vast range of our services in mental health, community services, learning disability and the Trust out of hours service- Westcall. There were also a few unannounced visits during that week as well as the following week, when the inspectors went to sites, wards and teams to clarify their thinking and check up on changes they had asked us to make the previous week. There was some very positive feedback given by the lead inspectors to the Trust executive board about the engagement of our staff with them and the organisation of the inspection.

Berkshire Healthcare NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

In addition to the announced inspection in December 2015, the CQC has carried out two unannounced Mental Health Act (MHA) monitoring visits on Trust wards during 2015/16. The CQC is required by law to make such visits to provide a safeguard for individual patients whose rights are restricted by law. These MHA monitoring visits were carried out on Sorell Unit (a psychiatric intensive care inpatient unit at Prospect Park Hospital) in August 2015 and on the Campion Unit (a learning disabilities inpatient unit at Prospect Park Hospital) in September 2015. There was no enforcement action taken against the Trust as a result of either of these visits.

The Care Quality Commission also visited the GP practice Priory Avenue on 29th July 2015 which was taken on by the Trust when in 'special measures'. The practice was taken out of 'special measures' following this inspection.

2.8 Data Quality and Information Governance

The Trust submitted records during 2015/16 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS Number was:
100% for admitted patient care
100% for outpatient care

The percentage of records which included the patient's valid General Practitioner Registration Code was:
100% for admitted patient care
100% for outpatient care
100% for emergency care (Minor Injuries Unit)

Information Governance

The Trust score for 2015/16 for information quality and records management assessed using the Information Governance Toolkit was 66% and was graded as satisfactory (Green). To be updated in Q4
The Information Governance Group is responsible for maintaining and improving the information governance Toolkit scores, with the aim of being satisfactory across all aspects of the IG toolkit for Version 13.

Data Quality

The Trust was not subject to the Payment by Results clinical coding audit during 2015/16 by the Audit Commission

The Trust has taken the following actions to improve data quality.
The Trust has invested considerable effort in improving data quality. An overarching Information Assurance Framework (IAF) provides a consolidated summary of every performance information line and action plans.

Data quality audits were carried out on all lines that were rated as low ('red') quality in the IAF. The findings of these data quality audits were shared with the Data Quality Group and the Trust Senior Management Team

The key measures for data quality scrutiny mandated by the Foundation Trust regulator Monitor and agreed by the Trust Governors are:

- 100% enhanced Care Programme Approach (CPA) patients receiving follow-up contact within 7 days of discharge from hospital
- Admission to inpatients services having access to crisis resolution home treatment teams
- Delayed transfers of care

2.9. Duty of Candour

Berkshire Healthcare NHS Foundation Trust have an 'Open Communication (Being Open) a Duty to be Candid' policy that supports our culture of openness when things go wrong. To promote and help embed this policy face to face training has been provided, there is also a page on our intranet where staff can access information, flow charts and advice.

The patient Safety Team monitor incidents reported on our incident reporting system (Datix) to ensure that where incidents meet the requirement for formal Duty of Candour that this is undertaken. Our process for formal Duty of Candour include meeting with patients and families, apologising for their experience , explaining the investigation process, inviting them to be involved in the investigation and then sharing the report and findings when the investigation is complete. We also ensure that support is offered to patients, family and carers as appropriate.

3. Review of Performance

3.1 Review of Quality Performance 2015/16

In addition to the key priorities detailed, the Trust Board receives monthly Performance Assurance Framework reports related to key areas of quality. These metrics are closely monitored through the Trust Quality Governance systems including the Quality Executive Group and the Board Audit Committee. They provide assurance against the key national priorities from the Department of Health's Operating Framework and include performance against relevant indicators and performance thresholds set out in the Compliance Framework. The data source for all information within this section is the Trust Performance Assurance Framework unless otherwise stated.

Patient Safety

The Trust aims to maximise reporting of incidents whilst reducing the severity levels of incidents through early intervention and organisational learning. Organisations that report more incidents usually have a better and more effective safety culture.

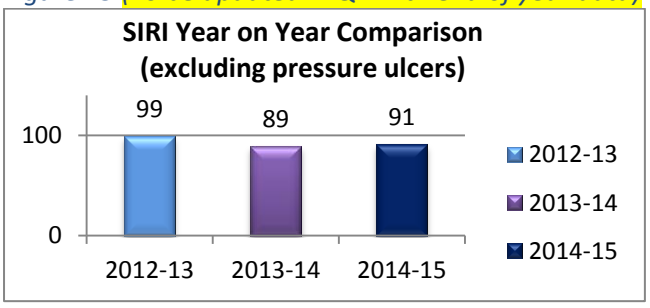
Never Events

Never events are a sub-set of Serious Incidents and are defined as 'serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers'. The Trust has not reported any never events between Q1 and Q3 2015/16.

Incidents and Serious incidents requiring investigation (SIRI)

Figure 15 below shows the numbers of SIRIs reported in comparison with the previous two financial years. The chart shows that the overall annual numbers of SIRIs have remained fairly consistent.

Figure 15 (To be updated in Q4 with end of year data)



Source: Trust Patient Safety Team

The significant features represented in Q3 2015/16 Serious Incident (SI) reporting are:

- Suicide cases: 2015/16 continues to have a high rate of suicide and suspected suicide cases, comparable with national trends. By the end of Q2, the trust had equaled the number of suicides reported in total during 2014/15. In Q3, there were a further 7 SIs reported as suspected suicides. There have been no inpatient suicides although a patient who was informally admitted to Daisy ward at Prospect Park Hospital was found dead at home after failing to return from an agreed 4 hour period of Section 17 leave. The suspected suicide cases have occurred across localities and services. 43% of them were SIs reported by Mental Health Inpatient and CRHTT and 29% were reported by WAM CMHT.
- Unexpected Deaths: 35% of all SIs reported in Q3 (excluding pressure ulcers) were unexpected deaths (7 in total).
- Falls: There were 2 SIs relating to patient falls in Q3. They both occurred on Rowan Ward.
- Pressure Ulcers: 3 pressure ulcer SIs were reported in Q3, which is a reduction on the 4 reported in Q2. All were Grade 4 and reported by Community Nursing Services from West Berkshire, Reading and Bracknell. There continues to be a reduced trend compared with overall reporting in 2014/15.
- Inpatient Pressure Ulcers: There were no inpatient pressure ulcers meeting SI criteria in Q3.

Key themes identified in SI investigation reports approved in Q3 are as follows (Note: this is a discussion of learning from investigations completed and approved by commissioners in Q3)
The main theme that has been identified following completed investigations in Q3 is:

- Documenting complete risk assessments using the appropriate tool in Rio – more than one investigation has highlighted that risk assessments are not always reflected in the Rio risk assessment tool; in many but not all cases the risks and the management plan are documented within the progress notes but there is a varying degree of detail within the progress notes and where the risk is not documented in the tool it is not always easy for clinicians to find.

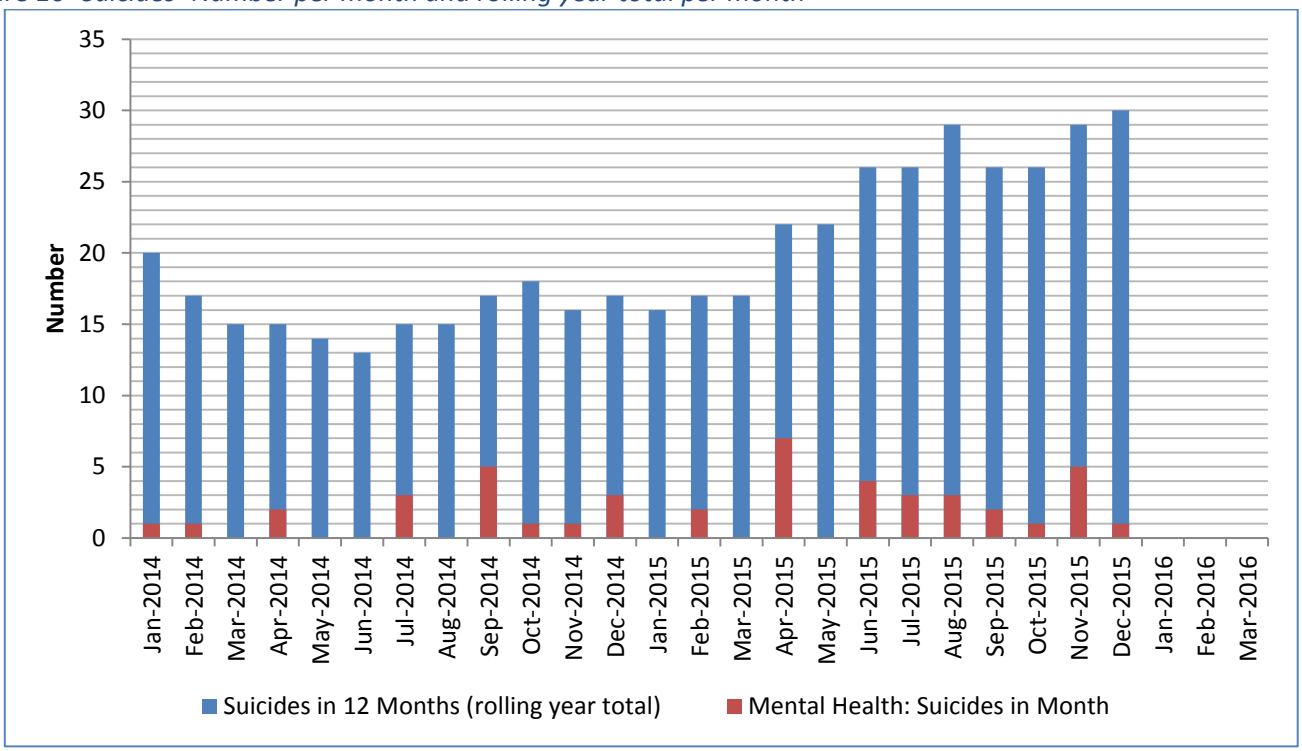
The following areas, some of which have been seen previously and discussed in earlier reports, are highlighted in SI cases from Q3:

- Clinical decision making regarding discharge – patients are being discharged from mental health services without review/discussion from a wider Multi-Disciplinary Team (MDT) or a senior member of staff.
- Communication with GPs especially on discharge - full discharge letters are not being sent in a timely manner to the GP. GPs are also not being consistently informed of changes in treatment/responsibility of care.
- Patients who are difficult to engage – this continues to be a theme. There needs to be improved communication between the GP, other health professionals and other services when a patient appears to be disengaging so that a greater understanding of their situation is obtained and appropriate risk mitigation / crisis contingency plans are agreed.
- Carer / Family Involvement – this continues to be a theme. Some carers/next of kin report a lack of support for themselves when their family member is receiving mental health services. There needs to be quicker signposting of carers into support structures and a review of the arrangements of the carers' assessments.
- Risk Assessment – increased levels of risk are not always being discussed or escalated with a supervisor
- Interface between BHFT services – psychiatry outpatient appointments are managed and processed differently across different localities resulting in an inconsistent approach to how and when patients receive an appointment.

Suicides

Figure 16 below shows the number of suicides reported per month, together with the rolling 12 month figure. In 2014/15 there were 17 suicides during the year. During the third quarter of 2015/16 there have been 7 suicides, compared with 8 in Q2 and 11 in Q1. All recorded suicides have occurred in the community and there have been no suicides in any of our inpatient facilities.

Figure 16- Suicides- Number per month and rolling year total per month



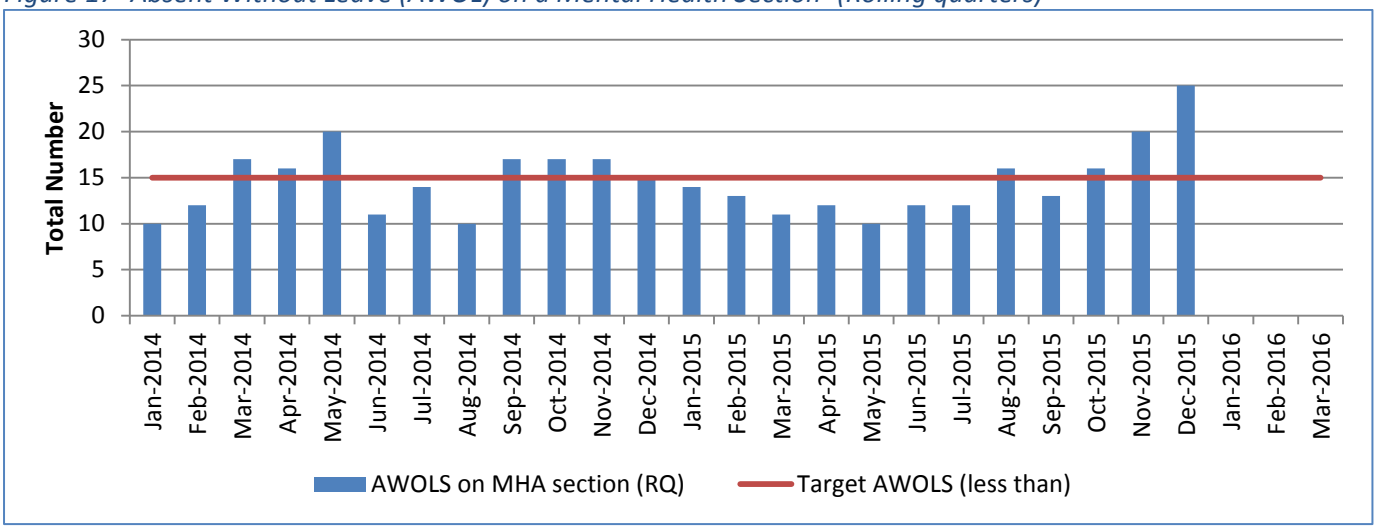
Source: Trust Performance Assurance Framework

Absent without Leave (AWOL) and Absconsions

Figures 17 and 18 below detail the number of absconsions on a Mental Health Act Section and the number of patients absent without leave on a Mental Health section. The definition of absconding used in the Trust is different than AWOL, in that this refers to the patients who are usually within a ward environment and are able to leave the ward without permission. There appears to be a correlation with the occupancy levels on the wards.

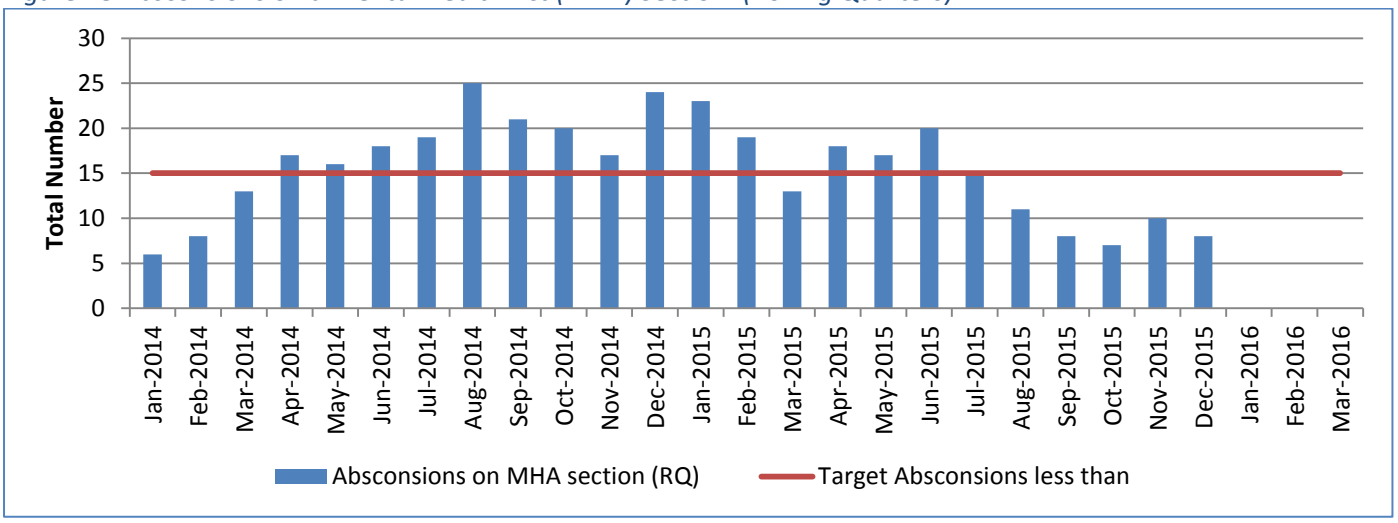
As can be seen there have been fluctuations in patients AWOL from the ward and in episodes of absconding. There has not been any clear trend in these areas although there were increases in numbers AWOL for November and December 2015. (The figures shown for each month are rolling quarters)

Figure 17- Absent Without Leave (AWOL) on a Mental Health Section- (Rolling quarters)



Source: Trust Performance Assurance Framework

Figure 18 Absconsions on a Mental Health Act (MHA) Section- (Rolling Quarters)



Source: Trust Performance Assurance Framework

A number of initiatives have been considered to help reduce the number of absconsions;

1. To make sure all the fences were in good repair, bolt down garden benches away from fences [so that they could not be moved to the fence to assist with absconding and instigate a regular checking programme of the fences / garden areas.
2. Tighten the function and process for having a dedicated member of staff out on the ward at all times. This person must be additional to the member of staff doing intermittent and general observations.

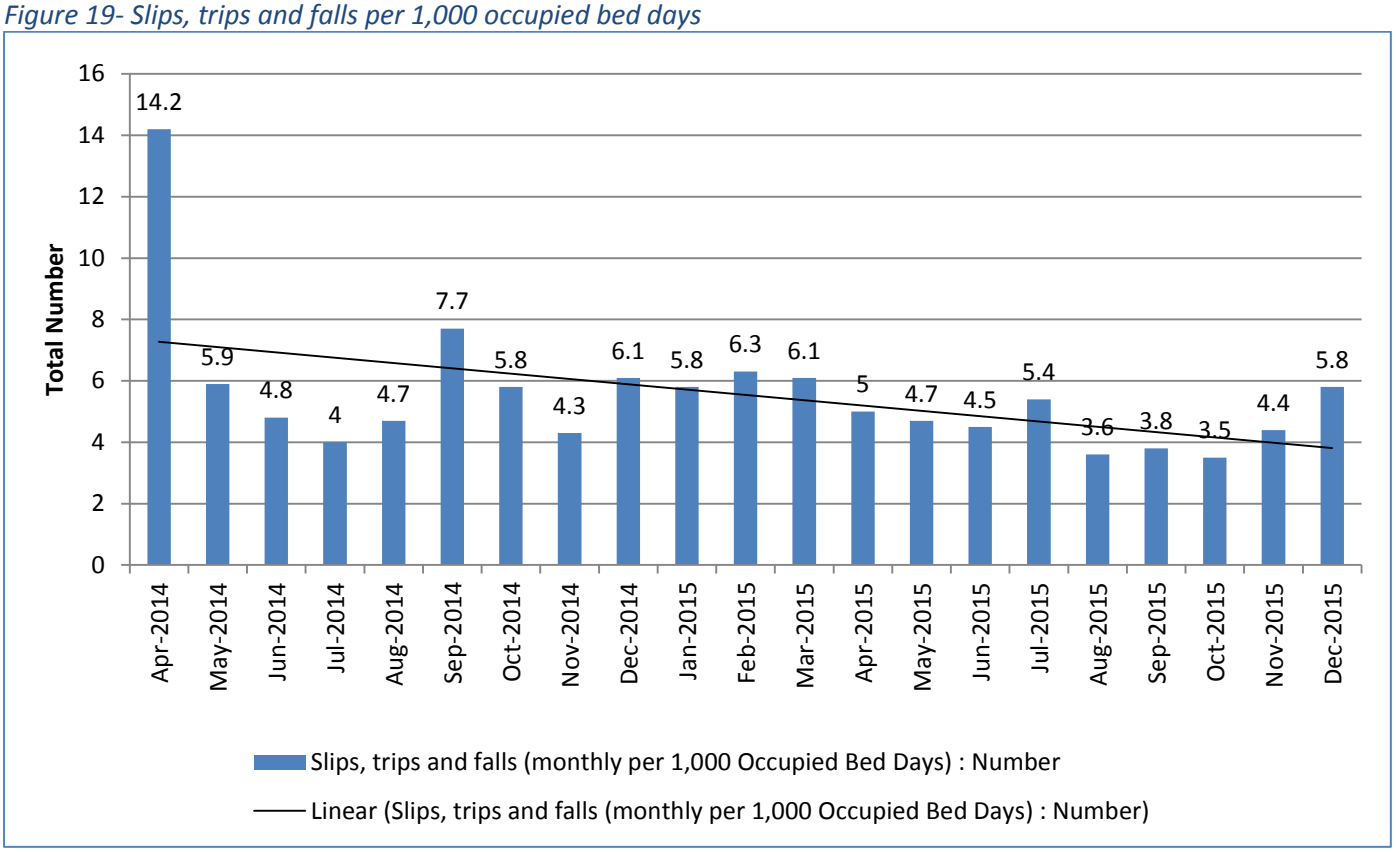
3. Extra vigilance within outside areas [garden/courtyard].
4. Implement regular slot in staff meetings where staff discuss and reflect on physical and relational security issues. This includes as a minimum: discussion of boundaries, therapy, patient mix, patient dynamic, patient's personal world, physical environment, visitors and other external communication and may be facilitated by the See, Think, Act Relational Security Explorer
5. Robust risk assessment and management plan on admission to focus on AWOL and Absconsions.

Implement anti-absconding interventions - all staff to complete the workbook training sessions on: rule clarity; signing in and out book; identification of those at high risk of absconding (targeted nursing time for those at high risk); promoting contact with family and friends; promotion of controlled access to home; careful breaking of bad news; contact cards; post incident debriefing; MDT review following two absconding episodes.

Slips, Trips and Falls

The number of slips, trips and falls per 1,000 occupied bed days is detailed in figure 19. As can be seen, the trend in falls is generally on the decline. However, falls continue to be above the target per 1,000 bed days on a number of our mental health and physical health wards. The 'Falls Safe Plan' is in place on all wards. Actions have included examining whether further assistive technologies may reduce the number of falls and changes to staff working hours as falls on the ward tend to occur between the hours of 6pm to 10pm. Since February 2015, the wards have been monitoring cognitive impairment of clients who have experienced a fall and whether the fall was witnessed. Future monitoring will include when the patient was last checked prior to the fall.

Figure 19- Slips, trips and falls per 1,000 occupied bed days



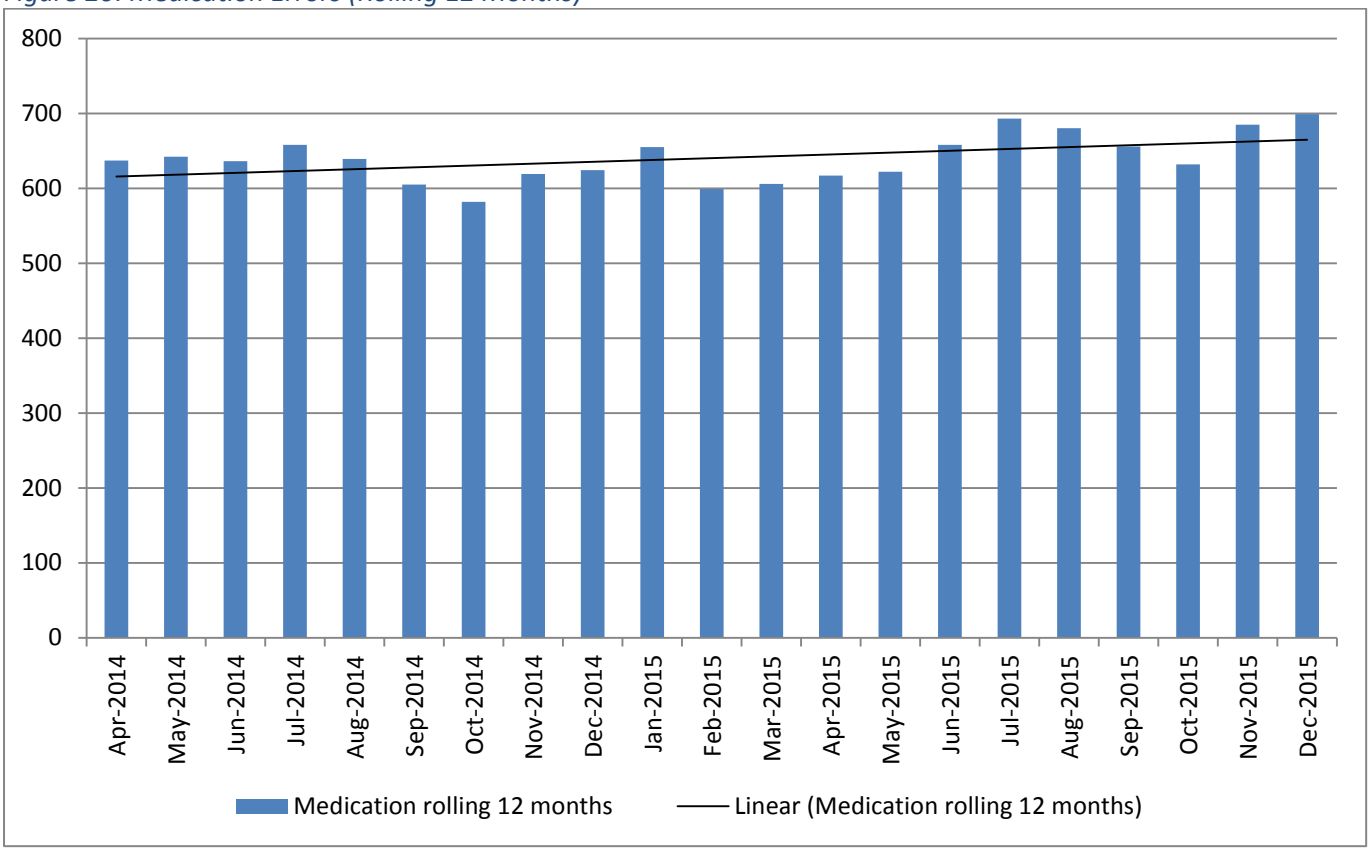
Source: Trust Performance Assurance Framework

Medication errors

699 medication errors were reported in the 12 months to the end of Q3 2015/16. In the course of Q3 there were 239 medication errors reported.

There were two incidents reported as moderate. Both of these incidents were inherited from outside of the Trust. Figure 20 below details the total number of medication errors reported in rolling twelve month intervals

Figure 20: Medication Errors (Rolling 12 Months)

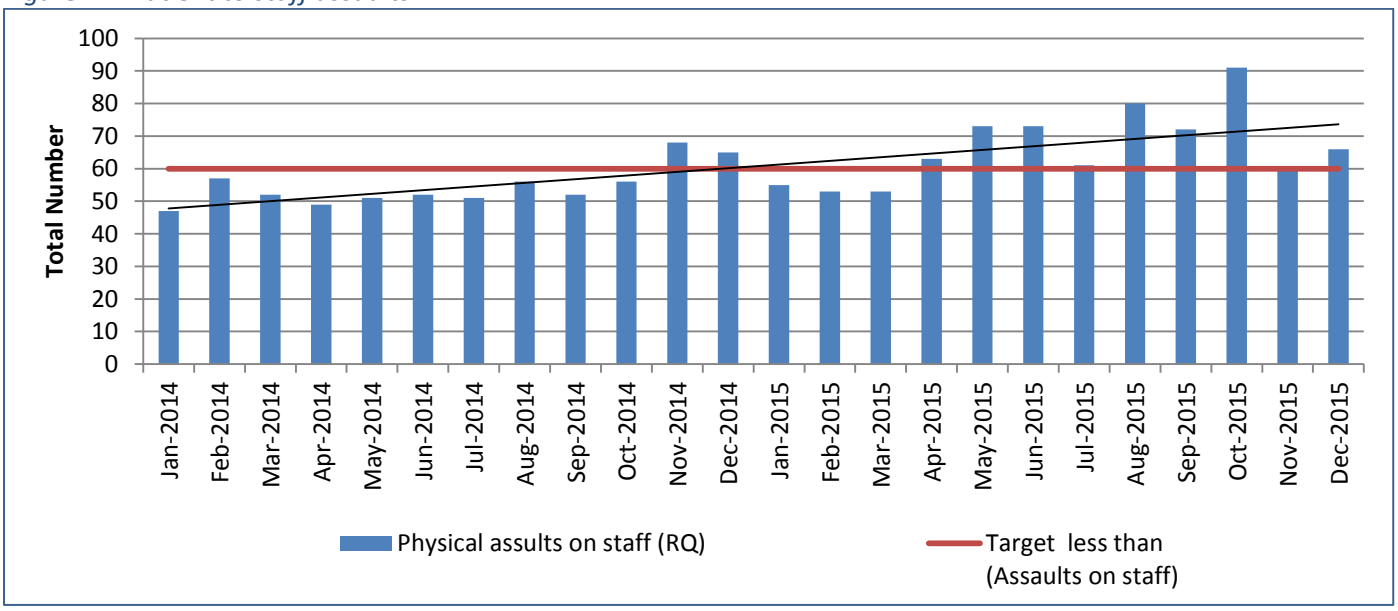


Source: Trust Performance Assurance Framework

Patient to Staff assaults

Figure 21 below details the number of patient to staff assaults recorded in the Trust each month. There have been fluctuations in the level of physical assaults on staff by patients with an increase in trend over time. Often these changes reflect the presentation of a small number of individual inpatients.

Figure 21- Patient to staff assaults

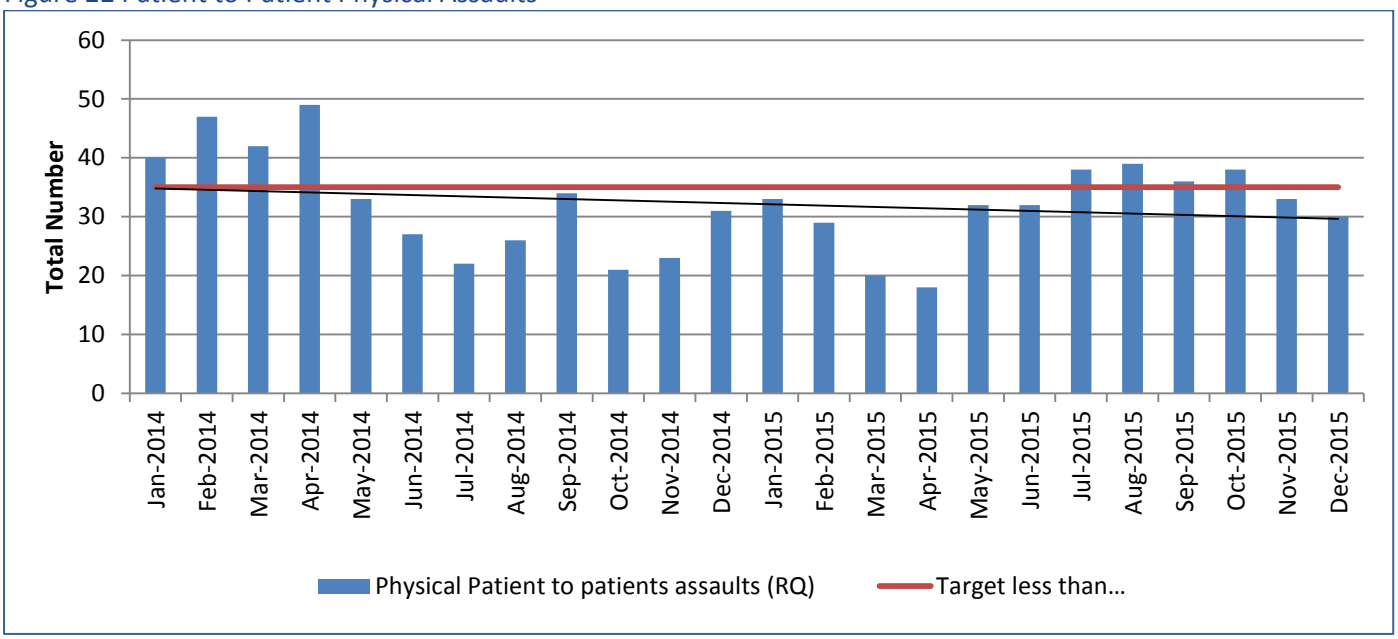


Source: Trust Performance Assurance Framework

Patient to patient physical assaults

Figure 22 below details the number of patient to patient physical assaults recorded in the trust each month. As can be seen, the level of patient on patient assaults appears to fluctuate with a slight downward trend in the past two years.

Figure 22 Patient to Patient Physical Assaults

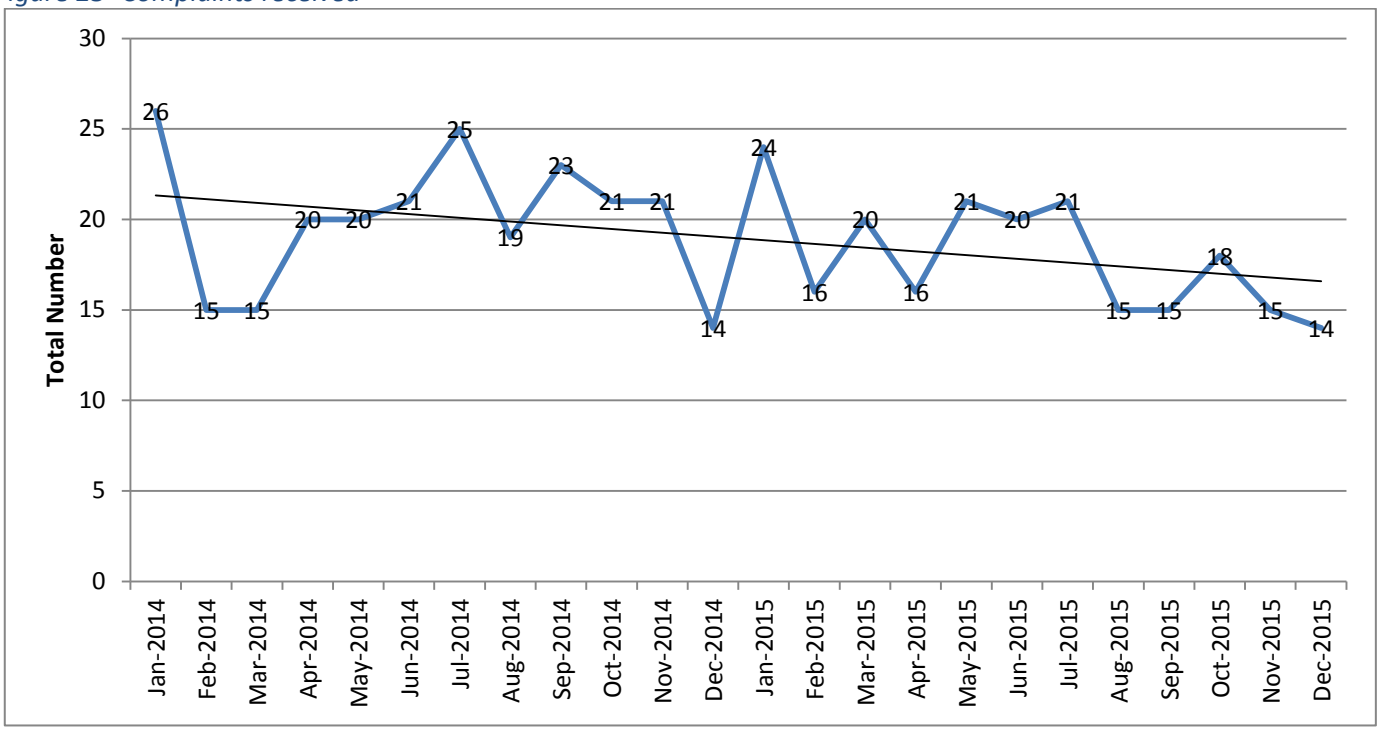


Source: Trust Performance Assurance Framework

Complaints and compliments

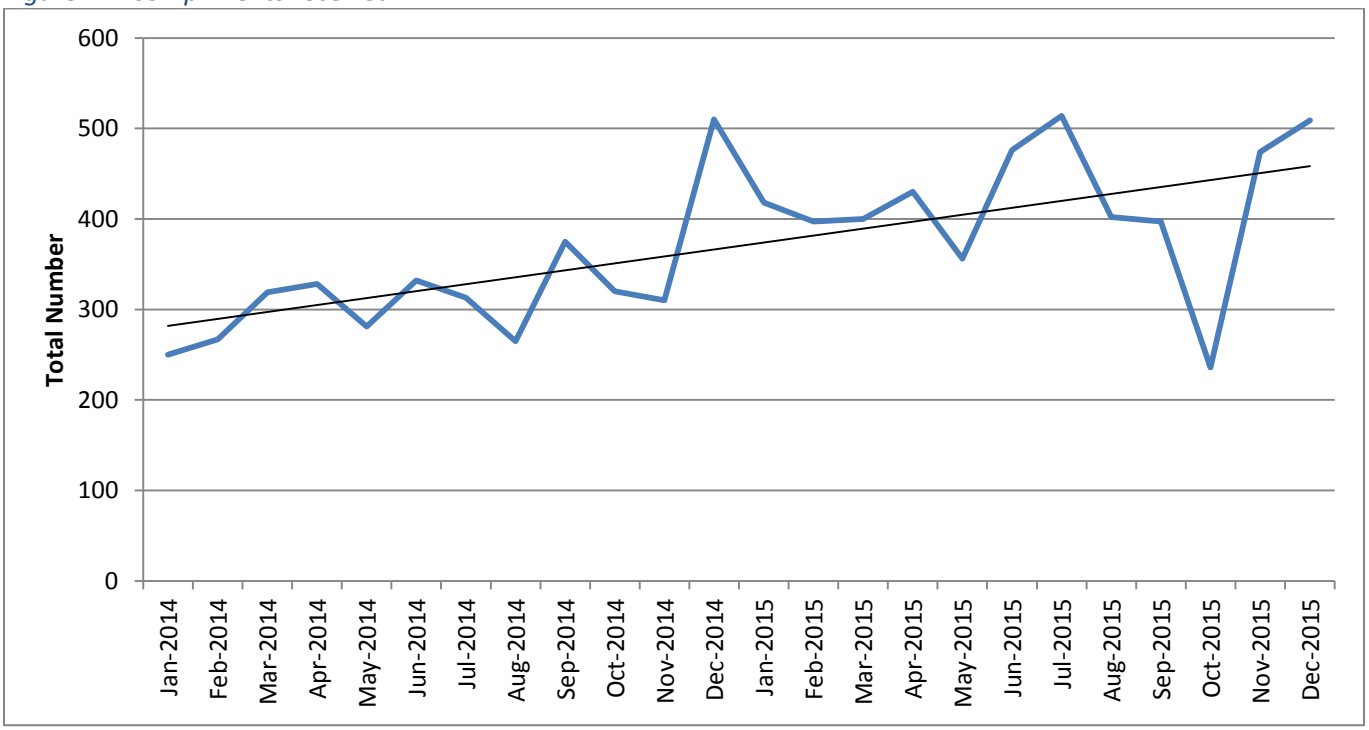
Figures 23 and 24 below detail the number of complaints and compliments received by the Trust throughout the year. As can be seen, there is a downward trend in the number of complaints received since January 2014, and an upwards trend in the corresponding number of compliments. Information on learning from complaints is recorded in Section 2 above.

Figure 23- Complaints received



Source: Trust Performance Assurance Framework

Figure 24- Compliments received



Source: Trust Compliments Reports

3.2 Monitor Authorisation

Performance in relation to metrics required by Monitor, the Foundation Trust regulator, has achieved the required targets for Q3. This relates to mental health 7 day follow up (98.5%), delayed transfer of care (1.4%), community referral to treatment compliance (99.6%), Care Programme Approach review within 12 months (96.3%) and new early intervention in psychosis cases (99 YTD).

Figure 25	2011/12	2012/13	2013/14	2014/15	2015/16 Q1	2015/16 Q2	2015/16 Q3	National Average 2015/16	Highest and Lowest
The percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric in-patient care during the reporting period	98%	96%	95.8%	98.2%	98.7%	99.3%	**98.5%**	**Not yet published**	**Not yet published**

Berkshire Healthcare trust considers that this percentage is as described for the following reasons:
In line with national policy to reduce risk and social exclusion and improve care pathways (CQC 2008) we aim to ensure that all patients discharged from mental health in patient care are followed up (either face to face contact or by telephone) within 7 days of discharge, this is agreed and arranged with patients prior to discharge to facilitate our high level of compliance.

Berkshire Healthcare trust has taken the following actions to improve this percentage, and so the quality of services:
Berkshire Healthcare trust meets the minimum requirement set by Monitor of 95% follow up through the implementation of its Transfer and Discharge from Mental Health and learning Disability In-patient Care Policy. In addition the data is audited as part of the independent assurance process for the Quality Account and any actions identified through this are fully implemented to ensure that we maintain our percentage of compliance.

Source: Trust Performance Assurance Framework

Figure 26	2011/12	2012/13	2013/14	2014/15	2015/16 Q1	2015/16 Q2	2015/16 Q3	National Average 2015/16	Highest and Lowest
The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period	100%	94%	97.6%	97.7%	96.7%	97.5%	**97.6%**	**Not yet published**	**Not yet published**

Berkshire Healthcare trust considers that this percentage is as described for the following reasons:
Crisis resolution and home treatment (CRHT) teams were introduced in England from 2000/01 with a view to providing intensive home-based care for individuals in crisis as an alternative to hospital treatment, acting as gatekeepers within the mental healthcare pathway, and allowing for a reduction in bed use and inappropriate in-patient admissions. An admission has been gate kept by the crisis resolution team if they have assessed the patient before admission and if the crisis resolution team was involved in the decision making-process, which resulted in an admission.

Berkshire Healthcare trust has taken the following actions to improve this percentage, and so the quality of services, by:
The Trust Admissions policy and procedures provides a clear framework to ensure that no admissions are accepted unless via the urgent care service and has increased our percentage compliance

Figure 27	2011/12	2012/13	2013/14	2014/15	2015/16 Q1	2015/16 Q1	2015/16 Q3	National Average 2015/16	Highest and Lowest
The percentage of MH patients aged— (i) 0 to 15; and (ii) 15 or over, readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period	9%	12%	13.3%	11.1%	8%	8.2%	**8.1%**	**Not yet published**	**Not yet published**

Berkshire Healthcare trust considers that this percentage is as described for the following reasons:
The Trust focusses on managing patients at home wherever possible and has fewer mental health beds for the population than in most areas. Sometimes the judgement to send a patient home may be made prematurely or there may be deterioration in the patient's presentation at home due to unexpected events.
Berkshire Healthcare trust intends to take the following actions to improve this percentage, and so the quality of services:
Further work will be done by the relevant Service Improvement Group to work on the high level of readmissions, to identify why the trust has seen an increase and to identify actions to reduce it.

Source: Trust Performance Assurance Framework

Figure 28	2011/12	2012/13	2013/14	2014/15	2015/16	National Average 2015/16	Highest and Lowest
The indicator score of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends	3.55 65%	3.61 64%	3.76 69%	3.79	**Not yet published**	**Not yet published**	**Not yet published**

Berkshire Healthcare trust considers that this data is as described for the following reasons:
The Trust's score is better than average and improving year on year. Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, their team and their trust) and 5 indicating that staff are highly engaged. Advocacy of recommendation along with staff involvement, and staff motivation are strong indicators of the level of staff engagement with in the trust.
Berkshire Healthcare trust has taken the following actions to improve this data, and so the quality of services, by:
Implementing a five year Organisational Development strategy which has at its heart the achievement of high levels of staff engagement and through that high quality care and service delivery. The specific objectives of the strategy, to be implemented in stages over five years are: To enable every member of staff to see how their job counts, to listen and involve staff in decisions that impact their areas of work, to provide support for their development, and to develop our clinical and managerial leaders. In this, Berkshire Healthcare Trust has signed up to the national Pioneer initiative – Listening into Action – aimed at engaging and empowering staff in achieving better outcomes for patient safety and care.

Source: National Staff Survey

Figure 29	2011/12	2012/13	2013/14	2014/15	2015/16	National Average 2015/16	Highest and Lowest
Patient experience of community mental health services indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period	-	6.8	7.2	6.9	**6.8**	**About the same as similar Trusts**	**6.2-7.4**

Berkshire Healthcare trust considers that this data is as described for the following reasons: The Trusts score is in line with other similar Trusts

Berkshire Healthcare trust has taken the following actions to improve this data, and so the quality of services, by:

Being committed to improving the experience of all users of their services. Data is collected from a number of sources to show how our users feel about the service they have received. Actions are put in place through a number of initiatives to improve both an individual's experience and if required to change the service provision.

Source: National Community Mental Health Survey

Figure 30	2011/12	2012/13	2013/14	2014/15	2015/16 Q1	2015/16 Q2	2015/16 Q3	National Average 2015/16	Highest and Lowest
The number of patient safety incidents reported *	**3995**	**3661**	**3754**	**3642**	**881 ***	**940 ***	**944 ***	**N/A**	**N/A**
Rate of patient safety incidents reported within the trust during the reporting period per 1000 bed days *	**19.7**	**30.2**	**32.7**	**31.4**	**32.3 ***	**30.9 ***	**23.0 ***	**Not yet published (**)**	**Not yet published**
The number and percentage of such patient safety incidents that resulted in severe harm or death *	**29 (0.7%)**	**42 (1%)**	**33 (0.9%) ***	**49 (1.3%)**	16 (1.8%) *	7 (0.7%) *	**14 (1.5%) ***	**Not yet published (**)**	**Not yet published**

Sources: *= Trust Figures **= NRLS report published MONTH 2016, covering DATES

Berkshire Healthcare Trust considers that this data is as described for the following reasons:

The above data shows the reported incidents per 1,000 bed days with the targets set based on average reporting for the year. In the NRLS most recent report published in April 2015, the median reporting rate for the cluster nationally was 32.82 incidents per 1,000 bed days (but please note this covers the 6-month period April-September 2014, for which period the NRLS gives the BHFT rate as 53.97 incidents per 1,000 bed days). High levels of incident reporting are encouraged as learning from low level incidents is thought to reduce the likelihood of more serious incidents.

Overall Incident reporting volume is in line with previous years.

The percentage of such incidents resulting in severe harm or death is slightly higher than in previous years, but is proximal to the national rate for the cluster of 1.0% shown in the most recent NRLS report, published in April 2015.

Berkshire Healthcare Trust has taken the following actions to improve this percentage, and so the quality of services, by the following:

Hosting Serious Incident learning events and online resources for clinical staff.

Figure 31 Annual Comparators	Target	2011/ 12	2012/ 13	2013/ 14	2014/ 15	2015/16 Q1	2015/16 Q2	2015/16 Q3	Commentary
Patient Safety									
CPA review within 12 months	95%	97.6%	97.9%	96.4%	96%	95.1%	98.0%	**96.3%**	For patients discharged on CPA in year last 12 month average
Never Events	0	1	0	0	0	0	0	**0**	Full year- *Source Trust patient Safety Report*
Infection Control (MRSA bacteraemia)	0	1	0	0	0	0	0	**0**	Full year
Infection Control (C.difficile due to lapses in care)	<6 per annum (reduced from <10)	15	5	5	0	0	1	**0**	Year to date C. Diff due to lapses in care
Medication errors	Increased reporting	574*	562	614	606	658	656	**699**	Cumulative total year end (15/16 Quarterly data is rolling year)
Clinical Effectiveness									
Mental Health minimising delayed transfers of care	<7.5%**	3%	1.1%	2.6%	1.5%	1.27%	1.22%	**1.4%**	Average percentage in year (15/16 Quarterly data is quarter to date total)
Mental Health: New Early Intervention cases	99	155	154	136	124	33	71	**99**	Year to date (15/16 Quarterly data is cumulative year to date for 15/16).
A&E: maximum waiting time of four hours from arrival to admission/transfer/discharge	95%	99.6%	99.9%	99.9%	99.5%	99.4%	99.0%	**99.4%**	Year average
Completeness of Mental Health Minimum Data Set	1) 97% 2) 50%	1) 99.6 2) 97.9	1) 99.8 2) 98.6	1) 99.8 2) 97.8	1) 99.6 2) 99.2	1) 99.7% 2) 99.6%	1) 99.7% 2) 99.8%	**1) 99.7%** **2) 99.2%**	New Monitor target for Identifiers 97% for 2012/13, target for 2011/12 was 99%. (Figure is last 12m average)
Completeness of Community service data Referral to treatment information Referral information Treatment activity information	 50% 50% 50%	 -	 -	 70% 67% 99%	 72.3% 62.4% 98.0%	 71.9% 62.0% 96.9%	 72% 62% 97%	 **72.1%** **61.8%** **96.9%**	Year-end average (new 2013/14) (Figure is last 12m average)
Bolstering the internal governance and scrutiny of serious incident reports, their recommendations and action plans. Implementation of strategies to address common findings in serious incident reports, including clinical record keeping and triangulation of patient risk information.									

Source: Trust Performance Assurance Framework, except where indicated in commentary

Figure 31 Annual Comparators	Target	2011/ 12	2012/ 13	2013/ 14	2014/ 15	2015/16 Q1	2015/16 Q2	2015/16 Q3	Commentary
Patient Experience									
Referral to treatment waiting times – non admitted -community***May 2013 - Updated figure to include Slough WIC	95% <18 weeks	99.9%	99.9%	98.1%	99.8%	100%	99.6%	99.6%	Waits here are for consultant led services in East CHS, Diabetes, and Paediatric services from referral to treatment (stop clock). Notification has been received from NHS England to exclude Sexual Health services from RTT returns last 12 month average
RTT (Referral to treatment) waiting times - Community: Incomplete pathways	92% <18 weeks	-	-	99%	100%	99.2%	99.2%	100%	Year-end average (new 2013/14)
Access to healthcare for people with a learning disability	Score out of 24	22	22	Green 22	Green 21	Green 21	Green 20	Green 21	
Complaints received	<25 per month	232	250	193	244	56	51	47	
Complaints	100% Acknowledged within 3 working days	100%	91.3%	93.3%	100%	100%	92%	98%	
	90% Complaints resolved within agreed timescale of complainant			64% (82%)	92 %	95%	87%	85%	2014/15 note change to indicator previously 80% Responded within 25 working days (% within an agreed time)

Source: Trust Performance Assurance Framework, except where indicated in commentary

*Community Health services joined the Trust**Delayed transfers of care (Monitor target) is Mental Health delays only (Health & Social Care), calculation = number of days delayed in month divided by OBDs (Inc. HL) in month. New calculation used from Apr-12

3.3 Statement of directors' responsibilities in respect of the Quality Report

The directors are required under the Health Act 2009 and the National Health Service Quality Accounts Regulations to prepare Quality Accounts for each financial year.
Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:
The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2015/16 and supporting guidance; The content of the Quality Report is not inconsistent with internal and external sources of information including:

1. Board minutes and papers for the period April 2015 to May 2016
2. Papers relating to Quality reported to the Board over the period April 2015 to May 2016
3. Feedback from the commissioners dated May 2016
4. Feedback from governors dated April 2016
5. Feedback from Local Health watch organisations dated April 2016
6. Feedback from Overview and Scrutiny Committees dated April 2016
7. The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2016
8. The national patient survey dated October 2015
9. The national staff survey dated February 2016
10. The Head of Internal Audit's annual opinion over the trust's control environment dated April 2016
11. CQC Intelligent Monitoring Report April 2016

The Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered; the performance information reported in the Quality Report is reliable and accurate; there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice; the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report
(available at www.monitor-nhsft.gov.uk/annualreportingmanual).

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

Date ..... **John Hedger Chairman**

Date ..... **Julian Emms Chief Executive**

Appendix A: Quality Strategy

Appendix B National Clinical Audits Reported in 2015/16 and results received that were applicable to Berkshire Healthcare NHS Foundation Trust

National Audits Reported in 2015/16	Recommendation (taken from national report)	Actions to be Taken
NCAPOP Audits		
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (2736)	Approximately 5,800 people die by suicide in the UK each year. Of these 1,638 (28%) are in contact with mental health services in the 12 months prior to death. 153 (9%) of the 1,638 mental health patients die by suicide on in-patient wards. There were on average 18 suicides by in-patients under observation per year in the UK over a 7 year study period. Ninety-one per cent of deaths under observation occurred under level 2 (intermittent) observation. Compared to in-patient suicides generally, patient suicides under observation were associated with personality disorder, alcohol and drug misuse, detention under mental health legislation and death in the first 7 days following admission. A third of suicides under observation occurred off the ward. The commonest location for a death by suicide on the ward was the patient's bedroom and the most frequently used method was hanging.	The report has been circulated for information to PSQ meetings. This work is also feeding into the Trust processes on safe staffing.
National Confidential Inquiry into Suicide & Homicide for people with Mental Illness (2780)	As part of its core work the Inquiry examines suicide, and homicide committed by people who had been in contact with secondary and specialist mental health services in the previous 12 months. It also examines the deaths of psychiatric inpatients which were sudden and unexplained. Previous findings of the Inquiry have informed national mental health strategies, and continue to provide definitive figures for suicide and homicide related to mental health services in the UK. The report sets out national information on suicide, and this summary is supported by local information. The current suicide rate (2011-13) in the UK is 10.1 per 100,000; for Thames Valley 9.0 and for Berkshire localities between 7.0 (WAM) and 9.0 (W Berks). Suicides in contact with mental health services have increased nationally, reaching a 10 year high, but even more so in Berkshire. Changing risk patterns across England for suicide, which are likely to be present in Berkshire also, particularly relate to middle aged males, CRHTT services, the importance of family involvement and attention to the physical health needs of mental health patients.	A full Summary Report was shared via QAC. This is in turn reported to the board where full discussions took place. Further work is being undertaken to raise the profile of this with community mental health teams and the crisis response and home treatment team.
Non-NCAPOP audits		
None		

National Audits Reported in 2015/16	Recommendation (taken from national report)	Actions to be Taken
Other audits reported on in-year (data collected in previous year(s)		
POMH - Topic 12: Prescribing for people with personality disorder (June 2014) (1340)	This re-audit aimed to present data on prescribing practice for people with a personality disorder in acute psychiatric inpatient settings, and compare this with 2012 results. The Trust showed good practice for the prescribing of Z-Hypnotics with 0% cases of the medication being prescribed for more the 4 weeks. The Trust had a high compliance rate of 100% for evidence of documented medication review. Therapeutic response and a patient's view of treatment were considered at review more often than side effect and adherence to treatment. Areas for improvement centred upon documentation for reasons for prescribing the antipsychotic medicine, crisis plans, and patient's involvement in their crisis plan. NICE guidelines state all medication is to be documented and the reasons stated if medication is continued for more than 4 weeks, the Trust identified 22% cases where the duration had not been documented. This finding was also reflected in those patients who had been prescribed Benzodiazepines	For in-patients, WRAP will address the standard that there is a written crisis plan and there is evidence that the patient's views have been sought in its development. The prescribing of medication if longer than 4 weeks and how it is to be documented and recorded will be promoted via presentation at Academic Meetings and Medical Staffing Committee. Pharmacy is to monitor prescription of Z-Hypnotics and ensure stopped after 7 days on TTA.
POMH - Topic 9c: Antipsychotic prescribing for people with a learning disability (2629)	This audit was a supplementary audit for a quality improvement programme, addressing the use of antipsychotic medication in people with a learning disability. BHFT provided data from 4 participating teams, which involved reviewing 56 patient records. The audit was measured against 3 standards:- 1: The indication for antipsychotic medication should be documented in the clinical records. 2: The continuing need for antipsychotic medication should be reviewed at least once a year. 3: Side effects of antipsychotic medication should be reviewed at least once a year. BHFT was found to have excellent compliance, and in some cases the Trust was above the national average. However, Trust compliance has decreased from the previous audit in documenting evidence of assessment of EPS and blood pressure.	A lot of work is currently being done in the Trust to improve physical health monitoring and intervention, involving training of staff and purchasing equipment. There is a potential to that this could be rolled out to the LD service. The audit results have been presented to the LD governance group and a follow up meeting has been arranged with the relevant staff to formulate actions to increase compliance in monitoring EPS and blood pressure.

Appendix C Local Clinical Audits Reported in 2015/16:

	Audit Title	Conclusion/Actions
1	Audit on the completion of multi- disciplinary team meeting forms used in the Crisis Response and Home Treatment Team (1962)	The multidisciplinary team meetings are held weekly in the Crisis Team and Home Treatment Team. MDT meetings are a key part of care planning, if these do not happen effectively, then the patient may come to harm. This project was undertaken after a SIRI investigation following the death of a patient. As an outcome of this investigation it was found that that the MDT meetings were not recorded and hence, an audit was conducted across the six sectors (localities) of the Trust to identify the current practice of completing these forms. The audit identified that MDT forms were not completed in full and localities across BHFT were not following the same process in documenting the MDT meetings. It was further identified that medical records contained notes deemed as unnecessary and no benefit to patient care. A lack of accurate and timely clinical documentation for a patient under the care of a Crisis Resolution Home Treatment Team exposes both the patient and BHFT to unnecessary risk. Actions: The Trust's CHRTT MDT form is to be redesigned. Existing and new staff are to be updates on risks surrounding poor quality documentation. Progress is to be monitored with a re-audit to be undertaken in February 2015.
2	MH CQUIN(prt1) National Audit (2094)	The national CQUIN included a new national indicator on improving physical healthcare to reduce premature mortality in people with severe mental illness. Basic data analysis on the six screening measures and interventions shows a wide variability in which screening and intervention measures patients received. There was no consistency, and a low overall percentage score reflects this. For example all patients were screened for their smoking status but 14% did not have an intervention documented (for those recorded as smoking). Action: A significant action plan was implemented, which linked with many actions from the NAS audit, which will lead to significant improvements in this area.
3	Audit of anti-infective prescribing on BHFT inpatient wards (Antibiotics) (2015) (2648)	This audit was a re-audit and part of the Quality Schedule for 2014/15. The last Trust wide antimicrobial audit was performed across all inpatient settings in November 2013 as part of the annual audit programme. It highlighted which audit standards of good antimicrobial prescribing and stewardship required significant improvements. The re-audit looked at whether relevant cultures were being taken, if drug charts recorded drug allergies, the route of administration, the dose and frequency of the drug, the stated course length and the indication and if treatment prescribed was in line with Trust guidelines. The re-audit confirmed that some improvements had been made since the previous audit. Action: The report findings are to be disseminated to the next IPCSG and DTG, and an action plan is to be developed.
4	Audit of clinical practice standards in the Psychological Service for People with Learning Disabilities 2014. (2060)	This audit looked at the Psychology Service performance against its record keeping standards. Good record keeping and attainment with standards of clinical practice is important to maintain, to ensure safe and effective provision of services. The results were compared to the previous audit. The Trust failed to achieve 100% in 4/5 standards with a decrease in performance in the standard to maintain a continuous record of risk issues and actions in RiO progress notes. Action: Findings and recommendations were discussed by the by the team and an action plan has been put into place. Those areas deemed necessary to re-audit will be carried out in 2016.
5	JD/QIP Re audit-bone density scans for female eating disorder patients referred to BAU Eating Disorder Service (2064)	Amenorrhea for over 6 months is correlated with an increased risk of osteopenia and osteoporosis which must be monitored and recorded, so appropriate treatment can be started. The objective of this re-audit was to reassess how closely the BAU eating disorder service was adhering to the NICE guidelines and whether there had been any improvement since the recommendations put forward in the last audit. For 4/7 standards the Trust achieved 100% compliance. Action: The Trust will continue to review compliance with standards via re-audit once measures have been implemented.

	Audit Title	Conclusion/Actions
6	Clinical characteristics of adolescents referred for anxiety (1630)	Adolescents with anxiety are under-researched and little is known about their clinical characteristics compared to children/adults. The finding that children and adolescents with anxiety disorders have distinct clinical characteristics has clear implications for treatment. The risk is that if best practice/latest evidence is not followed, we may persevere with treatment that is not as effective as it could be. The Trust has been carrying out diagnostic assessments since July 2012 on referred adolescents. The findings were published in a peer-reviewed journal. Action: The Report has been published in the Journal of Affective Disorders 167 (2014) 326-332.
7	JD/QIP - Audit of quality and timeliness of full discharge summaries for patients on adult wards (1924)	The objective of the audit was to evaluate the quality of discharge summaries according to a set of criteria informed by published audits on similar topics, as well as research into GP preferences concerning discharge summary information content. It was highlighted that different wards were using different templates for discharge summaries and discharge summaries were not being uploaded to RiO in a timely manner. There is potential risk as the period following discharge is a time of high risk for patients, with increased rates of suicide reported, with disruption of continuity of care associated with dramatically increased risk. Action: Audit results have been presented and will be circulated to medical staff and ward managers.
8	Audit of assessment letters sent to GP's by Clinical and Counselling Psychologists in Community OPMH Services (2724)	This audit supports other BHFT initiatives aimed at improving documentation as well as providing evidence to be shared with commissioning organisations who have previously wanted to ensure good communication between services and GPs. This audit addresses this through an audit of assessment letters to GPs written by clinical and counselling psychologists in BHFT Older Peoples Mental Health Services in each of the Trusts localities. The Trust was fully compliant across the four service standards. Action: No further action required.
9	Physical health monitoring post rapid tranquilisation (2244)	Rapid tranquillisation (RT) is when medicines are given to a person who is very agitated or displaying aggressive behaviour to help quickly calm them. The risk with RT is that it may cause loss of consciousness, loss of airway, respiratory and cardiovascular collapse. BHFT has a protocol in place which specifies the necessary physical health monitoring that should take place post RT. The aim of the audit was to document compliance to BHFT RT protocol. For each of the seven standards, the Trust was not 100% compliant. It was identified that there is a substantial shortfall between the standards set in the audit and the practice within the Trust. Action: To be raised in the DTC, to consider whether the physical health monitoring post RT needs to be added to the Trust "risk register." To raise awareness of the findings of this audit and to ensure guidance on RT is up to date and reflect practice as per the updated NICE guidelines.
10	Audit of Records on RiO for Patients Conditionally Discharged under S.37/41 of the MHA (2728)	Following an enquiry in 2014 by the Ministry of Justice to Berkshire Healthcare NHS Foundation Trust it became clear that, although Local Authorities are responsible for the provision of Social Supervision of patients conditionally discharged under Sections 37 and 41 of the Mental Health Act, BHFT is seen by the Ministry of Justice as the lead agency in Berkshire for such supervision. The audit was to ensure that effective governance arrangements for this group of patients are in place. If patient's records do not actively reflect the information around risk and other areas effectively, then patients may be at risk. The initial audit found evidence of good practice and high compliance rates in the management of conditionally discharge patients. However, the re-audit showed deterioration in the timeliness, completeness and quality of the clinical records. Action: An action plan has been agreed to improve case management processes, with a review to be undertaken six monthly.
11	Retrospective Audit on Neuro-imaging in Charles Ward inpatients (1576)	The audit aimed to measure the current practice of assessment and management of people with suspected dementia against the NICE Clinical Guidelines 42 in an Old Age Psychiatry inpatient setting. Guidelines advocate the use of radiology in combination with history to aid diagnosis and management of patients with dementia. The audit highlighted the fact that patients with possible dementia /cognitive impairment may remain undiagnosed or not accurately diagnosed if they do not have a full examination that includes a brain scan. Action: Relevant recommendations have been made and all actions completed.

	Audit Title	Conclusion/Actions
12	Audit of Urinary Catheter Care Bundle - Community Services (March 2015) (2842)	The aim of this clinical audit was to assess compliance of documentation with the standards set out in the Trust policy through review of documentation on the catheter care bundle. The audit included all patients with a catheter who received care from BHFT healthcare workers in the community setting. The audit found 5 criteria where 100% compliance was achieved; there were 6 areas where compliance had improved since the initial audit and 4 criteria where compliance was lower in comparison to the 2013/14 audit. Action: An agreed action plan to improve documentation and understanding of the care bundle.
13	School Nursing RK Assessment Audit (2588)	Good record keeping is an integral part of clinical practice and is essential to the provision of safe and effective care. This audit has been undertaken as part of BHFT School Nursing Sub Group following the implementation of new assessment templates across all six localities. The aim of the audit was to assist with the quality assurance and development of the School Nursing assessment process and recording. The audit identified training needs across staff with regards to fully completing assessments and updating all required fields on RiO and general record keeping training. Action: Staff training has been agreed in the relevant areas, the assessment form has been modified to ensure all data is captured. There is to be continuous evaluation of the School Nurse assessments.
14	An evaluation of psychiatric admissions from the RBH (2722)	The aim of the audit was to evaluate whether the increase in funding for Psychological Medicine could produce savings by decreasing the number of unhelpful admissions to Prospect Park Hospital. The audit confirmed that Psychological Medicine continues to be an important factor in decreasing unhelpful or damaging admissions from RBH to Prospect Park and thus ensuring appropriate care is given to 'high risk' patients only and potentially impacting on saving of costs.
15	JD-QIP - Psychiatric In-patient Patient Physical Health Assessment Audit (1791)	There is increased morbidity and mortality among patients suffering from mental illness. Physical healthcare is a key issue to be reviewed amongst this patient population. The Royal College of Psychiatrists recommends that all patients admitted to a psychiatric hospital should receive a full physical examination on admission, or within twenty-four hours of admission. A snapshot audit was carried out at Prospect Park Hospital in Reading, which highlighted that The Royal College of Psychiatrist's recommendation, along with Trust guidelines regarding physical examination were not being met, with only 78 out of 111 patients (70.3%) undergoing an examination during their admission. A psychiatric inpatient physical health assessment sheet (PIPHAS) was designed and introduced, providing a quick and standardised approach to the documentation of a physical examination. Following introduction of the PIPHAS form there was an increase in the number of patients undergoing physical examination on admission to hospital (75 out of 100 patients, 75% - an increase from 70%). Action: The project highlighted the requirement to implement the PIPHAS form, and its impact then evaluated.
16	JD/QIP Service evaluation of Memory clinic's telephone activities in WAM (2052)	The purpose of this service evaluation was to check if the memory clinic's service demand is beyond the memory service's remit. The main reasons for telephone contacts were clarified and action required following those calls was noted. This was to help identify the most common problems arising between appointments and the resources required. It was highlighted that follow up actions and the length of telephone calls place an impact on the work load of memory services which is likely to increase over time. Action: Action is to be agreed.
17	JD/QIP Provision of information (written and verbal) to patients at PPH when commenced on drug treatment (2101)	The Royal College of Psychiatrists stipulates in their guidance that patients should be provided written and verbal information on the treatment they are receiving. The purpose of the audit was to explore medical records over a wider range of time to see if when changes to medication are being made that this is accompanied by provision of information both in verbal and written forms. The main finding was that when new psychotropic medication was prescribed it was not documented whether the patient had received any written information although in some cases verbal information was provided. Those patients that lacked capacity were not provided with any information about the drug. There is a risk to patients who are not provided with information, that they be less likely to be compliant with their medication. Action: Action is to be agreed.

	Audit Title	Conclusion/Actions
18	Can known use of data logging increase hearing aid use (1833)	It is presented in literature that patient knowledge of data logging improves accuracy of self-reported Hearing Aid use. The aims of this study were to investigate whether patient knowledge of data logging increases daily amount of Hearing Aid use, and leads to more accurate estimates of self-reported Hearing Aid use. The study concluded that patient knowledge of data logging does not influence Hearing Aid use; and new Hearing Aid users are relatively accurate with their estimates of self-reported Hearing Aid use; irrespective of whether they are aware or unaware of data logging verification. Action: The audit report has been shared to CEG.
19	Annual Service Activity Report for The Psychological Service for People with Learning Disabilities (2013-2014) (2059)	The Psychological Service for People with Learning Disabilities in Berkshire completed a report of its activities annually since 2008. The aim of this report was to summarise the activities of the Service for People with Learning Disabilities (the Service) over the course of the period starting on 1 April 2013 and finishing on 31 March 2014. This identified projects undertaken, referral patterns and client related activities and Service evaluation (i.e. HoNOS-LD, PES). It is noted that no risks were identified to the Trust from this report, by the authors Action: A number of agreed recommendations to manage the referral process more effectively have been put in place.
20	LD Services; Re-Audit: People who Present Severe Challenging Behaviour: Positive Behaviour Support ICP - April 2015 (2188)	The aim of this re-audit was to demonstrate that good practice recommendations are used with people whose behaviour challenges. The audit included the process of assessment and intervention. Overall, the audit demonstrated areas of excellent practice with findings in the 90 - 100% compliance range. However, the audit highlighted that there are still areas where achieving consistent practice has proved difficult. Action: These areas will be followed up within the Clinical Audit Action Plan 2015/16.
21	MSNAP Audit of communication,& assessment of consent and capacity of patients attending Wokingham Memory Clinic (2696)	Wokingham Memory Clinic achieved an excellent rating by the Memory Services national accreditation Programme (MSNAP). This audit was to monitor that the service is maintaining excellent standards in terms of verbal and written communication and assessment of capacity and consent. Only new patients were assessed. 100% compliance in all of the standards was met. Action: No further action is required.
22	Quality schedule audit of referrals to Memory Clinic and compliance with NICE and MSNAP standards (2697)	The Prime Minister's Challenge on Dementia issued in 2012 set out an ambitious programme of improvements to be made to dementia care over a three-year period, including improved diagnosis rates. The aim of the audit was to look at the percentage referred with mild and moderate dementia and MCI as a reflection of timely diagnosis. All of the standards were met in the audit. Action: Findings of the audit report were to be disseminated to the OPMHS Clinical effectiveness Group.
23	JD/QIP - Rapid Tranquilisation in older adults - re-audit (March 2015) (2691)	The use of rapid tranquilisation in older adults at Prospect Park was audited in 2013. Our compliance with the standards set out by the Trust were reviewed, and we only reached 100% compliance in 3 out of 11 of the standards. This is a re- audit, to identify whether there have been any changed to our practice since instating the following action plan one year later. The audit identified slight improvement in the results of the re-audit in comparison with the previous audit, despite an action plan having been implemented that involved numerous clinical staff. Action: An action plan has been put in place with the setting up of a steering group in order to develop actions to bring about improvements.

	Audit Title	Conclusion/Actions
24	JD/QIP - Referrals and outcome audit (April 2013) (1438)	NHS England became responsible for commissioning CAMHS inpatient beds nationally from April 2013. Prior to April 2013 this was done on a population basis (Primary Care Trust/ Specialised Commissioning Group). The Berkshire Adolescent Unit was not included in the national bed stock. The audit sought to identify the number of patients referred to all services at BAU, what services were offered and to identify whether the implementation of the NHS England inpatient network would have any short term impact on the Trusts referral pattern. The audit found a percentage of missed appointments and unnecessary appointments being made. In addition, the need to educate staff about pathways was highlighted. It was suggested that pathways may need amending to ensure that non-applicable patients are prevented from continuing to receive appointment and that the existing pathway is appropriate. Action: An action plan has been agreed to improve appropriateness of referrals, and DNAs, and a re-audit is scheduled once all actions have been implemented.
25	An audit of model fidelity in Crisis Resolution Teams (1559)	This fidelity measure was developed from research evidence, government and expert guidelines, a survey of CRTs in England and interviews with all key CRT stakeholder groups. The risk of non-compliance may mean services are not cost effective. BHFT's overall score was 101, with the maximum score possible being 195. Actions: A number of agreed action plans –around staffing and assessment - for CRT have been developed.
26	Quality Schedule Audit into failed patient self-taken tests on the East Berkshire Chlamydia Screening programme (2227)	The CSP is responsible for developing effective self-taken test kits for Chlamydia & Gonorrhoea aimed at the under 25 population of East Berkshire. The audit identified that the instructions on the test kits need to be clearer, the need to review the method of testing requests via primary care and other clinical areas and to review clinical and non-clinical training standards to make sure IR is included. Action: The highlighted findings have resulted in a number of agreed actions. These include pictorial representation, and electronic ordering systems.
27	Evaluation of 'One chance to get it right' (scoping of end of life care). (2289)	The philosophy underlying "one chance to get it right" (OCTGIR) is that providing end of life care is everyone's business. Structured around 5 priorities all focussing on supporting the dying person and their families and carers, the five priorities of care are– dying recognised, excellent communication, with involvement and support of patients and families, and that patients have an individual and holistic plan of care. Following the audit of 34 Recommendations from One Chance To Get It Right (OCTGIR) an action plan was developed highlighting the main areas of development. The BHFT EOLC group will continue to develop a BHFT EOLC policy and BHFT Individualised EOLC plan. A review of training needs and EOLC training that is available needs to be undertaken. Action: Action is to be confirmed.
28	JD/QIP - Audit of driving safety advice given to patients at Prospect Park Hospital (2450)	National Driver and Vehicle Licensing Agency (DVLA) guidelines recommend that patients fulfilling certain criteria are legally obligated to report themselves if they believe they are unfit to drive. Driving when medically unfit is against the law and continuing to drive may pose a significant risk of danger to self and to others. It is good practice that staff are meant to advise patients on their driving fitness, and are encouraged to report patients if they continue to drive when they should not be. This should then be documented in notes for accurate record keeping. The purpose of the audit was to assess staff awareness of DVLA guidelines and to review documentation for evidence of driving advice given to patients. The audit found that 100% of staff surveyed did not give advice to patients within the last six months. Action: An agreed action plan is to be confirmed.

	Audit Title	Conclusion/Actions
29	Infection Control: Hand Hygiene Facilities (2784)	Following a gap analysis of NICE Quality Standard 61- Infection Prevention & Control the need for a review of hand hygiene facilities through an audit was identified. A total of 1841 hand wash bins were assessed and were fully complaint against the audit tool. The main area of non-compliance associated with cleanliness of the hand wash areas. Action: Agreed action is to be confirmed.
30	Monitoring allocation of complex & routine ADHD cases in ADHD pathway in CAMHS since NGC (Aug 2013) (1553)	The aim of the project was to study workload allocation on ADHD pathway and to establish if guidelines for ADHD pathway, NGC (next generation care) are followed. The project findings led to the below advisory recommendation. Action: Clinicians in ADHD pathway are to check their cases and allocate to appropriate clinicians in the ADHD pathway. If needed, they will discuss this with their supervisors.
31	Resident Experience Audit (Papist Way) (August 2013) (1556)	The decision has been made to close this project despite not receiving an update on whether actions were achieved due to this now being old data, the audit lead having left the Trust, and Papist Way since having been outsourced. (Old project following update)
32	Re-audit of compliance with Trust guidelines on monitoring patients receiving Antipsychotics (1573)	The was a re-audit and the aim was to optimise the physical health of inpatients prescribed on-going antipsychotics; and to ensure that relevant investigations are offered to inpatients receiving on-going treatment with antipsychotics. The Trust was fully compliant with all the audit standards.
33	Audit to Ensure the Quality of Preliminary Discharge Letters from MH Inpatients to GPs (1575)	This audit aimed to assess the effectiveness of the use of electronic preliminary discharge letter, to improve communication and reduce errors when discharging patients for psychiatric inpatient units to the community. The audit found that despite implementation of a new form to resolve issues of poor communication and errors, the form was not being fully completed, thereby continuing to lead to potential risks on discharge due to lack of information regarding safeguarding, named care coordinator and psychiatrist, and long term and depot medication details. Action: Action is to be agreed.
34	Re-Audit: People who Present Severe Challenging Behaviour. Formulation Planning Process (April 2014) (1715)	This is the fourth cycle of this audit and its aim was to demonstrate that good practice recommendations were used in the assessment and intervention for people who present challenges to services. The audit resulted in the Winterbourne Interim Report which advocates as best practice the use of Positive Behaviour Support. Recommendations from the report were presented to the Learning Disability governance meeting and a completion of an audit action plan. Action: The action plan included implementation of the outcome measures in the team, and improvement to DOLs processes. The audit was repeated in April 2015.
35	JD/QIP - Audit of quality and timeliness of full discharge summaries for patients on adult wards (1924)	The objective of this audit was to evaluate the quality of discharge summaries according to a set of criteria informed by published audits on similar topics, as well as research into GP preferences concerning discharge summary information content. There were some areas of significant improvement compared with the previous audit. The audit found that different wards were using different templates for discharge summaries. Action: An action plan is in place, which includes sharing of findings, and work on the discharge summary template.

	Audit Title	Conclusion/Actions
36	Blood transfusion bed side audit (2506)	The aim of the audit was to ensure that BHFT's blood transfusion practice is in line with the required National Standards. The initial audit was carried out in October 2012 and January 2013. Re-audits were undertaken during November and December 2013, January 2014 and March 2014. The 2014-15 audit was carried out in February and March 2015. The Trust was fully compliant with twenty-two of the twenty-eight standards the service was measured against. Action: A number of agreed actions have been discussed and implemented, around the transfusion care pathway.
37	JD/QIP - Audit of Clinic Letter to Patients/Relatives in the Slough Joint Memory Clinic (2685)	It is important for patients or their carers to be well aware of what has been discussed in clinics and what the plans are and has been a standard that all patients should have access to the letters sent to the GPs. The aim of this audit was to assess the current standard of writing clinical letters to patients or carers in the Slough Joint Memory Clinic and whether it met the local Berkshire Healthcare Trust Guidelines and national guidelines. The Trust was fully compliant. Action: No action is required.
38	Delirium NICE Quality Improvement Project (2726)	Delirium, also known as 'acute confusional state', is a common clinical syndrome characterised by disturbed consciousness, cognitive function or perception which has an acute onset and fluctuating course. Its prevalence tends to rise with increasing age. It is a serious condition that may be associated with poor outcomes if not effectively identified and managed. BHFT hosts a number of wards that manage patients that are at risk of or have been diagnosed with delirium. The aim of the project is to improve the outcome and experience of patients at risk of or diagnosed with delirium by ensuring that best practice is followed in line with NICE Quality Standard 63- Delirium (July 2014). 100% compliance was achieved for prescribing appropriate medication for patients with delirium and the diagnosis of delirium was communicated to their GP on discharge. Areas for improvement were based upon assessment of delirium on admission, assessment of all clinical factors within 24hs of admission and ensuring that tailored interventions were given to patients to prevent delirium. Recommendations to address the findings have been made and include the delivery of delirium awareness training for all relevant inpatient wards/ units and the development of a patient information leaflet that can be given to all patients diagnosed with delirium, as well as their family members. These recommendations have been written into an action plan attached to the main report.
39	Evaluation of Falls Risk Assessment Tool at Oakwood (2870)	Oakwood has a high instance of patient falls in comparison to other wards within BHFT. The ward has felt this links directly with the environment and there has been continual work on reviewing instances and evaluating what measures can be put in place to reduce falls. This is also now reflected trust wide on the quality schedule where there is an expected reduction required in number of falls across community hospitals as a whole. The consequences of falls are high for patients and staff and therefore it is a priority to continue to look at ways to reduce further instances. A wristband trial as a falls prevention tool was put forward as an opportunity to reduce incidence of falls on Oakwood inpatient ward. However, this did not provide any additional benefits for patient or staff – therefore this will not be continued. The review found that there was poor compliance with the falls prevention care plan. The main areas are lying/standing, blood pressure (BP) and urinalysis not being completed. Action: An agreed action plan has been put in place.

	Audit Title	Conclusion/Actions
40	High Dose Antipsychotic Audit 2015 (2661)	In 2010, Berkshire Healthcare NHS Foundation Trust (BHFT) introduced high dose antipsychotic guidelines and a monitoring form, following less favourable local results in a national POMH-UK re-audit on the prescribing of high dose antipsychotics. Soon after introducing the guidance, the Trust POMH-UK high dose antipsychotic audit results showed marked improvements and BHFT were considered a high performing organisation. This audit looked at the rate of compliance to the high dose antipsychotic monitoring guidelines in BHFT by reviewing all inpatients at Prospect Park Hospital. Data was collected in February 2015. The findings from the audit highlighted that there is significant room for improvement across all the set standards. Areas of concern included, poor documentation, lack of documentation surrounding the prescribing of high dose antipsychotics for a patient and what monitoring is required and lack of appropriate monitoring (and documentation of monitoring) i.e. whether the nurses are made aware of the patient being prescribed high dose antipsychotics and what monitoring they are required to undertake. Better communication (verbal and written) is needed to ensure that nursing staff are aware when increased monitoring is necessary for particular patients. Action: Non-compliance needs to be swiftly addressed as significant levels of risk exist for patients prescribed these medications if not properly monitored. As a result of the audit a number of agreed action plans have been put into place to increase compliance in this area.
41	Audit of Cardio-metabolic Risk Screening for Patients on Anti-psychotics in the Slough Pathways Outreach Team (2871)	The aim of the audit was to ensure cardio-metabolic risk parameters are being monitored at least annually and interventions provided if positive risks are identified for patients with psychosis on antipsychotic drugs in an assertive outreach team. The National audit of Schizophrenia 2014 (NAS2) was used as a comparison tool. The results show that apart from smoking and blood pressure, a higher percentage of patients in SPOT were screened for BMI (body mass index), glucose and lipids than the NAS2. Similarly, apart from BMI, interventions were offered to a higher percentage of SPOT patients compared to the NAS2 sample for smokers, abnormal glucose, lipids and blood pressure with a 100% standard being met for glucose and blood pressure. The audit found that barriers to screening and conducting the audit cantered upon problems accessing the data easily, lack of an integrated form in RiO to document information and problems accessing information via primary care. It was highlighted that in terms of training of staff it is ensured any change in guidance for diabetes, cardiovascular health and lipid modification is updated and communicated. It was found that it would be helpful if a systemised approach within the team to provide the necessary screening at the right time. Organisational change is essential to facilitate improvements in monitoring by reviewing RiO documents, training and working towards shared care protocols for physical health monitoring of patients with psychosis between primary and secondary care. Action: As a result a number of agreed action plans have been discussed implemented.
42	Audit of Crisis Resolution Home Treatment Team for Unlicensed Use of Antipsychotics (2144)	The Crisis Resolution and Home Treatment Teams (CRHTTs) often manage complex patients in the community who require intensive pharmacological treatment and often have changing and complex psychotropic medication needs. The audit followed the auditable process of ensuring that upon referral to the CRHTT, patients' GP Summaries or Summary of Care Records (SCRs) are obtained and uploaded to the patients notes in a timely manner to assist with the safe and effective treatment of the patient; medicines reconciliation on admission to mental health acute wards is a routine part of care co-ordination and admission to CRHTT and other mental healthcare teams; all prescribing should be recorded appropriately. The audit found some areas for improvement with regards to GP summaries or SCRs not being available, no documented evidence of health checks and monitoring requests and issues regarding patient safety and the extent of the patient notes for clarity and communication to other healthcare professionals. Action: An action plan is in the process of development.

	Audit Title	Conclusion/Actions
43	Audit of Intravenous therapy practice in community hospital wards with BHFT (2078)	This audit was carried out to look at clinical practice relating to IV therapy delivered within the community hospitals. As well as providing assurance of the compliance to external and internal standards of the IV therapy that is being delivered. The data collection was for 3 months beginning of November 2014 until the end of January 2015. The audit results showed that work is required in most areas to ensure 100% compliance with all standards is achieved. Areas identified were to establish why some wards were not giving IV therapy, to Improve prescribing of all aspects of the treatment plan and improve correct usage of VIP score. Action: A re-audit of the IV practice is to be arranged.
44	JD/QIP - Assessment and Management of Pain in patients with Dementia on a psychiatric inpatient ward at Prospect Park Hospital (2727)	The aim of the audit was to improve care that patients with dementia receive when they are admitted to a psychiatric ward, by ensuring their pain is effectively managed. The audit measured: 1. Percentage of patient days where there has been a documented pain assessment from patient's notes, drug cards and observation charts over a time course of the previous 2 weeks. 2. Percentage of drug charts that have appropriate step up analgesia prescribed for nurses to administer in case of moderate to severe pain. 3. In cases where moderate to severe pain documented, percentage that have follow up documentation to say pain has resolved or further investigation of cause is required. Key Findings from the Report were that pain is not assessed regularly as recommended by guidelines in the findings of this audit; if a pain assessment is documented, it is often only when the patient verbally volunteers the information; when patients do complain of pain, they are not routinely re-assessed and patients are not all prescribed appropriate step up analgesia. Action: An agreed action plan has been agreed and implemented for pain to be assessed via a pain assessment tool when observations are being recorded, intervention of analgesia if there is severe pain and doctors to prescribe PRN analgesia for all patients.
45	Re-audit of Records on RiO for Patients Conditionally Discharged under S.37/41 of the MHA Report Audit (February 2015) (2955)	This is a second re-audit looking at the progress made since the first re-audit which suggested deterioration in the timeliness, completeness, and quality of the clinical records. Recommendations and oversight of implementation of this was put in place at the time. 10 records per locality were audited. Overall, the findings were positive and a significant improvement on those of the previous audit. The overall findings were reported through Quality Executive Group, and were fed back to individual localities directly. The audit will be done on a yearly basis and provide a governance trail. Action: An action plan is in development.
46	UN Nations International Children's Emergency Fund (UNICEF) BFI Standards - Slough Locality (2837)	This audit has been undertaken as part of BHFT Health Visiting service, East localities working towards gaining full accreditation Baby Friendly Status. The audit aimed to give a baseline for all the health visiting areas that clients attend where they may receive breastfeeding assistance or have the need to breastfeed their baby within these areas as well as key areas that the service refers them to such as audiology. The baseline audit demonstrated excellent standards of practice across all BHFT sites and Children Centres with only minor additions needed to meet the full requirements for the environment. Action: An action plan is in development.
47	Annual Service Activity Report for the Psychology Service for People with Learning Disabilities 2014-2015 (2718)	The aim of this service evaluation was to review the activities of the Psychological Service for People with Learning Disabilities in Berkshire over the course of the period starting on 1 April 2014 and finishing on 31 March 2015. Following the previous Annual Service Activity Report, the Service actioned the recommendations agreed, the review established that the service has implemented these actions effectively. However, the completion of HoNOS to measure the outcome in all cases involving an intervention at assessment and closure is low at 39.3%. Action: The service will continue to update the referral spreadsheet, complete the HoNOS-LD measure and will continue to monitor and review referrals.

	Audit Title	Conclusion/Actions
48	Consent to ECT Re-audit (2290)	This was a re-audit to monitor the current standard of obtaining ECT, to ensure BHFT adheres to the national guidelines for compliance and to ensure all patients have a capacity assessment and relevant documentation prior to ECT to ensure consent is valid. The re-audit showed that the Trust has 100% compliance against all the standards. Action: No action required.
49	ECT clinical Global impression scale survey (2288)	ECT Department at Prospect Park Hospital is responsible for the provision of ECT treatment to all BHFT patients. This department has been assessed and awarded excellence status by RCP ECTAS (Royal College of Psychiatrist- ECT Accreditation Service) and has maintained this status for seven years, last awarded in March 2014. The review was to evaluate the ECT treatment response and efficacy of treatments in treatment studies of patients with mental disorders. The results showed that 95% of patients showed clinical improvement according to this survey. The Trust will continue to evaluate ECT treatment using CGI survey and will repeat the survey annually. Action: No action required
50	JD/QIP - Audit of driving safety advice given to patients at Prospect Park Hospital (2450)	This audit aimed to assess the level of information given to patients by staff at Prospect Park Hospital and to assess the level of staff awareness of DVLA guidelines. DVLA guidelines recommend that patients fulfilling certain criteria are legally obligated to report themselves if they believe they are unfit to drive. Driving when medically unfit is against the law and continuing to drive may pose a significant risk of danger to self and to others. The audit established that 73.3% of doctors and 36% of nurses were aware of DVLA guideline. 47.5% of the total 40 surveyed gave driving advice to patients at least once before discharge. No one had given advice to 100% of their patients within the last 6 months. As a result a teaching session for medical staff, nursing and support staff is to be implemented. Action: An agreed action plan has been put in place, via a teaching session, to place posters in clinical areas, distribute leaflets and re-analyse the data within 3 months after the changes have been implemented.
51	JD/QIP - Audit of recording of capacity and monitoring of time taken to complete clinic letters (2596)	This audit looked at clinic letters of patients seen by CMHT clinicians, assessing which patients attended the clinic and how quickly the letter was sent to their GP. When clients are seen at the CMHT by clinicians, the letter written to the GP details important information on their progress, mental state examination, risk assessment and future management plan, including any medication changes. The standard for all clinic letters to be communicated within 3 working days was set at 100%. The audit found that 68.3% of clinic letters were communicated to the GP with 3 days, 31.7% of clinic letters were sent later between 4 and 24 days. Action: An agreed action plan is in place, with the use of DOCMAN for those GP surgeries that have access to this, for all letters that contain medication changes or other changes in the client's risk or management plan are to be faxed to the GP. A re-audit is planned for the following year.
52	JD/QIP A clinical audit on Driving and Dementia (2080)	The aim of this project was to evaluate the documentation of the proportion of patients who are taking memory enhancing medication and documented as driving, who have not been advised to inform the DVLA when they should have been. The audit showed that 29% of patients were found to have no documented evidence of their driving status or any information on driving given. Action: The results of the audit have been presented and a re-audit was due in six months' time.
53	Management of Young People in the sexual health service (2694)	The audit aimed to review the management of those aged 18 and under within the sexual health service and to ensure that BHFT performance is within the recommended guidelines. Data was collected over a two month period July-August 2014. The review established that a larger proportion of young females attend the clinic than males, STI screening was completed for only 48% of people and a CSE risk assessment pro-forma was completed in only 35% of cases. In addition a fully electronic system needs to be implemented as the current system is outdated and is producing inaccurate data. Action: An agreed action plan has been put into place.

	Audit Title	Conclusion/Actions
54	Re - audit of use of Dementia Assessment Integrated Care Pathway in Learning Disability Services (2692)	This re audit was to look at the use of the Dementia Assessment Integrated Care Pathway on referrals received by the service in 2014. People with learning disabilities are at greater risk of developing dementia than the general population. The Trust did not meet 100% compliance for completion of the 12 areas included in the Dementia Assessment ICP. Action: An agreed action plan has been put in place covering feedback of the results to key clinicians, training for relevant teams on using the ICP, and uploading of the ICP paperwork onto RiO.
55	Compliance with faculty audit standards for emergency contraception provision (2104)	The aim of the audit was to assess if women are offered emergency contraception for the prevention of unplanned pregnancy. Clinically the FSRH guidelines should be followed and standards adhered to. Only 50% of women presenting for emergency contraception were offered an IUD. In addition, better use of the pro-forma is required to document cycle length. Action: An action plan is currently under review.
56	Management of Gonorrhoea in the sexual health service. (2625)	National service standards for sexual health services in UK have defined a set of quality outcome Indicators that have been adopted by Berkshire commissioners as benchmarks for East Berkshire Sexual Health Service. Standard 14 relates to Percentage of people who are NAAT (nucleic acid amplification test) positive for Neisseria gonorrhoea who have a culture performed. This audit is required on a quarterly basis. The compliance rate is 90%. The audit achieved a 93% compliance rate. Action: No further action is required.
57	The impact of the 2011 BASHH PEPSE guidelines - local re-audit (1881)	The re-audit aim was to review documentation of partners HIV treatment status following the institution of an updated PEPSE prescription proforma, and secondly, to compare PEPSE outcomes to BHIVA/BASHH auditable standards. The re-audit results showed an increase in compliance rates across the standards. Action: No further action is required.

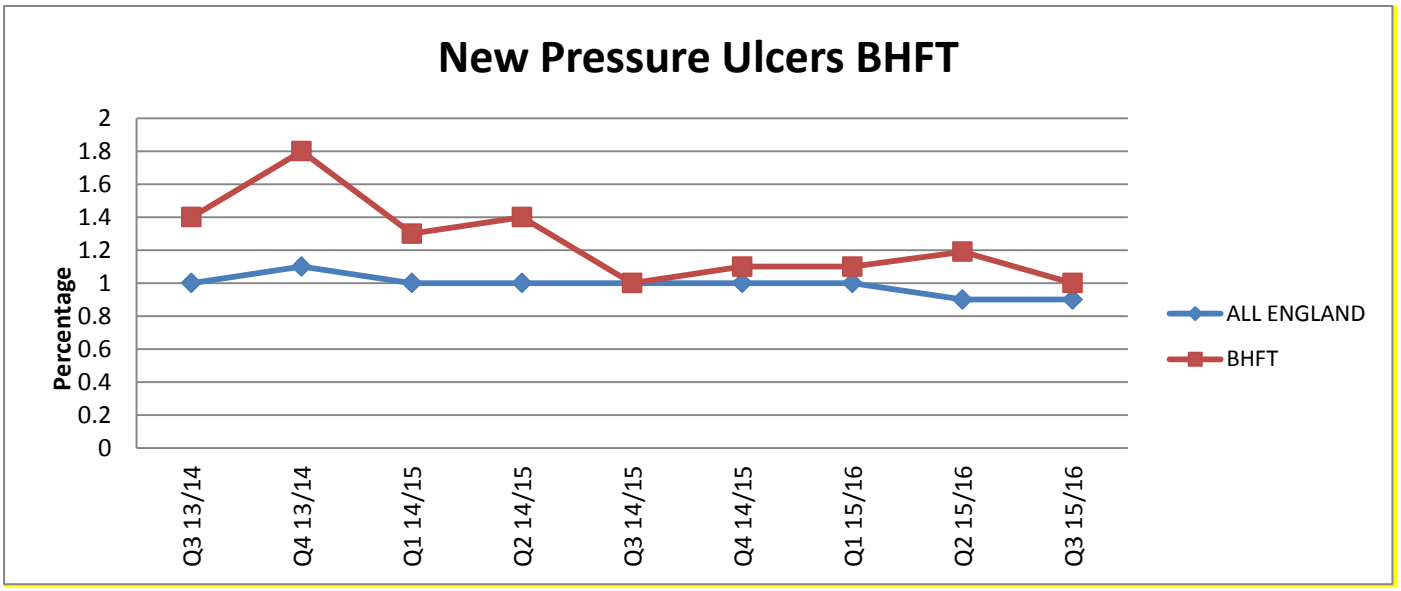
Appendix D Safety Thermometer Charts

Below are the figures for the year on the number of patients surveyed

Data capture period	Number of patients surveyed	Harm free care in Berkshire Healthcare	Harm free care nationally
Q3 2015/16	3819	94.4%	94.2%
Q2 2015/16	3960	93.2%	94.2%
Q1 2015/16	4093	93.4%	94%
Q4 2014/15	4089	93.2%	93.9%

Source: Trust Safety Thermometer Reports

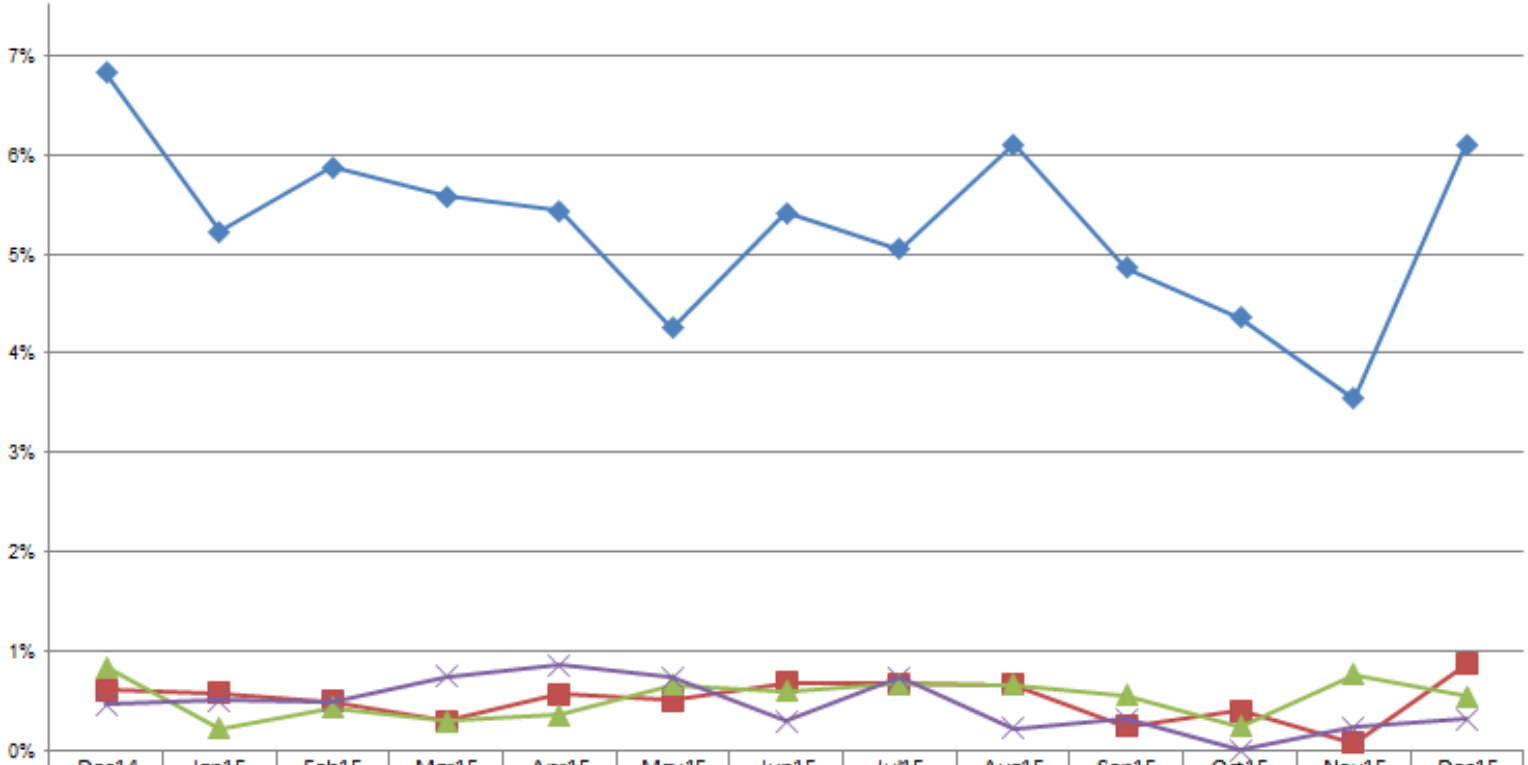
When compared nationally the data shows that the Trust has a higher percentage of *new* pressure ulcers, but the gap is closing as can be seen below.



Source: Trust Figure- Safety thermometer, All England Figure- HSCIC Pressure Ulcer Reports

Types of harm

The chart below splits the types of harms across the whole organisation. Pressure ulcers remain the highest harm



	Dec14	Jan15	Feb15	Mar15	Apr15	May15	Jun15	Jul15	Aug15	Sep15	Oct15	Nov15	Dec15
Pressure Ulcers	6.83	5.23	5.88	5.58	5.44	4.26	5.41	5.05	6.1	4.86	4.36	3.55	6.1
Falls	0.61	0.58	0.5	0.3	0.57	0.51	0.68	0.67	0.66	0.24	0.4	0.08	0.87
Catheter & UTI	0.84	0.22	0.43	0.3	0.36	0.66	0.6	0.67	0.66	0.56	0.24	0.77	0.55
New VTE	0.46	0.51	0.5	0.75	0.86	0.73	0.3	0.74	0.22	0.32	0	0.23	0.32
Patients	1317	1377	1394	1327	1398	1363	1332	1346	1360	1254	1261	1296	1262

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Source- Safety Thermometer

Appendix E CQUIN 2015/16

Indicator Number	Indicator Name	Description of indicator
Local 1	Children's transition (physical and mental health)	BHFT children's services will, where relevant to the needs and wishes of young people, work jointly with internal and external services in supporting global transition to Adult services in accordance with national guidance described in 'Moving on Well', through multi agency participation in Person Centred Health Care Plans. This would include all BHFT professionals involved in the care of young people taking responsibility for referral of identified physical and mental health conditions to appropriate services linked to their specialities. The role of Health Plan Coordinator will be agreed according to the criteria within 'Moving on Well' and based on the identified 'most significant area of need'. The end outcome of this programme, and that which will be measured, will be an increase in the percentage of young people who report the transition process as having been a positive experience.
Local 2	Hydrate	To ensure that patients hydration is given a high priority and its importance is understood by staff as well as patients and carers. Information regarding importance of hydration will be readily available on the ward and discussions will be had with patients/carers on admission, throughout their stay and prior to discharge. All patients will have a risk/ needs assessment and care plan if risk identified. Where this identifies a need for supervision and support to achieve sufficient hydration, a user friendly chart to monitor intake will be implemented. It is important that patients and their carers understand the reasons for adequate hydration. Therefore the purpose of the hydration chart is to provide some patient ownership where possible with the aim that they will understand the importance of hydration and maintain their fluid intake following discharge. A staff education programme will be undertaken by the Trust in order to support the launch of Hydrate. This CQUIN will include patients on all community health and older adult wards. In quarter 4 the Trust will communicate any learning from the project with staff working in the community.
Local 4	Smoking Cessation	To improve the physical health of Mental Health inpatients (Prospect Park) by offering Nicotine Replacement Therapy (NRT) to those patients who have been identified as being smokers, and to provide NRT to those who agree to commence this treatment within 2 hours of admission to an

Indicator Number	Indicator Name	Description of indicator
		inpatient area. This is an option to assist in abstinence of tobacco whilst on the ward. This will exclude Learning Disabilities and those who lack mental capacity to make the decision.
Local 5	7 Day working	1.The treatment plan of all new admissions under a section will be reviewed, on the phone, by the on-call Consultant between 5pm and 12 midnight, 7 days a week (this includes adult and Older Adult patients and also those admitted under section MHA) 2. Weekend medical cover will be enhanced with Consultant/ Specialty Doctor presence on site at PPH between 9 am and 5pm to 1. review all new admissions under a section (patients admitted after midnight) 2. ·provide medical input to CRHTT for decisions about appropriateness of admissions to PPH 3. ·prescribing for CRHTT patients where clinically required 4. ·medical input, as required, for APOS and seclusions

Appendix F BHFT draft CQUINs 2016/17

Please note that these are only the agreed Local CQUINs, mandated CQUINS and the associated value of all CQUINs are still to be finalised. **To be added at end of Q4**

Appendix G Statements from Stakeholders

To be added at end of Q4

Appendix H
INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST ON THE QUALITY REPORT

To be added at end of Q4

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT SOCIAL CARE & HEALTH SERVICES

TO:	**HEALTH AND WELLBEING BOARD**		
DATE:	**18 March 2016**	**AGENDA ITEM:**	**12**
TITLE:	**PROGRESS REPORT ON HOW THE EX-GHURKHA COMMUNITY ACCESS AND EXPERIENCE HEALTH AND SOCIAL CARE IN READING**		
LEAD COUNCILLOR:	**COUNCILLOR HOSKIN /COUNCILLOR EDEN**	**PORTFOLIO:**	**HEALTH / ADULT SOCIAL CARE**
SERVICE:	**HEALTH / ADULT SOCIAL CARE**	**WARDS:**	**BOROUGH WIDE**
LEAD OFFICER:	**MELANIE O'ROURKE**	**TEL:**	**0118 937 4053**
JOB TITLE:	**HEAD OF ADULT SOCIAL CARE, RBC**	**E-MAIL:**	**Melanie.O'Rourke@reading.gov.uk**

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The original report was commissioned by Reading Borough Council for Healthwatch Reading to gather feedback from members of the ex-Ghurkha Community on how they access health and social care services and then their experience of those services. This was originally presented to the Health and Wellbeing Board on 17 July 2015. This report will give you an up to date progress on actions across health and social care and any highlight and further recommendations.

1.1 Health and social care providers have addressed these actions, and have committed to making continued improvements, working in partnership. There have been many positive changes made across all health and social care sectors. The role of the Reading Integration Board will be lead on this programme highlighting the need for greater community collaboration.

2 RECOMMENDED ACTION

2.1 That the Health and Wellbeing Board notes the progress made as set out in section 5 of the report;

2.2 That the Health and Wellbeing Board directs the Reading Integration Board to continue to track the progress of access to services for the ex-Ghurkha community.

3. BACKGROUND

3.1 In 2014, Healthwatch Reading was commissioned by Reading Borough Council, on behalf of a consortium of local authorities in the south-east of England, to

explore how the ex-Ghurkha community access health and social care services and to disseminate these finding across the consortium.

3.2 This was an important report which provides the partners a helpful understanding of the issues and experiences faced by the Nepalese community which is a small but growing population accessing translation and interpretation services in Reading. Partners welcomed the opportunity to work with local partners to make improvements to our services and wished to thank the Nepalese community for drawing this to our attention.

4. THE EX-GHURKHA POPULATION IN READING

4.1 The 2011 Census indicated that Reading had a Nepalese population of 2,725. This includes migrants of working age, many with professional qualifications, and then ex-Ghurkhas and their wives. Most of the ex-Ghurkha community are aged 60-75 years, and come from rural areas of Nepal. They are often living in the UK without the support of adult children, who may live back in Nepal.

4.2 The ex-Ghurkha community in Reading has a high incidence of a number of long term conditions, including diabetes, hypertension, cardiovascular disease and gout. Many ex-Ghurkhas also have hearing problems, caused by exposure to the noise from discharging weapons during army service. Alcohol misuse is a common problem in this community. There is also a high rate of uro-gynaecological problems (such as incontinence) amongst the ex-Ghurkha wives who will typically have had many pregnancies.

5. RECOMMENDATIONS MADE AND TO PROGRESS TO DATE

5.1 Based upon the outcome of the Healthwatch report, health and social care devised an action plan, which addressed the key area of development. The table below (Table 1) described those actions, and the response.

The final column of the table demonstrates that all areas of the action plan have been completed.

5.2 Table 1:

Recommendation	Response	Completed?
GP Practices to review interpretation services to ex-Ghurkha communities	• GP's to share experiences • Melrose House and London Road Practices to lead on training patients as interpreters • Awareness made public via community groups and TV screens in practices	Yes
Dentists and opticians to review interpretation services to ex-Ghurkha communities	• All translation services are centralised through Reading Borough Council	Yes
Royal Berkshire	• Audiology have organised	•

Hospital particularly ophthalmology and audiology departments to review interpretation services to ex-Ghurkha communities	awareness days mobile hearing unit to the coffee morning and offering hearing screening • An awareness leaflet let has been created and can be found on the trust website and the Reading ex-Ghurkha website • Staff have created a identify your language leaflet • Ophthalmology have had a visit from Reading Healthwatch to further discussions on best practice • Further training on how to book interpreters, the system still requires the patient or referrer to ensure an interpreter is available on their first appointment	
CCG's to provide awareness cards to ex-Ghurkhas and their wives	• Cards were distributed December 2015	Yes
GP practices to review written translation services	• GP practices use a system approach for both interpretation and translation services	Yes
Royal Berkshire Hospital to review written translation services and the implementation of a hospital map	• RBH suggested it is impractical to have a find your way map in many languages. A coloured signage is under review these will be linked to appointment letters. These will be consulted with Reading ex-Ghurkha group	Yes
Community dentist and opticians to review written letters to ex-Ghurkha communities	• Written correspondence for appointments etc. is very rarely used within these services. If this is needed the Reading interpretation service will be utilised	Yes
The community eye and dental teams to undertake outreach work to raise awareness of services available	• Optometrists have spoken to the Reading Nepalese Women's group. A coordinated outreach approach coordinated by the Reading Integration Board will be taken	Yes
Reading Borough Council to raise awareness of support available for carers and any potential unmet needs of vulnerable people within the ex-Ghurkha community	• Reading Borough Council has commissioned a service to reduce loneliness and isolation within BME communities. Focussing on the ex-Ghurkha community their efforts will be focussed on engaging with, Communicare, Reading Ex-British Ghurkhas, Reading SSAFA (Soldiers, Sailors and Airman's Families	Yes

	Association), Greater Reading Nepalese Community Association, Forgotten British Ghurkha Centre, Reading Community Learning Centre	
Reading CCG's to Health language sessions for Nepalese women, with a view to incorporate mental and social care services	• Previously funded through the Partnership Development Fund no applications have been made this year. The Reading Integration Board will review the level of communication made to promote this service	Yes

5.3.1 There have been a total of 146 requests for Nepalese translator services within 2015. This accounted for 11.18% of all languages requested and a 21.2% increase on 2014. Further correlations between request rates and interventions need to be highlighted at the Reading Integration Board.

6. CONTRIBUTION TO STRATEGIC AIMS

6.1 Developing a whole system Action Plan to progress and monitor the commitments made in response to Healthwatch's findings has supported achievement of this objective. It also supports delivery against the service priority "safeguarding and protecting those that are most vulnerable" as set out on Reading Borough Council's Corporate Plan (2016-19), and 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'. The Reading Integration Board (RIB) will own this action plan and it has been tabled to the March 2016 Agenda.

7. COMMUNITY INVOLVEMENT

7.1 Health and social care providers are grateful to Healthwatch Reading for their in depth work with Reading's ex-Ghurkha community to identify and start to understand some of the issues raised. Through its membership of the Reading Integration Board, Healthwatch Reading will have a key role to play in keeping the patient/user perspective central to discussions regarding the ex-Ghurka community.

8. LEGAL IMPLICATIONS

8.1 There are no direct legal implications arising from this report, save in relation to the public sector equality duty as described below.

9. EQUALITY IMPACTS

9.1 All public sector bodies are under a legal duty to comply with the public sector equality duties set out in the Equality Act 2010. In order to comply with these duties, policies and services should be developed with a view to preventing discrimination, and also protecting and promoting the interests of 'protected' groups. Ex-Ghurkhas can properly be considered 'protected' as members of a minority ethnic community. The statutory services to which Healthwatch Reading's recommendations are addressed therefore have a legal obligation to consider how to respond so as to improve access to and experience of services by the ex-Ghurkha community.

10. FINANCIAL IMPLICATIONS

10.1 There were no direct financial implications arising from this report. The Actions have been delivered within existing resources.

11. BACKGROUND PAPERS

- *How the ex-Ghurkha community access and experience health and social care services in Reading* – Healthwatch Reading, 2015

- Response to *How the ex-Ghurkha community access and experience health and social care services in Reading* - North & West Reading CCG and South Reading CCG, February 2015

- *Improving awareness of support within the ex-Ghurkha community* - Reading Borough Council, May 2015

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT SOCIAL CARE AND HEALTH

TO:	**HEALTH AND WELLBEING BOARD**		
DATE:	**18 MARCH 2016**	**AGENDA ITEM:**	**13**
TITLE:	**BETTER CARE FUND – 16/17 PLANNING AND SUBMISSION UPDATE**		
LEAD COUNCILLOR:	**CLLR HOSKIN / CLLR EDEN**	**PORTFOLIO:**	**HEALTH / ADULT SOCIAL CARE**
SERVICE:	**ADULT SOCIAL CARE & HEALTH**	**WARDS:**	**ALL**
LEAD OFFICER:	**MELANIE O'ROURKE**	**TEL:**	**0118 937 4053**
JOB TITLE:	**HEAD OF ADULT SOCIAL CARE**	**E-MAIL:**	**melanie.o'rourke@reading.gov.uk**

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The Better Care Fund (BCF) is the biggest ever financial incentive for the integration of health and social care. It requires Clinical Commissioning Groups (CCG) and Local Authorities to pool budgets and to agree an integrated spending plan for how they will use their Better Care Fund allocation.

1.2 For 2016/17, the BCF continues with a mandated minimum fund of £3.9 billion to be deployed locally on health and social care. This translates to a local Reading fund of approximately £10.1 million.

1.3 This report sets out to inform Health and Wellbeing Board members of the 2016/17 BCF submission requirements and timetable and the changes to the mandated National Conditions that will inform spending for 2016-17. The report goes on to explain our progress to date for the 2016 – 17 BCF submission planning and requests delegated authority for the Director of Adult Social Care and Health, in consultation with the Chair of the Health and Wellbeing Board, to submit 16/17 Better Care Fund plans, as suggested at 22 January 2016 Health and Wellbeing Board.

1.4 The move to more integrated Health and Care services are a key national and local driver for health and social care with the BCF being one of the key policy vehicles to enable delivery. It should be noted, however, that not all elements of integration are included in the BCF, and other initiatives such as the Frail Elderly Pathway are outside the scope of this report, which relates solely to the 16/17 BCF.

1.5 The report will set out the current progress on the Reading Better Care Fund and any outstanding issues preventing submission of the BCF plans.

2. RECOMMENDED ACTION

2.1 For the Health and Wellbeing Board to agree in principle the 2016-17 BCF submission, subject to final revision negotiated by staff.

2.2 To delegate authority to the Director of Adult Social Care and Health, in consultation with the Chair of the Health and Wellbeing Board, to formally sign agreement with the 2016/17 Better Care Fund submissions, in line with the agreements made in 2.1 above

2.3 The Chief Officer will sign off for the CCG.

3. POLICY CONTEXT

3.1 The Better Care Fund (BCF) is the biggest ever financial incentive for the integration of health and social care. It requires Clinical Commissioning (CCG) and Local Authorities to pool budgets and to agree an integrated spending plan for how they will use their BCF allocation. In 2015-16, the Government committed £3.8 billion nationally to the BCF with many local areas collectively contributing an additional £1.5 billion, taking the total spending power of the BCF to £5.3 billion nationally. Funds are channelled via the CCGs, and are subject to national conditions – please see web link in paragraph 3.7.

3.2 The Reading BCF for 2015/16 totalled £10,196k and was utilised to fund a range of integration initiatives intended to promote more seamless care and support services, deliver improved outcomes to patients and service users and protect key front line services that deliver value to both the NHS and the Local Authority. (All projects can be found in appendix 1). The 15/16 BCF had a particular focus on initiatives aimed at reducing the level of avoidable hospital stays and delayed transfers of care.

3.3 For 2016/17, the BCF continues with a mandated minimum fund of £3.9 billion to be deployed locally on health and social care. This translates to a local Reading fund of approximately £10.1 million.

What has changed for 2016/17

3.4 For 2016/17 the BCF policy framework remains largely in line with that set out in year one (2015/16) with the requirement for plans to be jointly agreed, between relevant Local Authority/s and CCG/s, and signed off by the local Health & Wellbeing Board. The requirement to formally pool budgets, established under section 75 of the NHS Act 2006, also remains. There are again a range of National Conditions and Key Performance Metrics that a local area must devise plans to meet and then regularly report progress against.

3.5 There are some key differences from the previous year, however. In place of the performance fund are two new national conditions. The first requiring local areas to fund NHS commissioned out-of-hospital services (at a level in

line with the 15/16 performance fund allocation) and the second to develop a clear, focused plan for management in delayed transfers of care (DTOC), including locally agreed targets. The conditions are designed to tackle the high levels of DTOC across the health and care system and to ensure continued investment in NHS commissioned out-of hospital services, which may include a wide range of services including social care.

The guidance also provides further advice to areas around the alignment of BCF targets for reducing non-elective admissions with the planning assumptions included in final CCG operational plans. Increased admission in 2015/16 has led to system wide pressures at discharge which RBC has experienced as significant financial pressure from the high numbers of additional people requiring support. RBC believe that there needs to be increased emphasis on BCF projects to tackle the increased admissions to hospital before the Health and social care BCF is viable. During 15/16 there has been a significant increase in non-elective admissions 14.9% for North West Reading CCG and 18.8% for South Reading CCG. There is an in-depth analysis to understand this cohort of patients and the financial impact on all partners. NHS England advice to the CCGs and Reading Borough Council is that in 16/17 there could be a risk share to mitigate the cost pressure of extra hospital activity, but this is not required in the guidance. The current proposal from the CCG is for this to be £542k which is lower than the £712k agreed last year.

The details of the risk share are subject to further discussion between the Council and the CCGs so that a jointly agreed submission can be made on 21st March. An agreed Better Care Fund needs to be in place for the transfer of funds to occur.

The 16/17 BCF maintains the level of investment for protecting social care at over £1m. It also provides for investment in a range of schemes to prevent admission and support discharge. These proposals have been developed through the Reading Integration Board prior to the financial picture becoming clear, and now being adjusted to ensure care systems remain financially viable.

Further collaborations between health, social care and Reading Borough Council's Wellbeing Team will identify a greater preventative approach. Taking this joint up approach will require further developments within commissioning working forward a 2020 vision.

3.6 In addition, the previous national BCF plan assurance process has been removed and replaced with a less onerous local assurance process aligned to the assurance process for local CCG Operating Plans.

3.7 Further detail on the National Conditions and Performance Metrics can be found within the BCF Policy Framework published by Central Government –

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/490559/BCF_Policy_Framework_2016-17.pdf

4. CURRENT POSITION

4.1 For 2016-17 the CGGs and council will be required to collectively develop and agree through the Health and Wellbeing Board:

1. A short, jointly agreed **narrative** plan including details of how we are addressing the national conditions
2. Confirmed **funding contributions** from the Local Authority and CCGs including arrangements in relation to funding within the BCF for specific purposes
3. **Spending plans** broken down by each BCF scheme demonstrating how the fund will be spent
4. Quarterly plan figures for the **national metrics**

4.2 Due to the delays with the publication of the final 2016/17 BCF submission guidance and timetables from NHS England it has not been possible to fully anticipate all requirements. The final guidance was eventually released 23 February 2016 meaning we faced a challenging timetable with the first BCF submission due 02 March 2016 (see 5.1). This was not submitted due to outstanding issues relating to the Nel targets and financial reconciliation as reported to Health and Wellbeing Board in June 2015, and further discussions required on whether to include the risk share on BCF plans. Below follows a brief summary of the submission requirements and the related progress/position to date.

Narrative

4.3 The guidance states that our 16/17 BCF narrative should build on our approved year one plan and demonstrate a consideration of what has, and what has not, been successful as the basis for developing plans for 2016-17. High level narrative plans produced for 2016-17 will therefore be expected to demonstrate incremental changes to year one plans and reflect this review of progress. An evaluation of year one BCF schemes has already taken place and the findings will help shape our 16/17 programme. This will be combined with a review of our year one submission against the final 16/17 requirements to produce the required high level narrative.

4.4 Although plans are still in development, key themes/service developments expected to form part of the 16/17 BCF are:

- Protection for Adult Social Care is maintained
- Greater financial alignment to performance measures is required. Reading Borough Council need to fully understand the person centred implications and economic benefits of all programmes within the BCF

- Completion of an in-depth analysis to understand the alternatives for the cohort of patients admitted to hospital and the financial impact on all partners of the nel target Increased **Discharge to Assess** capacity at the Willows to build on the success of the service in relation to timely hospital discharge, reablement and avoiding long term residential care home admissions.
- The inclusion of the **Rapid Response and Treatment Service**, born out of the evaluation of the Hospital at Home service that was part of the 15/16 BCF. This service will provide rapid care and support services to residents in care homes to avoid hospital admission and help people return home quicker where they have needed a stay in hospital to support the pressure on reablement team.
- Due to their alignment with BCF objectives and aspirations, a range of services currently delivered via Berkshire Healthcare Foundation Trust, and commissioned by the CCGs, will be managed within the 16/17 BCF programme.
- A continuation of the **Connected Care** project, that aims to improve data sharing between Health and Social Care professionals and enhance the service delivered to patients.
- The Care Home Project aims is to prevent avoidable admissions or attendances to hospital, reduce delayed discharges of care back into care homes, reduced length of stay for care home residents during an acute illness, improve patient outcomes and support care homes in providing high quality care.

Funding Contributions

4.5 2016/17 BCF minimum fund contributions from NHS South Reading CCG and from NHS North & West Reading CCG have been announced by Central Government and total £10,113k. As per year one, within this total there is capital funding for Social Care services and DFGs (Disability Facilities Grant). Further guidance is expected as part of the final technical guidance publication from DH regards any other mandated requirements on the fund total.

4.6 It is expected that funding for Carers services will again be included within the BCF for 16/17. This funding will be in addition to the mandated minimum contributions and capital funding outlined above.

Scheme Level Funding Plan

4.7 Work continues to draft the scheme level spending plan which will be required to account for the use of the full value of the budgets pooled through the BCF. These plans will include:

- Area of spend
- Scheme type
- Commissioner type
- Provider type
- Funding source
- Total 15/16 investment (if existing scheme)
- Total 16/17 investment

Performance Metrics

4.8 Work remains to benchmark and set targets for the key performance metrics and this will initially be undertaken via the Reading Integration Board, and reported to the Delivery Group (officer Programme Board) and West of Berks Integration Board (Diagram Appendix 2) and aligned to relevant HWBB Strategies and CCG Operating Plans.

4.9 BCF plans will also need to establish a Health and Wellbeing Board (HWB) level Non-Elective Admission activity plan. This in itself will initially be established by mapping agreed CCG level activity plans to the HWB footprint using the mapping formula provided in the planning return template (not yet published), this is of critical importance because as more people are admitted to hospital care, the pressure on services to manage discharge effectively is massively increased. As CCG plan figures will not be finalised when initial BCF plans are submitted these targets are not intended to be confirmed at that point. Instead these will be mapped from CCG operating plan returns centrally and provided back to HWBs to review and confirm as part of the final submission (due 25 April 2016).

Engagement with Patients and Service Users

4.10 It is recognised that we need to improve our engagement and co-production approaches in relation to the BCF. In 2016/17 we will work with Healthwatch to ensure we gain a meaningful understanding of the personal impact of each scheme. We will also utilise a range of engagement techniques to ensure patients and users can shape our BCF programme, via dedicated task/finish user forums through to direct communications with key groups via existing private and voluntary sector partners.

4.11 Additionally, individual BCF schemes will establish user feedback mechanisms to gather regular input from patients/service users in relation to their satisfaction with, and ultimate success of, the services. This feedback will be used on an on-going basis to develop individual services and the BCF programme throughout 2016/17.

Engagement with Housing

4.12 The Disabled Facilities Grant (DFG) will again be allocated through the Better Care Fund. Local housing authority representatives will be involved in developing and agreeing the plan, in order to ensure a joined-up approach to improving outcomes across health, social care and housing.

Engagement with Local Providers - NHS

4.13 As per plan development in 15/16 the main local NHS Providers, Berkshire Healthcare Foundation Trust and Royal Berkshire Hospital Foundation Trust,

have continued to be engaged in the development of BCF plans and schemes via representation at both the Reading Integration Board and Berkshire West Partnership Board. Via these forums both clinicians and managers from the Trusts will continue to shape the development of business cases and models of care delivery and any resulting impact on their organisations.

Engagement with Local Providers – Adult Social Care

4.14 The BCF and wider Integration ambitions, plus the anticipated impact on the local care market, are a key component of the Reading Market Position Statement (MPS). The MPS sets out our understanding of the current and future local needs, the services available in the local care and support market, and the areas where we plan to address identified gaps or support developments in the market. The Market Position Statement is informed by our knowledge of the views of service users and carers, and our work with local providers to make sure the document is useful for their organisations.

4.15 The council worked with local providers of care and support services on the development of the Market Position Statement and continues to involve service providers, through both regular Care Conference events and more targeted service specific provider forums and communications, in the documents evolution as the stated ambitions are realised and developed.

5. 16/17 BCF PLAN SUBMISSION & APPROVAL TIMTABLE

5.1 The BCF submission and assurance process will follow the timetable below:

NHS Planning Guidance for 2016-17 issued	22 December 2015
Technical Annexes to the planning guidance issued	19 January 2016
BCF Planning Requirements; Planning Return template, BCF Allocations Published	February 2016
First BCF Submission, agreed by CCGs and local authorities, to consist of: • BCF Planning Return Template	02 March 2016
Assurance of BCF Plans *(in conjunction with assurance of CCG Operating plans)*	March 2016
Second Submission following assurance and feedback, to consist of: • Revised BCF planning return • High level narrative plan	21 March 2016
Assurance status of draft plans confirmed	By 8 April
Final BCF plans submitted, having been signed off by Health and Wellbeing Boards	25 April 2016
All Section 75 agreements to be signed and in place	30 June 2016

5.2 The final BCF submission will need to be signed off by the chair of the Health and Wellbeing Board. In preparation for this the Health and Wellbeing Board, on 22 January 2016, agreed to delegate authority to the Director of Adult Social Care and Health for signing off the first submission in consultation with the Health and Wellbeing chair.

6. CONTRIBUTION TO STRATEGIC AIMS

6.1 The decision contributes to the following Council's strategic aims:

- To promote equality, social inclusion and a safe and healthy environment for all
- To remain financially sustainable to deliver our priorities

6.2 Reading Borough Council is committed to:

- Ensuring that all vulnerable residents are protected and cared for;
- Enabling people to live independently, and also providing support when needed to families;
- 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;

6.3 The decision also contributes to the following:

- Equal Opportunities
- Health

7. LEGAL IMPLICATIONS

7.1 As per 2015/16, the requirement to formally pool budgets, established under section 75 of the NHS Act 2006, with South Reading CCG and North & West Reading CCG remains.

7.2 Once budgets and spending plans are confirmed the pooled budget agreement will be drafted (based on the 15/16 template) and approved and formally executed by the appropriate council and CCG committees. The anticipated deadline for completion and signature of the agreement is 30 June 2016.

8. FINANCIAL IMPLICATIONS

8.1 Revenue Implications

The key issue for 16/17 is the financial pressures faced by both the CCGs and the Council. Whilst the overall BCF funding for 16/17 is expected to see a small increase from 15/16, the fund will need to cover £5m (Divided across the West of Berkshire - £1.5m to Reading BCF) of existing CCG spend and therefore this has largely been accommodated by removing £2.5m of investment in primary care, application of the 15/16 underspend and removal of the Performance Fund. The Local Authority share of the BCF has increased in 16/17.

The 15/16 BCF for the Reading locality (£10.196m) includes funding for Intermediate care assessments, community reablement and step down care beds.

8.2 Capital

Within the BCF there is capital funding for Social Care services and DFGs (Disability Facilities Grant). This is expected to continue to be funded as per 15/16 at around the same level (£815k)

8.3 Value for Money

The services being delivered as part of the 15/16 program are being evaluated and as part of this a determination will be made around the effectives of the schemes and their VFM ready for the new BCF in 16/17.

8.4 Risks

Both the CCGs and the Council are faced with significant funding issues going into 2016/17 and beyond. Section 8.1 sets out that there is current £3.611m of BCF funds supporting Council frontline services. Without this funding the Council could not support these services and these would have to cease, with the resulting impact on Council and NHS services.

The need to move £5m (divided across the three Berkshire Localities - £1.5m to Reading BCF) of existing CCG expenditure into the BCF for 16/17 may cause potential significant issues to the delivery of existing services however planning discussions are now taking place to seek solutions to resolve these matters.

Currently the BCF is expected to hold £542,000 in a performance fund related to the reduction of non-elective admissions. If targets are met the funds are released back into the BCF and the Reading Integration Board would agree how they could be applied. However, if there are a greater number of non-elective admissions than planned the funds are retained by the CCGs to mitigate the cost pressure of hospital activity.

All parties need to be assured that the proposed schemes will support the anticipated activity pressures for all partners.

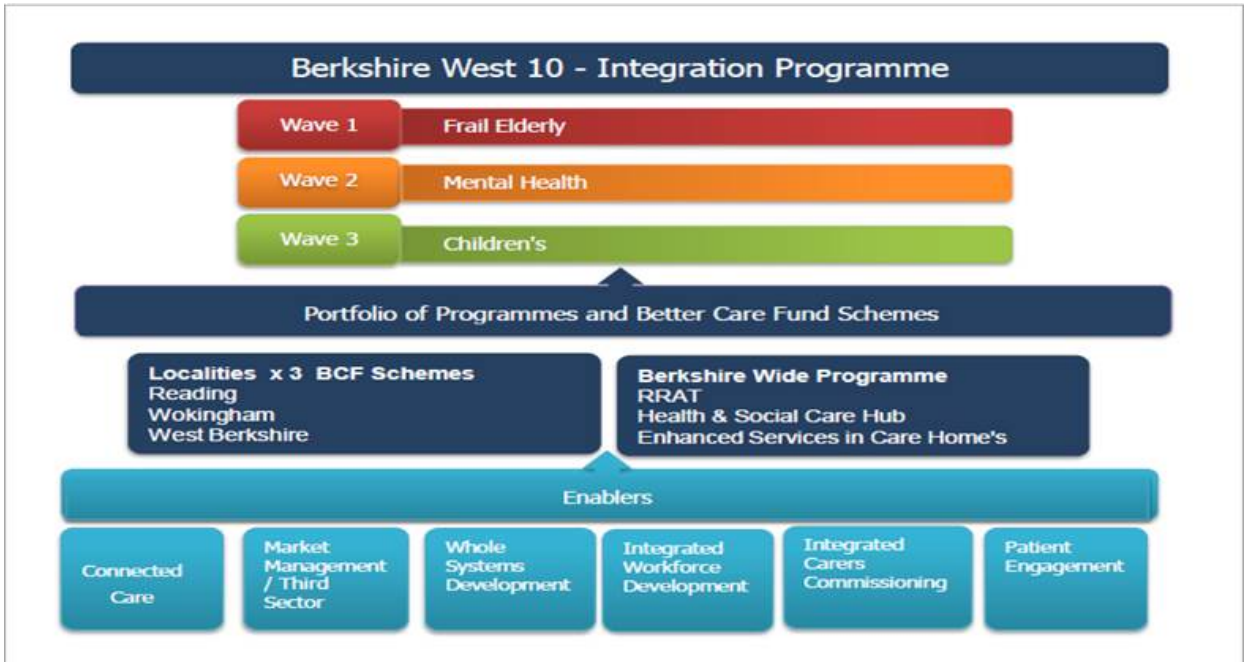
9. BACKGROUND PAPERS

9.1 Reading Integration Update, Agenda Item 11, 22 January 2016 Health and Wellbeing Board

Appendix 1

Scheme BCF04 Discharge to Assess (Full Intake model)
Scheme BCF04 Discharge to Assess (Willows beds)
Scheme BCF05b Neigbourhood Clusters -Social Prescribing
Scheme BCF05b Neigbourhood Clusters -Living Well
Scheme BCF05b Neighbourhood Clusters-Case Cordinators
Scheme BCF05b Neighbourhood Clusters-Right 4 U

Appendix 2


Berkshire West 10 - Integration Programme
Wave 1
Frail Elderly
Wave 2
Mental Health
Wave 3
Children's
Portfolio of Programmes and Better Care Fund Schemes
Localities x 3 BCF Schemes
Reading
Wokingham
West Berkshire
Berkshire Wide Programme
RRAT
Health & Social Care Hub
Enhanced Services in Care Home's
Enablers
Connected Care
Market Management / Third Sector
Whole Systems Development
Integrated Workforce Development
Integrated Carers Commissioning
Patient Engagement