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To: All members of the Health & Wellbeing Board

(Agenda Sheet to all Councillors)

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11 January 2018

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NOTICE OF MEETING - HEALTH & WELLBEING BOARD - 19 JANUARY 2018

A meeting of the Health & Wellbeing Board will be held on **Friday 19 January 2018 at 2.00pm** in the Council Chamber, Civic Offices, Reading. The Agenda for the meeting is set out below.

AGENDA

		PAGE NO
1.	DECLARATIONS OF INTEREST	-
2.	MINUTES OF THE HEALTH & WELLBEING BOARD MEETING HELD ON 6 OCTOBER 2017	1
3.	QUESTIONS Consideration of formally submitted questions from members of the public or Councillors under Standing Order 36.	-
4.	PETITIONS Consideration of any petitions submitted under Standing Order 36 in relation to matters falling within the Committee's Powers & Duties which have been received by Head of Legal & Democratic Services no later than four clear working days before the meeting.	-

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5. MAKING READING A PLACE WHERE PEOPLE CAN LIVE WELL WITH DEMENTIA: UPDATE ON PRIORITY 6 FROM THE HEALTH AND WELLBEING ACTION PLAN — 16

A report giving an update on delivery against the Health and Wellbeing Strategy Priority 6 - *Making Reading a place where people can live well with dementia.*

6. IMPROVING HEALTHY LIFESTYLES IN READING - THE PILLAR OF PREVENTION (PRIORITY 1) — 22

A report giving an update on work to address priorities 1 and 5 in the Reading Health and Wellbeing Strategy, as follows:

1. Supporting people to make healthy lifestyle choices (improving dental care, reducing obesity, increasing physical activity, reducing smoking)
5. Reducing the amount of alcohol people drink to safe levels.

7. CANCER UPDATE — 37

A report summarising the work underway across Berkshire West in relation to cancer detection and treatment, underpinned by the Berkshire West Framework for Cancer, including areas of key focus specifically within Reading locality. (Priority 7 within the Reading Health & Wellbeing Strategy, *increasing bowel screening and prevention services*).

8. REFRESHED FUTURE IN MIND LOCAL TRANSFORMATION PLAN FOR CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH & WELLBEING (PRIORITY 3 IN HWBS) — 51

A report giving an overview of the refreshed Future in Mind Local Transformation Plan (LTP) which was published in October 2017 in accordance with national Future In Mind requirements. The LTP provides an update on service development and improvement across the comprehensive Child and Adolescent Mental Health Service (CAMHS) system.

9. SPECIAL EDUCATIONAL NEEDS & DISABILITY (SEND) STRATEGY — 152

A report setting out the SEND Strategy for Reading Borough which was approved by ACE Committee in July 2017 and the progress made to date on its delivery.

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10. READING LOCAL SAFEGUARDING CHILDREN BOARD (LSCB) ANNUAL REPORT 2016/17 — 184

A report presenting the LSCB Annual Report for 2016/17 to ensure members are informed about the work of and achievements of the LSCB for the 2016/2017 financial year.

11. SAFEGUARDING ADULTS BOARD (SAB) ANNUAL REPORT 2016-17 — 229

A report on the SAB Annual Report 2016-17, which presents what the SAB aimed to achieve on behalf of the residents of Reading, West Berkshire and Wokingham during 2016-17, both as a partnership and through the work of its participating partners. It provides a picture of who is safeguarded across the area, in what circumstance and why and outlines the role and values of the SAB, its ongoing work and future priorities.

12. UPDATE ON URGENT AND EMERGENCY CARE DELIVERY PLAN — 366

A report giving an update on progress in delivery of a modernised and improved urgent and emergency care service as described in the "Urgent and Emergency Care Delivery Plan" which was published by NHS England in April 2017.

13. READING HEALTH & WELLBEING ACTION PLAN 2017-20: PROGRESS REPORT — 370

A report presenting an update on delivery against the Health and Wellbeing Action Plan which supports the 2017-20 Health and Wellbeing Strategy.

14. INTEGRATION PROGRAMME UPDATE — 419

A report giving an update on the Integration Programme – notably, progress made within the Programme itself, as well as progress made against the delivery of the national Better Care Fund (BCF) targets.

15. HEALTH AND WELLBEING DASHBOARD – DECEMBER 2017 UPDATE — 435

A report giving an update on the development of the Health and Wellbeing Dashboard, which will be used to keep Board members informed of local trends in priority areas identified in the Health and Wellbeing Strategy.

16. DATE OF NEXT MEETING: — -

Friday 16 March 2018 at 2pm

Present:

Councillor Hoskin (Chair)	Lead Councillor for Health, Reading Borough Council (RBC)
Andy Ciecierski	Chair, North & West Reading Clinical Commissioning Group (CCG)
Ann Marie Dodds	Director of Children, Education & Early Help Services, RBC
Seona Douglas	Director of Adult Care & Health Services, RBC
Councillor Eden	Lead Councillor for Adult Social Care, RBC
Councillor Gavin	Lead Councillor for Children's Services & Families, RBC

Also in attendance:

Michael Beakhouse	Integration Programme Manager, RBC & CCGs
Gwen Bonner	Clinical Director, Berkshire Healthcare NHS Foundation Trust (BHFT)
Stan Gilmour	LPA Commander for Reading, Thames Valley Police
Jo Jefferies	Consultant in Public Health
Maureen McCartney	Operations Director, North & West Reading CCG
Lyndon Mead	Accountable Care System Programme Manager, Berkshire West CCGs
Eleanor Mitchell	Operations Director, South Reading CCG
Sarah Morland	Partnership Manager, Reading Voluntary Action
Sally Murray	Head of Children's Commissioning, Berks West CCGs
Janette Searle	Preventative Services Manager, RBC
Nicky Simpson	Committee Services, RBC
Mandeep Sira	Chief Executive, Healthwatch Reading
Councillor Stanford-Beale	RBC
Liz Stead	Head of Safeguarding Children, Berkshire West CCGs
Lesley Wyman	Consultant in Public Health

Apologies:

Jo Hawthorne	Head of Wellbeing, Commissioning & Improvement, RBC
Councillor Lovelock	Leader of the Council, RBC
Bev Searle	Director of Transformation, BHFT
David Shepherd	Chair, Healthwatch Reading
Bu Thava	Chair, South Reading CCG
Cathy Winfield	Chief Officer, Berkshire West CCGs

(Councillor Stanford-Beale declared an interest in any items on the agenda which referred to autism but remained in the room and took part in the debate. Nature of interest: Councillor Stanford-Beale was Chief Executive Officer of Autism Berkshire.)

1. MINUTES

The Minutes of the meeting held on 14 July 2017 were confirmed as a correct record and signed by the Chair.

2. UPDATE ON PROGRESS TOWARDS PROMOTING POSITIVE MENTAL HEALTH & WELLBEING IN CHILDREN & YOUNG PEOPLE

Sally Murray submitted a report giving an update on service development and improvement across the comprehensive Child and Adolescent Mental Health Service (CAMHS) system, responding to the national Future in Mind requirements. Appendix 1 set out acronyms used in the report and Appendices 2 & 3 set out details of Tier 1-4 services.

The report gave details of areas of progress since the last report to the Board in March 2017, which included:

- The CAMHS Urgent Response Pilot, integrated with Royal Berkshire Hospital, providing timely mental health assessments and care, had been recommissioned for 2017/18 in partnership with Berkshire East CCGs and recurrent funding was being sought.

- The Berkshire CAMHS Community Eating Disorders Service was now fully established and providing a more timely highly specialised community service in accordance with national requirements.

- A successful bid had been made to NHS England Health and Justice commissioning, resulting in some additional CAMHS resource and new speech and language therapy resource being available to the Reading Youth Offending Team. An all age Liaison and Diversion scheme for people in touch with the criminal justice service had also been commissioned.

- Partners had been working together to deliver training sessions, and the multiagency Together for Children with Autism group continued to work to improve whole system working.

- An outcomes framework had been agreed for all providers of emotional Health and Wellbeing services for children and young people.

- A booklet providing emotional and mental health information and advice for pupils prior to exam season had been co-produced with young people and had been made available in hard copy and online, alongside a social media and bus shelter and bus advertising campaign.

- An integrated Berkshire Healthcare NHS Foundation Trust Children, Young People and Families Health Hub had gone live in May 2017, to triage referrals and make appropriate decisions according to individual needs.

- An online CAMHS toolkit for families had been developed and had now gone live.

- CAMHS caseloads had increased in line with the national picture. Waiting times had been improving but the system was currently at saturation point again.

The report also gave details of next steps, stating that the Berkshire West Future in Mind Local Transformation Plan (LTP) was due to be refreshed in October 2017. It recommended that the refreshed Future in Mind LTP was taken to the January 2018 Board for approval, with a fuller report.

The meeting discussed the LTP, welcoming the change in focus from diagnosis to addressing children's needs and emphasising the importance of all agencies involved in mental health issues working together in partnership on the refresh and implementation of the LTP, as well as of prevention and offering support at the earliest opportunity.

The Chair requested that the fuller report on the LTP coming to the January 2018 meeting include a further update on waiting times and how resources were being deployed to address them. With reference to the partnership approach, Sally Murray said that the next report could include information on the co-production element with young people.

Resolved -

(1) That the report and progress to date be noted;

(2) That the refreshed Future in Mind Local Transformation Plan be taken to the January 2018 Board for approval, with a fuller report, including an update on waiting times, and how resources were being deployed to address them, and a report back on co-production with young people.

3. REDUCING LONELINESS AND SOCIAL ISOLATION: READING DEVELOPMENTS

Janette Searle and Sarah Morland submitted a report giving an update on recent developments to reduce loneliness and social isolation in Reading, in particular to improve understanding of the local issues and which groups of Reading residents were at greatest risk of experiencing health inequalities as a result of being lonely and/or isolated.

The report had appended a report by Reading Voluntary Action (RVA) on the findings of a Reading-wide survey of loneliness and isolation at Appendix 1 (Loneliness and Social Isolation in Reading – Reading Voluntary Action – July 2017) together with a summary presentation at Appendix 2, which Sarah Morland presented to the Board.

The report explained that it was one of several progress reports being presented to the current meeting addressing the meeting's theme of 'emotional wellbeing'. The theme had been selected by the Board to facilitate a review of local plans against the Prevention Concordat for Better Mental Health, and in recognition of World Mental Health Day on 10 October 2017.

The report gave details of the Prevention Concordat, which had been published by Public Health England on 30 August 2017 and described a shared commitment to work together to prevent mental health problems and promote good mental health. The report set out the seven commitments within the Concordat and recommended that the Health and Wellbeing Board adopt the concordat as a set of guiding principles.

The report also explained how reducing loneliness and social isolation had been chosen as Reading Health and Wellbeing Strategy's priority 2, as it had been shown to lead to:

- fewer GP visits, fewer outpatient appointments, fewer days in hospital and lower use of medication.
- a lower incidence of falls.

- reduced risk factors for long term care.
- fewer - or later - admissions to nursing homes.

The report stated that the Prevention Concordat toolkit included an evaluation of a signposting service aimed at reducing social isolation and loneliness amongst older people, which had demonstrated a return on investment of £1.26 from every £1 invested in the service. It noted that this had been considered to be a very conservative estimate as it had focused on mental health improvements and had not taken account of additional health benefits, such as improved physical health, as well as potential benefits for the protection of cognitive health.

A Loneliness and Social Isolation Steering Group had been formed to deliver on Priority 2 of the Reading Health and Wellbeing Action Plan 2017-20. Voluntary and community sector partners were key members of that group, and the sector's approach within the Steering Group and beyond was being galvanised by RVA. The Group was overseeing the development of a local loneliness and isolation needs analysis, to help target interventions.

RVA, with partners, had carried out a survey in April and May 2017 into loneliness and social isolation, and the results of the survey were set out in the appended RVA report. The report stated that the next step of research would be to carry out targeted focus groups, to help inform local organisations on how they could respond to the issues. The report also gave details of a 'Champions to End Loneliness' campaign being led by RVA to enable local residents to take action on loneliness and explained that reducing loneliness and developing peer support mechanisms featured strongly in the draft Narrowing the Gap II framework for commissioning community services from 2018, on which the Council was currently consulting.

Sarah Morland said that RVA still had all the raw data from the RVA survey, so if partners wanted to look at different factors from the survey, this would be possible and she encouraged partners to send through specific questions for analysis.

The meeting discussed the report and the importance of "Making Every Contact Count", with the staff from all agencies which interacted with residents, not just health and social care professionals, getting involved in signposting or referring residents to relevant services as appropriate. It was noted that officers were looking at the Social Care Act and how this could be used locally to assist in this work. The meeting also discussed the use of social prescribing to assist in this area and it was noted that both of these areas were being included in the Narrowing the Gap framework.

Maureen McCartney suggested that the GP Practices' Patient Participation Groups would be happy to be involved in nominating Champions to End Loneliness, and the CCGs could help RVA in contacting them. Councillor Eden noted that Councillors could also be involved in helping to identify residents who needed to be referred to loneliness and social isolation reduction services.

It was explained at the meeting that there was a national campaign to end mental health stigma, 'Time to Change', and organisations and individuals were being invited to make pledges with Time to Change, to change attitudes to mental health in communities, schools and workplaces.

Councillor Hoskin, as Reading's Lead Councillor for Health and Mental Health Champion, signed an employer pledge at the meeting on behalf of the Council, with an action plan of activity that would help to break the silence surrounding mental health in the workplace. It was explained that, by signing, the Council was committing to change attitudes to mental health in the workplace, and examples were given of the sorts of activities that were planned.

Resolved -

(1) That the RVA report and progress to date be noted;

(2) That the Prevention Concordat for Better Mental Health be adopted as a set of guiding principles for the Board, particularly in overseeing the delivery of the Health and Wellbeing Strategy 2017-20;

(3) That the Champions to End Loneliness programme be endorsed and supported;

(4) That the signing of the Time to Change employer pledge by Reading Borough Council be noted.

4. SUICIDE PREVENTION UPDATE

Janette Searle submitted a report giving an update on delivery against the Health and Wellbeing Strategy Action Plan Priority 4 - Reducing Deaths by Suicide. It included an overview of performance and progress towards achieving suicide prevention goals and upcoming activities to support suicide prevention strategy objectives.

The report explained that, in Berkshire, the development of a strategic approach to suicide prevention had been coordinated by a multi-agency group which had overseen the preparation of a county-wide strategy and action plan, complemented by local action plans responding to the unique needs and circumstances of each of the six local authorities in Berkshire. The Berkshire Suicide Prevention Strategy included a 'stretch' target to reduce the suicide rate by 25% by 2020.

The Board had endorsed the draft strategy at its meeting on 24 March 2017 (Minute 6 refers) and the formal launch of the strategy on 17 October 2017 would provide an opportunity to raise the profile of suicide risk and suicide support through media coverage and partner engagement, with guest speakers and workshop sessions.

The report gave further details of ongoing work to raise public awareness of suicide risk and support available, and of other activities, which included:

- The recent launch of a Suicide Prevention Page on the Reading Services Guide.

- A local event on 9 October 2017 to mark Older People's Day with the theme of Emotional Wellbeing in Later Life, including a guest speaker, a range of workshops, demonstrations and information stalls promoting mental health and wellbeing.

- The formation of a Reading Mental Wellbeing Group, which was a multi-agency group that brought together stakeholders who oversaw the local development

of evidence-based support for mental wellbeing, and which provided strategic direction for the implementation of the Reading Suicide Prevention Plan.

- Reading's Recovery College (Compass) using an educational approach to enable people with experience of mental health difficulties to become experts in their own healthcare, building on people's strengths and helping them to develop skills and confidence to manage their recovery journey. The College's new website would be launched on World Mental Health Day (10 October 2017).

- Reading Your Way offering peer-led support for mental health recovery, including entering education, returning to work, finding new hobbies and social activities, solving housing issues, making friends, organising finances and helping people to avoid or manage crises. Reading Your Way would host an Open Coffee Morning to mark World Mental Health Day.

- As people suffering from substance misuse were also at higher risk of death by suicide, the Reading Drug and Alcohol Commissioner had reviewed contracts to ensure suicide prevention strategy objectives were set up with all providers.

- Reading hosting a media event jointly organised by Public Health Berkshire, BBC Berkshire and the Samaritans on 11 September 2017 (the closest working day to World Suicide Prevention Day on 10 September 2017), to highlight the role of media in shaping public perception of suicide, to educate Berkshire's media community on responsible suicide reporting and to promote the forthcoming Suicide Prevention Strategy launch.

- The Reading Joint Strategic Needs Assessment (JSNA) module on suicide and self-harm had been updated and the Mental Health JSNA module was now in the process of being refreshed.

Resolved - That the progress to date against the 2017-20 Reading Health and Wellbeing Strategy Action Plan Priority 4 on Reducing Deaths by Suicide, be noted.

5. BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST - MENTAL HEALTH STRATEGY 2016-21

Gwen Bonner submitted a report on the Berkshire Healthcare NHS Foundation Trust's (BHFT's) Mental Health Strategy for 2016-21, for the Board to discuss the next steps regarding the implementation of the strategy for Reading. The report had appended a copy of a report submitted to the Berkshire West Integration Board (BWIB) in February 2017 on the Strategy, as well as the Strategy summary document.

The report explained that, since February 2017, a joint agency Mental Health Strategy Steering Group had been established to enable progress on the implementation of the Five Year Forward View for Mental Health. Progress had also been made with the establishment of a joint panel for planning support for people who were subject to section 117 of the Mental Health Act (highlighted as an area of concern in the BWIB report).

The BWIB report set out what was going well, what the challenges were, and recommendations about the next steps that should be taken to ensure mental health was appropriately included within the overall approach to integration as a system.

The BWIB had agreed that Health and Wellbeing Board discussions on mental health should be undertaken in each unitary authority area to clarify local priorities and approaches to strategy implementation and the report was therefore being presented to the Reading Health and Wellbeing Board. The priorities/specific areas of concern for Reading would be collated with feedback from the other Berkshire West Health and Wellbeing Boards and taken into the work of the Berkshire West Strategy Steering Group.

The report stated that there was good alignment between the priorities of the Reading Health and Wellbeing Strategy, and the attached Mental Health Strategy update. The aim was to identify a small number of priority actions which needed to be taken forward on a Berkshire-West basis, while achieving clarity about the specific pieces of work which were best addressed at a Unitary Authority level in line with local Health and Wellbeing Strategy priorities. The Board was also asked to give guidance on the frequency of ongoing reporting on progress to the Board, with the report suggesting that it take place twice yearly and be aligned with local progress reporting on mental health initiatives.

The Board discussed the Strategy and the points made included:

- There needed to be a focus in Reading on out-of-area placements.

- It was reported that Healthwatch Reading had recently worked with Reading Advice Network on supporting service users with mental health needs, and the report had identified that there were a lot of unmet mental health needs in the local community, particularly where people were not needy enough to require high level support, but the lower level of support was missing, and so people were "bouncing" around the system not having their needs met. Mandeep Sira said she could provide a copy of the report for reference.

- There was a need to try and find some headroom to invest in prevention, early intervention and peer support.

- Safeguarding was key and was not referred to in the strategy – the relationship between the Council as the safeguarding authority and Prospect Park Hospital particularly needed to be focused on.

- Across the health and social care system, there was mental health work such as Talking Therapies and Long Term Conditions and there was national funding to look at low level interventions. This work was in pilot stages but going well, and it had been recognised at the Reading Integration Board that that there was a need for a greater focus around mental health in the BCF. A session was being held on 22 November 2017 to look at the priorities for Reading and identify an action plan.

- The police and other first responders were working closely with partners on mental health issues, although this was not referred to in the Strategy. It was noted that information sharing was a key enabler and the partnership work already happening should be given more prominence. It was noted that this had been discussed at the Berkshire West Steering Group when the Group had looked at the Prevention Concordat, but it was noted that the excellent communication services on mental health were very stretched.

- The Council and the CCG were coming together to provide mental health peer support through Reading Recovery College, to be led by peer mentors and learned experienced staff and it would be useful if BHFT could be involved and provide staff time and/or investment in the courses.

- It was noted that the mental health priorities needed to be informed by Reading's existing strategies.

Resolved -

(1) That the priorities and areas of concern raised in the points made above be fed into the work of the Berkshire West Strategy Steering Group for implementation of the BHFT's Mental Health Strategy;

(2) That reporting on progress on the BHFT's Mental Health Strategy to the Board be carried out twice yearly, aligned with local progress reporting on mental health initiatives.

6. BERKSHIRE WEST ACCOUNTABLE CARE SYSTEM

Further to Minute 4 of the previous meeting, Lyndon Mead submitted a presentation giving an update on the development of the Berkshire West Accountable Care System (ACS).

The presentation gave details of the current position of the health system and explained that the ACS was: a more collaborative approach to the planning and delivery of services with collective responsibility for resources and population health; with organisations working more closely in partnership with system-wide governance arrangements; and underpinned by a single budget system financial model, managing risk and aligning incentives, for the whole health care system.

The Berkshire West ACS had agreed a 'performance contract' with NHS England, which was a memorandum of understanding (MOU) describing what the ACS needed to achieve in 2017/18 and 2018/19, to be formally signed by the end of October 2017.

The presentation gave details of how the ACS governance continued to evolve, noting that the Chair of the Berkshire West Integration Board (BWIB) was now formally a member of the ACS Leadership Group; progress on the ACS was being reported through the BWIB and to the three Health and Wellbeing Boards; there was Primary Care Alliance representation at both the ACS Leadership and Management Groups; and there was currently work looking at the best mechanism to ensure effective resident engagement and the interfaces with existing joint health and social care programme boards such as the A&E Delivery Board and Long Term Conditions Board.

It stated that payment mechanisms and contracts for 2018/19 would be agreed by December 2017, establishing how the ACS organisations would do business together, and that the ACS transformation programme continued focusing on the delivery of the Five Year Forward View priorities, delivery of locally–identified clinical improvement opportunities and the implementation of ACS contracts and governance. The presentation gave details of the programme approach being taken, and gave a high level overview of the planned new care and business models, including an Outpatients Transformation Programme.

During the discussion on the ACS, the points made included:

- Whilst the partners to the ACS MOU were the CCGs, Berkshire Healthcare Foundation Trust and Royal Berkshire Foundation Trust, this did not make any statutory changes and the 'performance contract' was not actually a contract, so any decisions made on behalf of the partners would need to come back to them. The ACS was not a structural organisation, but a way of working more collaboratively within health between different statutory bodies, and there would be further working with local authorities and other partners looking at how to work together as an overall health and social care system.

- Some concern was expressed that the relationship between the ACS and the Berkshire West 10 was not clear, especially how accountability would work and how links with and impact on Public Health and social care would be considered, as the Council was not part of the ACS but the BW10 was working towards health and social care integration. If the ACS was having a single control total, even if it was not a legal entity, it looked like an organisation and governance issues would need to be considered. It was suggested that the ACE Committee might wish to consider these issues.

- It was noted that there had not yet been any opportunity for Reading Borough Council to be involved in or contribute to the development of the ACS, and that the Chair of the BWIB was from West Berkshire Council, not Reading, so would not have Reading-specific knowledge to feed into the ACS Leadership Group. It was noted that the ACS was supposed to be a culture change, not an organisational change, and that if involvement was not happening through Integration Boards, then this needed to be addressed.

- In response to an enquiry, it was explained that the Outpatients Transformation Programme was based on feedback from patients, and it was requested that the data on which this was based, and information on how it had been collected, be provided to Healthwatch Reading. It was suggested that, as the ACS developed, it would be helpful to have some public-friendly communications, so that the public and patients could be involved.

Resolved - That the presentation and position be noted.

7. MERGER OF THE FOUR BERKSHIRE WEST CCGS

Andy Ciecierski submitted a report briefing the Board on a proposal to merge the four Berkshire West CCGs into a single CCG with four localities, effective from April 2018. The report had appended the Merger Proposal paper which articulated in more detail the rationale, benefits, risks and some elements of an operating model for a single CCG.

The report explained that, in July and August 2017, the GP membership of the four Berkshire West CCGs had voted to merge to create a single CCG with four localities based on the existing CCGs. The key rationale had been to reduce the duplication and inefficiency created by running four separate organisations so that clinical and managerial effort could be focused on developing primary care alliances and supporting the Accountable Care System.

In accordance with this vote, the CCGs had submitted an application to merge to NHS England (NHSE), the NHSE National Commissioning Committee would consider this and a decision was now expected in mid-October 2017.

The CCGs had already been working as a federation and would begin to work in new ways in shadow form during the current year and, subject to NHSE approval, the new CCG would be established on 1 April 2018.

The Board discussed the proposal and the points made included:

- It was noted that there would still be publicly-available information on and contacts for each of the four localities within the one website for the new CCG and it was hoped that the patients and stakeholders would not notice any difference, with the main changes being in the running of one organisation instead of four.

- It was suggested that it might be useful in the future to look at how the different localities worked, eg mapping the four localities better to Council Wards.

- It was queried whether in future indicators would only be reported at the CCG level, as there were already variations within each of the four CCGs, which it was important to understand and to address in forward planning. It was noted that it was hoped that one of the benefits of the merger would be to remove some of the perverse anomalies which currently existed because of small numbers in the data, but that the CCG was likely to continue to keep data at the locality or local authority level. The importance of maintaining a focus on the needs of Reading was emphasised, and not allowing them to be diluted in the wider Berkshire West area.

Resolved - That the report and position be noted.

8. UPDATE ON BOB STP PREVENTION WORKSTREAM

Lesley Wyman submitted a report giving an update on the work of the Prevention Workstream that was part of the Buckinghamshire, Oxfordshire and Berkshire West Sustainability Transformation Plan (BOB STP), working on shifting the focus of care from treatment to prevention. The report had appended a BOB STP Prevention Programme Status Update as at July 2017.

The report set out the six themes that were the focus of this work, giving the vision, deliverables and progress to date. The six themes were: obesity, physical activity, tobacco, Making Every Contact Count, Digital solutions and healthy workforce. It explained that the work going on in the BOB STP Prevention Workstream was variable across the themes and was continuously evolving. Progress had been made and collaboration continued across the three geographical areas within BOB and the different disciplines. The Prevention Workstream continued to have good buy-in from Directors of Public Health and their representatives from Buckinghamshire, Oxfordshire and Berkshire West.

Referring to paragraph 4.4 in the report on tobacco, Lesley Wyman explained that if people gave up smoking before surgery, there was an increased chance of a successful surgical outcome, and almost a third of GPs limited elective surgery in some way for

people who continued to smoke. She said that the Berkshire West CCGs had not decided to take this step, but were working with the BOB STP to ensure that people were aware of the importance of smoking cessation. As part of the plans for smoking cessation and tobacco control, a relaunch was planned in the first instance of a previous pilot project 'Stop B4 The Op', where GPs had referred patients who needed elective surgery and were smokers directly to the Stop Smoking Service on a rapid access basis.

Resolved - That the progress against delivery of the six themes within the BOB STP Prevention Workstream be noted.

9. ESTABLISHING A CLINICAL RESPONSE FOR ADULTS WHO HAVE SUFFERED FEMALE GENITAL MUTILATION (FGM)

Liz Stead submitted a report giving an update on the establishment of a clinical response for adults who had suffered Female Genital Mutilation (FGM) in a Reading Rose Centre.

The report explained that, as reported to the Board on 22 January 2017 (Minute 8 refers), a bid had been made to the Home Office Violence Against Women and Girls Transformation Fund (VAWG) to establish a Reading Rose Centre to be based at the Oxford Road Community Centre (ORCC). This had planned to be a one-stop-shop for communities around addressing the issue of FGM and other BME issues and to access services such as English as a Second Language and back to work skills.

The report explained that the bid to the VAWG fund had been unsuccessful. However, it had been felt it was important that the vision for establishing the Rose Centre was not thwarted, so partners had worked creatively to establish a much more abbreviated version of the Rose Centre with the small amount of funds that were available, with a motto of "No Woman Turned Away".

The ORCC had been renovated by Reading Borough Council so Reading Rose Centre now had a venue that was fit for purpose and would allow partners to open a once-a-month drop-in session for women to come to learn about FGM in practising communities, challenge the practise and access advice, support and, where necessary, onward referral to therapeutic services (via the GP).

The remaining monies secured from the NHS England Innovation Fund (2016), which had been due to be used to equip the centre, were now funding the rent for the room at ORCC and would fund attendance of the clinician at the monthly drop-in session. The clinician, a Specialist Registrar from Royal Berkshire Hospital, had a special interest in FGM and related issues, and contracts had been agreed with the hospital. The Police & Crime Commissioner had also agreed to fund women's workshops and a men's group.

Appeals for donations for equipment and furniture had proved successful, as well as colleagues and friends giving time and effort in personalising the rooms, to make the centre a welcoming place for women to come and talk about this exceptionally sensitive subject.

The centre had had a soft launch on 1 September 2017 and the full service, with the clinician present, would be available from 6 October 2017. A publicity effort would take place prior to this, but as there was no budget for this, the service was reliant

on partners using their own links and resources to really push the Rose Centre and raise awareness. It was reported at the meeting that five women had attended the centre on 6 October 2017.

Monies available for the very abbreviated service would allow it to run for one year from September 2017. Thereafter, there would need to be a collaborative approach to funding the Centre's continuation. In the meantime, as more funding options became available, partners involved in Rose would continue to make bids to any and all appropriate sources.

Resolved -

(1) That the report be noted;

(2) That members of the Board commit to promotion and awareness-raising of the drop-in service across statutory agencies, such as social services and Local Authorities, MASHs etc, and safeguarding leads in all organisations;

(3) That an update report be submitted to the March 2018 meeting of the Board to report on the activity of the Rose Centre;

(4) That the report be shared with the Community Safety Partnerships in the West of Berkshire.

(Councillor Eden declared a non-pecuniary interest in the above item as she had recently been made patron of the Women in Vision Group, which was involved in BME communities.)

10. BETTER CARE FUND SUBMISSION & PERFORMANCE UPDATE

Michael Beakhouse submitted a report giving an update on the progress of the Better Care Fund (BCF) submission and on BCF Performance.

The report gave details of progress on the BCF submission, explaining that the documents had been assembled under the oversight of the outgoing Integration Programme Manager, Tony Marvell. A draft of the document had been submitted to Reading's NHS England Senior Relationship Manager, Kevin Johnson, on 31 August 2017. During a feedback conversation on 1 September 2017, positive feedback had been delivered praising the document's content, together with some suggested areas that could be expanded. This additional content had been developed and inserted in early September 2017 and a final draft had been circulated amongst the CCG and Local Authority (LA) Directors for comment/amendments, which had been duly made. The final draft had been signed-off and submitted to NHS England by the 11 September 2017 deadline.

Kevin Johnson had confirmed receipt of the submission and had noted that the submission evidenced a high level of joint effort from both the CCGs and the LA. The BCF submission documents would be considered by Kevin Johnson and it should be heard in October 2017 whether the submission was 'Approved', 'Approved with Conditions' – in which case the LA and CCGs would be given three months to improve the submission with active support from NHSE – or 'Rejected'.

The report had appended a dashboard report summarising performance against key targets for the Better Care Fund (such as delayed transfer of care rates), covering the period April-June 2017. A dashboard report summarising performance against key targets for the Better Care Fund across Quarter 2 (July-September 2017) would be presented at the next Health & Wellbeing Board.

Michael Beakhouse said that he now wanted to drill down into the information in the BCF performance figures and investigate further the causes, and that he was establishing monthly get-togethers with his equivalents in Wokingham and West Berkshire.

Resolved - That the report and progress be noted.

11. READING'S ARMED FORCES COVENANT AND ACTION PLAN – UPDATE ON WORK BEING DONE WITH GP PRACTICES ON REGISTERING VETERANS

Further to Minute 15 of the previous meeting, when the Board had received an annual update on progress against the actions in the Armed Forces Covenant action plan, the Board received a briefing note on the work being done by the CCGs with GP practices regarding the registering of veterans from the armed forces.

Resolved – That the work being done by the CCGs with GP practices regarding the registering of veterans from the armed forces be noted.

12. SEASONAL INFLUENZA CAMPAIGN PERFORMANCE 2016-17

Jo Jefferies submitted a report giving an update on the performance of the influenza (flu) vaccine campaign in winter 2016-17 to summarise lessons learned and to inform the Board of changes to the national flu programme for the coming flu season and how these would be implemented in the Berkshire Local Authorities Winter Flu Plan 2017-18.

The report had appended:

Appendix A - Berkshire Local Authorities Winter Flu Plan 2017-18
Appendix B - National Flu Plan Winter 2017-18
Appendix C - Berkshire Seasonal Influenza Vaccine Campaign 2016-17 Report
Appendix D - Presentation from Berkshire Flu Workshop June 2017

The report explained how seasonal flu was a key factor in NHS winter pressures and how flu plans aimed to reduce the impact of flu in the population, through a multi-agency approach of engaging and communicating with residents about flu and promoting and encouraging take up of flu vaccinations. It set out the responsibilities of the different agencies, gave details of flu vaccine uptake in Reading in 2016-17, set out learning from 2016-17 and summarised plans for the 2017-18 flu season.

Resolved -

(1) That the multi-agency approach planned for Reading as set out in the Berkshire Local Authorities Winter Flu Plan 2017-18 (Appendix A) be agreed and endorsed;

(2) That respective organisations be supported to fulfil their responsibilities as set out in the National Flu Plan Winter 2017-18 (Appendix B);

(3) That the local performance of flu vaccination uptake as set out in the report and Appendix C be noted;

(4) That members of the Board act as 'flu champions', taking every opportunity to promote the vaccine uptake and debunk myths, encouraging people to accept the offer of a flu vaccination where they were eligible.

13. PHARMACEUTICAL NEEDS ASSESSMENT UPDATE

Jo Jefferies submitted a report giving an update on the development of the revised Pharmaceutical Needs Assessment (PNA), which needed to be signed-off and published by 31 March 2018.

The report explained that Public Health Services for Berkshire had been leading the development of the 2018 revised PNAs across the six Berkshire Local Authorities. Part of this work had included conducting a survey of local pharmacies to identify the services that they provided or would like to provide. This had closed in September 2017, with a total response rate of 82.4% of pharmacies across Berkshire. For Reading, 30 out of 35 pharmacies had responded (86%). An online public survey had also been open from June to September 2017 to gather feedback about local pharmacy services. This had received 184 responses across Berkshire and 44 of these had been from Reading residents.

Public Health Services for Berkshire were now in the process of collating and analysing survey responses and mapping the local pharmacy services provided. These would be used to identify any possible gaps in service provision and would form the basis of the PNA. A draft PNA would be completed in October 2017 and was required to go out to public consultation for 60 days, which would be across November and December 2017. It was proposed that the Director of Adult Care & Health Services, in consultation with the Chair and Vice-Chair of the Health and Wellbeing Board, be authorised to approve the draft PNA prior to going out for consultation.

Following the public consultation, any necessary amendments would be made to the final PNA report in early 2018. This would then be formally signed-off by the Health & Wellbeing Board on Friday 16 March 2018, in line with the NHS Pharmaceutical Services and Local Pharmaceutical Services Regulations 2013.

Resolved -

(1) That the Director of Adult Care & Health Services be authorised to sign off the draft Reading PNA for public consultation, in consultation with the Chair and Vice Chair of the Health and Wellbeing Board;

(2) That public consultation on the draft PNA in November and December 2017 be supported;

(3) That the final Reading PNA be submitted to the 16 March 2018 Board meeting for approval.

14. DATE OF NEXT MEETING

Resolved – That the next meeting be held at 2.00pm on Friday 19 January 2018.

(The meeting started at 2.00pm and closed at 5.10pm)

NHS
North and West Reading
Clinical Commissioning Group

NHS
South Reading
Clinical Commissioning Group

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	19 JANUARY 2018	AGENDA ITEM:	5
REPORT TITLE:	MAKING READING A PLACE WHERE PEOPLE CAN LIVE WELL WITH DEMENTIA: UPDATE ON PRIORITY 6 FROM THE HEALTH AND WELLBEING ACTION PLAN		
REPORT AUTHOR:	MICHELLE BERRY/SUZIE WATT	TEL:	0118 937 4806
JOB TITLE:	NEIGHBOURHOOD COORDINATOR/ PROGRAMME OFFICER	E-MAIL:	Michelle.Berry@reading.gov.uk / Suzie.Watt@reading.gov.uk
ORGANISATION:	READING BOROUGH COUNCIL		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This report presents an update on delivery against the Health and Wellbeing Action Plan Priority 6 - *Making Reading a place where people can live well with dementia.* It includes an overview of performance and progress towards achieving goals which contribute to making Reading a place where people can live well with dementia, as well as upcoming activities which support the strategic objectives.

1.2 The Health and Wellbeing Board has agreed to focus on different priorities from the Health and Wellbeing Strategy at each meeting by way of theming the Board's discussions. This meeting has a dual theme of 'healthy lifestyles' and 'living well with dementia'. The intention is facilitate a review of local progress against the local and national strategic objectives.

2. RECOMMENDED ACTION

2.1 The Health and Wellbeing Board:

Notes the progress to date against Reading's Health and Wellbeing Strategy Action Plan 2017-2020, Priority 6.

3. POLICY CONTEXT

3.1 In 2015 the Government published the Prime Minister's challenge on dementia 2020 (Cabinet Office, Department of Health, and Prime Minister's Office, 2015). This set out a clear commitment to improving health and care for people living with dementia, their carers and family and an ambition to make England the best country in the world to live with dementia. It also set out the goal of making England the leading country on dementia and neurodegenerative disease research.

3.2 Feedback from people living with dementia, gathered by the national Dementia Action Alliance[1], was used to inform the national strategic aims. People clearly stated they want:

- Personal choice and control over decisions
- Assurance that services are designed around them, their needs and their carers needs
- Support that helps them live their life
- Knowledge to get what they need
- To live in an enabling and supportive environment where they feel valued and understood.
- To have a sense of belonging and of being a valued part of family, community and civic life.
- To be confident that their end of life wishes will be respected and that they can expect a good death.
- To know that there is research going on which will deliver a better life for people with dementia, and know ways in which they can contribute to this

3.3 Reading's Joint Health and Wellbeing Strategy 2017-20 specifies eight key priorities selected with stakeholders. Individual wellbeing is affected by many things and the Strategy recognises the importance of places where we live, work and play as well as our health and social care services. *Making Reading a place where people can live well with dementi*a is one of the eight key priorities for the Reading Board. Whilst the strategy and action plan focus on Reading, they complement and are complemented by other local actions plans from key partner and community/voluntary organisations represented on the Berkshire West Dementia Steering Group. A key objective of that group is to ensure that pathways and information about dementia are aligned and reflected in dementia care services and used to inform local practice. The Well Pathway[2] is in place and is adapted to capture the journey of the individual diagnosed with dementia.

3.4 Dementia can have a huge impact on individuals and families, and when communities aren't dementia-aware and dementia-friendly, the condition can severely curtail people's ability to live independently. Family carers - so often the key to people being able to live within their communities with a long term condition - face particular challenges when caring for someone with dementia. Those carers often feel they are 'on duty' 24 hours a day, and their previous relationship with the person they care for changes more dramatically than for other carers.

3.5 As well as the personal cost, dementia costs the UK economy an estimated £26 billion per year. Dementia is a major health and social care challenge because of the anticipated growth in the number of people who are living for longer. Dementia is more common in older people, with a particularly marked increase from age 80 (although not exclusively associated with older age, and those with onset of symptoms before the age of 65 years face particular challenges). Rates of dementia can be brought down through lifestyle improvements (like reducing blood pressure and cholesterol levels).

3.6 Local estimates based on figures published by through the Projecting Older People Population Information (POPPI) and Projecting Adult Needs and Service Information (PANSI) websites suggest around 1,500 people in Reading are living with dementia, with the largest proportion of these (around 70%) aged 80 years or older. By 2035, nearly two and a half thousand (2,412) people are predicted by POPPI to be living with dementia in Reading, of whom 1,810 will be aged 80 years or older. If the same proportions as per the current population were eligible for care, we might expect to see 380 people receiving care, with around half of these in nursing or residential care.

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[1] Outcomes derived from the work of the Dementia Action Alliance. For more information please see http://www.dementiaaction.org.uk/

[2] NHS England Transformation Framework – The Well Pathway for Dementia. Available at: https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/03/dementia-well-pathway.pdf (Accessed 7th December 2017)

3.6 Reading has had a Dementia Action Alliance (DAA) in place since 2013, bringing partners together with the aim of improving the lives of people with dementia and their carers. The local aims of the group are to:

- Improve awareness and understanding of dementia so people have the information they need to reduce the risk of developing dementia as well as to live well with dementia;
- Ensure people with dementia have equal access to the health and wellbeing support which is available to everyone.

4. PROGRESS TO DATE AGAINST THE ACTION PLAN: *MAKING READING A PLACE WHERE PEOPLE CAN LIVE WELL WITH DEMENTIA*

Raising awareness

4.1 Since January 2017 there have been a number of activities to raise local awareness of dementia and the lifestyle factors which increase people's risk. Reading DAA partners held a dementia event in Broad Street in May 2017. It is estimated that over 200 contacts with members of the public were made throughout the day. There was good local media coverage and it was supported by the Mayor of Reading, Cllr Rose Williams.

4.2 Also in May, Reading's Alliance for Cohesion and Racial Equality (ACRE) group hosted a dementia conference to raise awareness among members of minority ethnic groups in Reading. Like the Broad Street event, this included information sharing, advice and support about living well with dementia, raising awareness of the risk factors linked to dementia, as well as encouraging self-help and preventative measures.

4.3 The DAA staffed a stall at the Southcote May Fayre to raise awareness of dementia and to engage local residents in plans to develop Southcote into Reading's first Dementia Friendly Community. This was the start of local community group engagement on what it means to be dementia friendly. To date, a small group of DAA members have been working with the Grange Community Café and Church, Southcote Library and the Community Centre to welcome individuals with dementia and their carers into their services. Development work continues in the Southcote area with a focus on retail and businesses.

4.4 A member of the Reading DAA chaired Reading's Older People's Day event in October 2017. Philip Keohane took this opportunity to raise awareness of dementia friendly Reading initiatives. The DAA also hosted a workshop at the event to discuss the issues that individuals living with dementia and their carers face, and how we all have a part to play in supporting people with dementia to live well in their community.

4.5 DAA members have delivered over 20 presentations to local business and services in 2017, raising awareness of dementia and how local businesses/services can proactively support making Reading a better place to live with dementia. These include the John Lewis partnership, The Oracle, Reading libraries, Reading Borough Council staff, local churches, community groups and Patient Participation Groups of local GP practices. The local Lions Club, John Lewis partnership and Tesco supported the DAA event held in May through contributions and in store/staff promotion.

4.6 In 2013, Public Health England (PHE) introduced a mandatory dementia awareness raising component of the NHS Health Check programme, targeted at people aged 65 years and over. The aim was to raise people's awareness of protective factors that can lower their risk of developing dementia – reminding people that what is healthy for the heart is also healthy for the brain. PHE have piloted and are consulting on extending the dementia risk component of the NHS Health Check to all eligible individuals i.e. those aged 40-64

years, something which should be supported. Between 2013 and 2018, GPs across Reading delivered 12,740 NHS Health Checks to eligible patients aged 40 – 74 years.

Diagnosis and care

4.7 One of the priorities of Berkshire West CCGs and local health partners is improve early identification of people with dementia, particularly within individuals of Black, Asian or Minority Ethnic (BME) origin, and ensure support and services are appropriately designed to support this. 2016 data indicates a good match between diagnosis rates and local population profiles but this continues to be monitored. Referral data suggests the ethnic profile of people referred to Memory Clinics also broadly reflects Reading's ethnic profile. Interpreters are routinely used in Memory Clinics for people whose 1st language is not English. The Rudas Assessment tool can be used if standard assessment tools are not culturally appropriate.

4.8 Balmore Park (Reading), Wargrave (Wokingham). Kintbury and Woolton (Newbury) surgeries have joined a 'Dementia Friendly' surgery pilot to progress this. In Reading this work has also been supported by the partners of the DAA who have delivered dementia awareness sessions which specifically included information and advice on local neighbourhood and community services which reflect the needs of people living with dementia and their carers. BHFT Memory Clinic Staff will also support requests for to speak to/meet with any community groups about the benefits of timely diagnosis**.**

4.9 Training resources are now in place to assist non-medical staff in healthcare settings to recognise dementia signs, including the 'Top Ten Tips' pack, and a webinar has been developed on diagnosing well. Care home assessments use the Diagnosis of Advanced Dementia[3] [DiADeM] and General Practitioner Assessment of Cognition[4] [GPCOG] tools to identify missed cases of memory impairment. Annual reports from the Memory Clinics enable the monitoring of progress.

4.10 Locally, initial referrals are made to the Reading Memory Clinic for assessment, diagnosis and initiation of treatment. All Berkshire West Memory Clinics are accredited with MSNAP – i.e. measured against best practice standards including the expected range of post diagnostic support.

4.11 Through the Better Care Fund, the CCGs have commissioned the Alzheimer's Society to provide four Dementia Care Advisors (DCAs) who work across Berkshire West. One advisor is dedicated to providing information, advice and support to people with early onset dementia. The other three advisors are locality based. A project funded by Thames Valley Strategic Clinical Network (TVSCN) proposed a DCA pathway, and this has been included in DCA Service Specification.

4.12 Work on training of all GPs to become dementia friendly practices is progressing. Dementia Awareness presentations have been delivered to local Patient Participation Groups at Western Elms and Balmore Park surgeries and were well received. BHFT OPMH have quarterly sessions planned for Practice Nurses to increase their confidence and skills in screening for dementia.

4.13 Berkshire Healthcare Foundation Trust (BHFT)'s Older People Mental Health (OPMH) services have been rated as 'outstanding' by the Care Quality Commission (CQC), and positive carer feedback regarding the support they receive appeared to have a significant impact on this rating. BHFT has now achieved its target of training 80% of its staff on dementia/ Its In-Reach Care Team supports local care homes across both East and West

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[3] DiADeM is a protocol developed by the Yorkshire and Humber Dementia Strategic Clinical Network aimed at supporting Gps to diagnose dementia for people living advanced dementia in a care home setting. See https://dementiapartnerships.com/resource/diadem-diagnosis-of-advanced-dementia-mandate-in-care-homes/ for further information.

[4] GPCOG is an instrument to screen for dementia specifically in primary care settings. For more information about CPCOG please visit http://gpcog.com.au/index/more-about-the-gpcog

5. Berkshire, including training up Dementia Champions within the homes. Training meets Dementia Friends training learning outcomes. Champions then promote best practice within their home and receive ongoing support and supervision from BHFT.

4.14 The Royal Berkshire Hospital also has a Dementia Champions training programme supported by BHFT.

4.15 Reading Borough Council commissioned services contractually specify minimum standards of training for providers of care for people with dementia in residential, nursing and domiciliary care settings. Providers are expected to have in place a learning and development framework for staff to ensure a skilled workforce is available to meet the diverse needs of the individuals who access their service. Dementia awareness is currently 'desirable training' for support staff. All providers carrying out registered activities in Reading are inspected by the Care Quality Commission to ensure quality standards are adhered to. Reading Borough Council's Quality and Performance Monitoring Team in Adult Care and Health Services also monitors local services.

Improving understanding

4.13 The Council's Wellbeing Team has been leading on reviewing the dementia chapter of the Joint Strategic Needs Assessment for Reading. The lead officer has consulted with partners on both the Berkshire West Steering Group and the local Dementia Action Alliance to update the local position.

4.14 Provision of opportunities for people with dementia and their carers to get in involved in research through signposting is delivered jointly by Alzheimer's Society, local Trust staff and Reading University. Several Memory Clinics are installing joint dementia research (JDR) kiosks which enable people with dementia and/or their carers to register. The BHFT Research Team also provides information about JDR and how to join. In addition to JDR, patients and carers attending Memory Clinics are routinely asked about participation in research.

4.15 An important activity in supporting people to live well with dementia is to enable them and their carers/support networks to have access to high quality, relevant and appropriate information. This is facilitated through a number of different ways by partners - for example, DAA partners include local information and advice hubs and solicitors who specifically provide independent advice and advocacy. These partners support the larger community events to raise awareness of this information. This has also been fed into the local Dementia Friends sessions.

4.16 The Alzheimer's Society is the designer of the Dementia Friends and Dementia Friendly Communities programmes. These are designed to provide a wide range of people with quick and easy access to basic information about dementia and how to support people living with the condition. There is ongoing monitoring of the impact of effectiveness of both of these initiatives at a national level. At a local level, the Reading DAA partners have a key action to improve the number of Dementia Friends across the borough and to train more Dementia Champions to roll out the Dementia Friends initiative. By 9th January 2018, 973 people in the Reading area[5] had completed the online Dementia Friends training (increase of 254 since January 2017); 238 Dementia Friends sessions had been delivered (an increase of 67 since January 2017); and 4,919 people in the Reading area had become a Dementia Friend following a session (increase of 1,213 since January 2017).

5. CONTRIBUTION TO STRATEGIC AIMS

[5] This is across Reading postcode areas of RG1, RG2, RG4, RG5, RG6, RG30 and RG31.

5.1 The Health and Wellbeing Strategy, Action Plan and complementary action plans of both the Berkshire West Dementia Steering Group and Reading Dementia Action Alliance, broadly contribute to the Council's Corporate Plan priority to '*safeguard and protect those that are most vulnerable*'. Needs of the Reading population, including people living with dementia and carers, are used to inform work around the new home care provisions for 'extra care' housing flats and commissioning of quality community based home care provision. This work will continue to help the Council and partners respond to the expected growth in the number of local people living to 85 years and older, whilst recognising the need to operate within budget reductions.

5.2 The Health and Wellbeing priority *Making Reading a place where people can live well with dementia* is focused on promoting health and wellbeing of people living with dementia or caring for someone with dementia. This includes raising awareness of dementia and how Reading residents, communities, businesses and services can contribute to making Reading a more inclusive, safer place. There is also complementary work ongoing locally to contribute to prevention by raising awareness of lifestyle factors which either contribute to increasing risk or that offer a protection against conditions such as dementia.

5.3 The activity reported against the action plan shows good progress against Reading's 2017-20 Health and Wellbeing Strategy, and some key tasks are completed. It would therefore be appropriate to update and refine the action plan in 2018 so that it evolves to reflect and build on achievements to date.

6. COMMUNITY & STAKEHOLDER ENGAGEMENT

6.1 During a public consultation on Reading's draft Health and Wellbeing strategy for 2017 – 20, consultees identified and supported the need for dementia to be a priority in Reading over the coming years. More importantly, the agreed priority was purposely set as a broad overarching aim in recognition that there are a significant number of factors which can contribute to living well with dementia and caring for someone with dementia. Many of these involve multiple organisations working together in order to achieve the desired outcomes.

6.2 Reading's Dementia Action Alliance and member partners play a significant role in engaging with community and other stakeholders on prioritising dementia, all on a voluntary basis. The increase in membership has created a number of opportunities which have been taken up, including recent recruitment to voluntary positions (supported by Reading Voluntary Action) which will result in a stronger social media presence and more opportunities for people to contribute to the work.

7. EQUALITY IMPACT ASSESSMENT

7.1 The contents of this report do not trigger the need to complete an equality impact assessment.

8. LEGAL IMPLICATIONS

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

9. FINANCIAL IMPLICATIONS

9.1 There are no financial implications arising from this report.

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READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	19 JANUARY 2018	AGENDA ITEM:	6
REPORT TITLE:	IMPROVING HEALTHY LIFESTYLES IN READING – THE PILLAR OF PREVENTION (PRIORITY 1)		
REPORT AUTHOR:	LESLEY WYMAN	TEL:	0118 937 4908
JOB TITLE:	INTERIM PUBLIC HEALTH CONSULTANT	E-MAIL:	Lesley.wyman@reading.gov.uk
ORGANISATION:	READING BOROUGH COUNCIL		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The purpose of this report is to update and inform the Board on the work of Public Health in the Local Authority and in collaboration with the Berkshire West CCGs to address priorities one and five in the Reading Health and Wellbeing Strategy. These priorities are as follows:

1. Supporting people to make healthy lifestyle choices (improving dental care, reducing obesity, increasing physical activity, reducing smoking)
5. Reducing the amount of alcohol people drink to safe levels.

These two priorities have a focus on helping residents to adopt healthier lifestyle behaviours in order to prevent poor health and the need to use health and social care services in the future.

1.2 We are living longer, with complex health problems that are sometimes of our own making. One in five adults still smoke. A third of us drink too much alcohol. Just under two thirds of us are overweight or obese.

1.3 The role of Public Health in the Local Authority is to promote wellbeing and prevent ill-health and one way of achieving this is to support and encourage residents to adopt healthier lifestyles by being more physically active, eating a healthier diet, achieving and maintaining a healthy weight, not smoking and drinking alcohol only at safe and recommended levels. If the nation fails to get serious about prevention then recent progress in healthy life expectancies will stall and health inequalities will widen.

1.4 It is recognised that many of these unhealthy behaviours are more prevalent in the more deprived populations and so by focusing on helping individuals to change to more healthy lifestyles we are also tackling the inequalities in health that exist in our society.

1.5 The structure of this report will be to set out the context for the Health and Wellbeing priorities one and six including reasons why they are priorities. There is a clear link of this work to the NHS 5 Year Forward View and the BOB STP Plans. Evidence from the Global Burden of Disease, the Public Health Outcomes Framework and the Reading JSNA is used to demonstrate the importance of supporting people to adopt healthy lifestyle behaviours. This background is to enable the Board to be informed of the innovative,

successful and comprehensive programmes of work for each of the lifestyle areas including physical inactivity, obesity, smoking and drinking excess alcohol in order to prevent conditions such as diabetes, cardiovascular disease, liver disease and cancer.

2. RECOMMENDED ACTION

2.1 The Health and Wellbeing Board:

Notes the progress to date against Reading's Health and Wellbeing Strategy Action Plan 2017-2020, Priorities 1 and 5.

3. POLICY CONTEXT

3.1 The Reading Health and Wellbeing Strategy was agreed in March 2017 and sets out 8 priorities for 2017-2020. These priorities were agreed based on the Joint Strategic Needs Assessment.

4. PROGRESS TO DATE AGAINST THE ACTION PLAN – PRIORITIES 1 AND 5

4.1 It was stated in the NHS 5 Year Forward View in 2014[1] that '*the future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a radical upgrade in prevention and public health*'. The Wanless Report written 12 years ago warned that the country needed to take prevention seriously or face a sharply rising burden of avoidable illness.

4.2 Despite this warning one in five adults still smoke and this rate is considerably higher in routine manual groups. A third of people drink too much alcohol and a third of men and half of women don't get enough exercise. Almost two thirds of adults continue to be overweight or obese. These patterns are influenced by, and in turn reinforce, deep health inequalities which can flow down the generations.

4.3 Even more worrying, the number of obese children doubles while children are at primary school. Fewer than one-in-ten children are obese when they enter reception class and by the time they are in Year Six, nearly one-in-five are then obese. For Reading in 2016/17 these figures are 9.6% obese in Reception year and 18.5% obese in Year 6.

4.4 Nationally there have been significant strides made in reducing smoking, but it still remains our number one killer with more than half of the inequality in life expectancy between social classes linked to higher smoking rates amongst poorer people.

4.5 There are now over 3,000 alcohol-related admissions to A&E every day and our young people have the highest consumption of sugary soft drinks in Europe. For all of these major health risks – including tobacco, alcohol, junk food and excess sugar there are efforts at many levels including Government supported hard-hitting and broad-based national action on clear information and labelling, wider changes to distribution, marketing, pricing, and product formulation.

4.6 Under the Health and Social Care Act (2012) Local authorities have a statutory responsibility for improving the health of their populations. Councils can make an important impact at the local level through the commissioning of targeted personal support and provision of information and advice.

4.7 In Reading we are focusing on engaging our communities to empower them to support each other around healthy lifestyles, plus forging strong partnerships with charitable and

[1] NHS England (2014), *NHS 5 Year Forward View*. Available at: https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf (Accessed 6th December 2017).

voluntary sector organisations, boosting the numbers of volunteers through the Narrowing the Gap Programme.

4.8 The focus on healthy behaviours and prevention is also a national directive through the Sustainable Transformation Partnerships (STPs) and this is evidenced in the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Plan. The emphasis of the STPs is improving quality and developing new models of care; improving health and wellbeing; and improving efficiency of services. The BOB STP Prevention Workstream that was reported to the July 2017 Health and Wellbeing Board meeting outlined progress in a number of areas including physical activity, obesity and smoking. In addition there are three other subgroups highlighting digital solutions, healthy workforce and raising the issue of healthy lifestyles through Making Every Contact Count (MECC). The links between the lifestyle priorities in the BOB STP plan and the Reading Health and Wellbeing Strategy are evident.

4.9 Within BOB STP Public Health are leading on the co-ordination of primary prevention, helping to define improvements in outcomes and return on investment to strengthen prevention and early intervention.

The mission for the next three years in Reading Borough Council's Health and Wellbeing Strategy is "*to improve and protect Reading's health and wellbeing - improving the health of the poorest, fastest".*

The real and indeed widening health inequalities are of imperative concern for us. The gap in healthy life expectancy (the number of years people are expected to live in 'good' health and are disability-free) between people living in the most deprived and in the most affluent areas of Reading is 10 years for men and 5 years for women.

Our most deprived communities face the biggest challenges - with reductions in the value of welfare benefits, restrictions on entitlements to support, and rising costs of food and fuel. Policies of austerity increase inequities in our society - with those in the poorest communities paying the very highest price of all in terms of early ill health. The Council's response to limited financial resources is to take a more targeted approach locally to make sure those who most need additional support to stay well can receive it in Reading and ill health is prevented through the encouragement of healthy lifestyles. Alongside this targeted approach is a willingness to look for ways to work more efficiently, utilising available technology whenever possible.

Priorities one and five in the health and Wellbeing Strategy are:

1. *Supporting people to make healthy lifestyle choices (improving dental care, reducing obesity, increasing physical activity, reducing smoking)*
5. *Reducing the amount of alcohol people drink to safe levels*

Preventable ill health represents human suffering that could be avoided, and a demand on care services that could be reduced. In addition focusing on keeping people well reduces their need for support to get better or cope with long term conditions.

Public Health works with many partners both within the council and with wider sectors to focus efforts on areas where the evidence tells us we can have the greatest impact on health and wellbeing. This involves reviewing the evidence, looking at the cost effectiveness of different interventions, and considering how to commission interventions at scale.

The Health and Wellbeing Board shares the view that people should feel that they are in the driving seat for all aspects of their and their family's health, wellbeing and care. This applies to people maintaining their wellbeing to prevent ill health, as well those managing a long-term condition.

Many teams across different sectors can also support people to make positive lifestyle choices and to maintain their commitment to their own wellbeing. There is a plan to involve many more frontline staff in promoting wellbeing through our Making Every Contact Count (MECC) programme. MECC is about building a culture of health improvement, equipping staff with the skills they need to seize opportunities – by asking questions about possible lifestyle changes, responding appropriately when issues are raised, and taking action to signpost or refer people to the support they need. This work is being supported by the BOB STP Prevention Work stream.

It is important to understand the evidence for why the Health and Wellbeing Strategy priorities focusing on healthy lifestyles have been chosen. National and local data is available in the Reading Borough Council JSNA http://www.reading.gov.uk/jsna identifying the state of the Reading's health and percentages of people who smoke, are overweight, and physically inactive.

Another useful source of evidence showing how lifestyle behaviours impact on health is the Global burden of disease research https://vizhub.healthdata.org/gbd-compare/ The Global Burden of Disease (GBD) provides a tool to quantify health loss from hundreds of diseases, injuries, and risk factors, so that health systems can be improved and disparities can be eliminated. The data capture on premature death and disability is from more than 300 diseases and injuries in 195 countries, by age and sex. It incorporates both the *prevalence* of a given disease or risk factor and the *relative harm* it causes.

According to the GBD (2016) in the South East of England the following lifestyle behaviours contributed to deaths from these serious and more prevalent conditions:

Smoking
Lung cancer - 81.5%', Chronic obstructive pulmonary disease – 77.6%, Oesophageal cancer – 57.2%, Bladder cancer – 36.9%, Ischaemic heart disease – 7.8%, Stroke 5.9%

High BMI
Diabetes – 41.1%, Chronic kidney disease – 30.4%, Atrial fibrillation/flutter – 25%, Ischaemic Heart Disease – 19.2%, Alzheimer's disease – 16.6%, Stroke 12.3%, Colorectal cancer 6.6%

Alcohol use
Liver cirrhosis and other chronic liver diseases due to alcohol use – 100%, Pharyngeal cancers – 58.9%, Lip and mouth cancer – 55.2%, Oesophageal cancer – 40.2%, Hypertensive heart disease – 26.7%, Colorectal cancer 18.5%, Stroke – 13.6%

The Public Health Outcomes Framework (PHOF) https://fingertips.phe.org.uk/profile/public-health-outcomes-framework highlights indicators where Reading is rated as red either against regional or national averages. These relate to actual health behaviours or to the rates of premature mortality where the health behaviours are significant risk factors.

- child excess weight in 10-11 year olds (national and regional)
- percentage of the eligible population aged 40-74 offered and having received an NHS Health Check in the five year period 2013/14 - 2017/18 (national and regional)
- Proportion of the adult population meeting the recommended '5-a-day' on a 'usual day' (national and regional)
- Percentage of adults (aged 19+) that meet CMO recommendations for physical activity (150+ moderate intensity equivalent minutes per week), plus those classified as inactive (regional).
- Hospital admissions for alcohol-related conditions (narrow definition), all ages, directly age standardised rate per 100,000 population (regional).
- Age-standardised rate of mortality from causes considered preventable per

100,000 population (persons, males national and regional) (females regional)

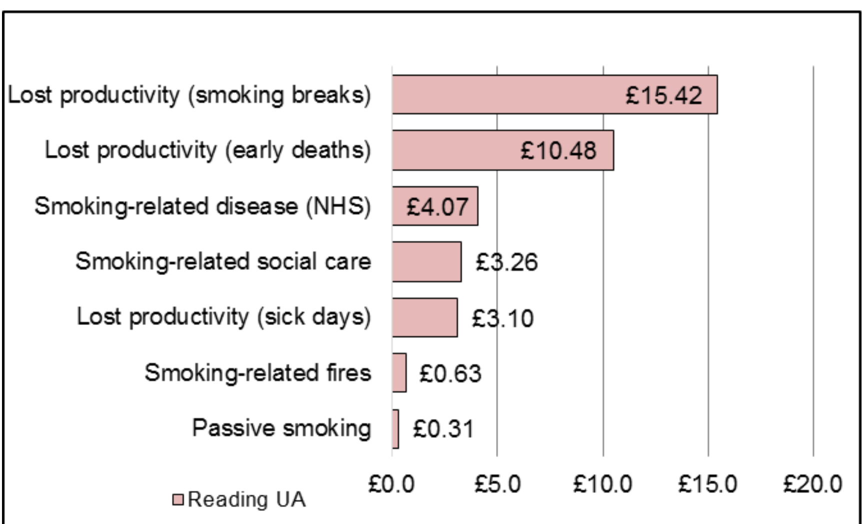
- Age-standardised rate of mortality considered preventable from all cardiovascular diseases (incl. heart disease and stroke) in those aged <75 per 100,000 population (persons national and regional) (males and females regional)
- Age-standardised rate of mortality from all cardiovascular diseases (including heart disease and stroke) in persons less than 75 years of age per 100,000 population (persons and females national and regional) (males regional)
- Age-standardised rate of mortality from liver disease plus mortality considered preventable from liver disease in persons less than 75 years of age per 100,000 population (persons, regional)
- Age-standardised rate of mortality from respiratory disease plus mortality considered preventable from respiratory disease in persons less than 75 years per 100,000 population (persons and males regional)(males national)

'*The basic concept of preventable mortality is that deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause (subject to age limits if appropriate) could potentially be avoided by public health interventions in the broadest sense*' Public Health Outcome Framework (PHOF).

5.0 Reasons for investing in lifestyle services from the Reading JSNA

5.1 Smoking

Reading JSNA gives us the following reasons to continue to invest in smoking cessation: The cost of smoking to Reading, in £millions, has been estimated below:



- Smoking remains the single largest cause of preventable deaths
- Smoking is one of the largest causes of health inequalities in England.
- Estimated smoking prevalence in Reading has reduced from 20.6% in 2012 to 15.8% in 2016 however it remains the second highest prevalence of smoking in Berkshire
- Smoking is responsible for about half the difference in death rates in men by socio- economic status, with rates of smoking in routine and manual occupations being a staggering 30.4%, compared to people in managerial and professional occupations where the prevalence has gone down to 14%.
- Estimated smoking prevalence of routine and manual workers in Reading is higher than all other local Berkshire LAs at 30.4%, and has risen above the England estimate of 26.5% (2016).
- Estimated smoking status at time of delivery is 8% for Reading (2015/16), similar to most other LAs in Berkshire and to England estimate of 10.6%. It is worth noting

that it is twice as high as that recorded in Wokingham, a neighbouring LA with significantly less deprivation.

- Stopping smoking decreases the risk of cardiovascular disease including coronary heart disease, TIAs and stroke and kidney disease.

Stopping smoking also decreases the risk of respiratory disease such as chronic obstructive pulmonary disease (COPD) and lung cancer, plus other cancers including larynx (voice box), mouth, esophagus, throat, bladder, kidney, liver, stomach, pancreas, colon and rectum, and cervix, as well as acute myeloid leukemia.

The drain of smoking on health and social care services throughout adult life is massive. Smoking is the biggest cause of inequalities in health and shortens healthy life expectancy.

5.2 Obesity

Reading JSNA gives us the following reasons for continuing to invest in weight management:

- The annual cost of obesity to the wider economy is estimated to be £27 billion nationally. It is estimated that treating the consequences of obesity costs the NHS over £5 billion a year. A significant proportion of this cost has been attributed to the management of diabetes and its comorbidities, which also impacts on social care costs. The Institute of Diabetes for Older People estimated that in 2013 there were 70,000 people with diabetes receiving local authority-funded direct care at a cost of £1.4bn/year and that by 2030 this could increase to 130,000 at a cost to local authorities of £2.5bn
- Severe obesity (having a BMI of 40-50Kg/m2) can reduce life expectancy by 8-10 years, which is the same as lifelong smoking. Many chronic health problems are associated with obesity in childhood such as type 2 diabetes, asthma, other respiratory problems, mental health disorders, muscle and bone problems, as well as an increased risk of bullying, lower attainment and school absence.
- In adults obesity increases the risk of high blood pressure, heart disease and stroke, type 2 diabetes (with complications such as blindness and limb amputation), some forms of cancer, osteoarthritis, reproductive problems in men and women, gallstones, stress, low self-esteem, social disadvantage and depression.
- Obesity has serious social consequences in addition to the health and psychological problems. An overweight population with lower levels of physical activity will have more sickness absence; severely obese people are three times as likely to need social care as those who are a healthy weight; the increased risk of serious diseases and premature death due to obesity is higher in areas of socio-economic deprivation.

The % of overweight and obese children in reception year in 15/16 was 21.8% in line with the national average. However the % of overweight and obese children in Year 6 in the same year was 36% - a significant increase. When compared with other LAs that have similar levels of deprivation Reading has the highest levels of obesity and overweight in Year 6. In adults excess weight in Reading is estimated to be 63.4% (2014-16).

These figures indicate the importance of continuing to invest in weight management services and a variety of other services including awareness raising campaigns, education programmes and physical activity opportunities for children and adults. Physical activity, healthy eating, weight management services etc. all the reasons in Reading’s Healthy weight strategy.

5.3 Alcohol

Reading JSNA gives us the following reasons to continue to invest in supporting people to drink at safe and sensible levels. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually.

The shorter term risks are injuries, including motor vehicle crashes, falls, drownings, and burns; violence, e.g. homicide, suicide, sexual assault, and intimate partner violence; alcohol poisoning, (a medical emergency that results from high blood alcohol levels); risky sexual behaviors, including unprotected sex or sex with multiple partners. These behaviors can result in unintended pregnancy or sexually transmitted diseases, including HIV; miscarriage and stillbirth or fetal alcohol spectrum disorders (FASDs) among pregnant women.

The longer term risks of alcohol include high blood pressure, heart disease, stroke, liver disease, and digestive problems. Other health risks include cancer of the breast, mouth, throat, esophagus, liver, and colon; learning and memory problems, including dementia and poor school performance; mental health problems, including depression and anxiety; alcohol dependence, or alcoholism. Social problems, including lost productivity, family problems, and unemployment are also associated with alcohol.

It is estimated that at least 30,000 Reading residents are drinking to hazardous levels and 4,500 are drinking to harmful levels. These figures are based on national self-reported drinking levels and due to underreporting are likely to be even higher. Reading has high rates of alcohol-specific mortality and morbidity from chronic liver disease in both men and women.
In 2015/16 the rate of alcohol related admissions adults in Reading was 599/100,000 or 831 people.

The <75 mortality rate from liver disease (2014-16) was 20/100,000 or 64 people. This was higher than regional rate (15.1/100,000) and national rate (18.3/100,000). Reading had the 4th highest rate in the South east region.

Below is an update on the main activities that are being commissioned in order to address priority one and priority six in the Health and Wellbeing Strategy:

5.4 DECREASING LEVELS OF OBESITY IN ADULTS AND CHILDREN

Reading's Health Weight Strategy was presented and signed off at the Health and Wellbeing Board in January 2017. This was used to inform the current Health and Wellbeing Action Plan. The following is a progress update on the programmes and work underway.

Tier 2 Adult Healthy Weight Programme in Reading

Eat 4 Health is an evidenced-based, accessible weight management and healthy lifestyle programme that facilitates sustained long-term movement towards and maintenance of a healthier weight & increased physical activity among overweight or obese adults (16+ yrs) in Reading. Eat 4 Health forms an integral part of the weight management services at tier 2 commissioned by local authorities. It is a community based, non-clinical weight management programme which has been submitted as part of a local example of best practice as part of a NICE call for evidence.

Each Eat 4 Health course runs for a twelve week period (increased from 10 weeks in previous contracts) for 12-15 adults and includes behaviour change techniques (in line with NICE guidance); with weekly sessions running for 1.5 hours, including a 45 minute theory session and a 45 minute bespoke physical activity session delivered by qualified exercise /adult nutrition instructors. Exercise instructors are qualified to work with

people with co-morbidities often associated with obesity such as high blood pressure and type 2 diabetes.

E4H programmes have been delivered in Nepalese, Hindi, Urdu and Punjabi as well as in gender specific groups to ensure an inclusive approach.

The provider has worked closely with GPs to generate a regular source of referrals using self-populating referral forms linked to the patient data system. Self-referrals can also be accepted for those meeting inclusion criteria.

The aim is for participants to lose 5% of their initial body weight, which has been shown to have clinically significant health benefits in terms of reducing cardiovascular risk factors. Early indication from 12 week Eat 4 Health programmes is that approximately 1/3 of participants lose 5% of their body weight by week 12 and 2/3 lose 3%. However, the course is designed to form lifelong habits and contact support post-course is provided to the service users who request it to support ongoing weight loss. All participants are followed up at 6 and 12 months after completing the programme to help promote and monitor continued or sustained weight loss.

KPIs for the programme have recently been updated to make the programme more targeted and aim to increase the percentage of service users achieving 5% weight loss. The results will be monitored in future monitoring reports. However, to date, the 2016/17 annual report shows that:

- Of 234 people starting the programme in Reading, 157 completed the course, giving a retention rate of 67%.
- Over all, 88% of people starting a course and 93% of people completing a course lost weight.

Follow up data from the 2015/16 programme showed that 72% of clients had either maintained or continued to lose weight 6 months after finishing the course.
The provider is now trialling a course for older teenagers, which has been identified as a gap in Reading's Healthy Weight Strategy.

Tier 2 childhood healthy weight programme in Reading

Let's Get Going is a 12-week tier 2 healthy weight and lifestyle programme for children aged 7-12 and their families which utilises behaviour change techniques to promote healthy lifestyles.

In Reading, 7 programmes are commissioned / year, 5 are run in schools and 2 in community settings; each course accepts 10-15 children and their families. The courses adhere to NICE guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children. This includes taking a multi-component approach (addressing dietary, activity and behavioural aspects). Also note updates in Nice Guidance 7 and Clinical Guidance 189.

The course covers healthy eating, portion sizes, food tasting, teeth and hand hygiene, growing skills, exercise and energy balance.
Each session lasts for 1 hour 30 minutes and includes at least 40 minutes of physical activity.

Key service outcomes are:

A child's height and weight measured at baseline, weight status and NHS choices guidance shared with the parents; individual targets agreed with parents; height and weight measurement repeated at the end of the programme and an exit plan with referral options agreed with the parents.

- At least 50% of participants improve their step test results over the course duration as measured at the end of the programme compared to the beginning
- Increase in physical activity levels – (As per Chief Medical Officers guidelines)
- All children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes every day.
- Vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at least three days a week.
- All children and young people should minimise the amount of time spent being sedentary (sitting) for extended periods (less than 2 hours of screen time a day outside of school).
- At least 50% increase in fruit/vegetable consumption for those participants not already achieving the recommended intake.
- At least 50% of participants achieve a reduction in the consumption of sugary drinks/sweets/chocolate

In the first half of 2017, 3 LGG courses were held in Reading (2 schools, one community) attracting 40 children and their families with a 75% completion rate.
Across all programmes, an average of:
79% of children improved their fitness test results.
75% reduced their consumption of sugary drinks and snacks.
73% reduced their sedentary screen time to less than 2 hours / day outside of school.
80% reduced or maintained their BMI centile (appropriate for children who are still growing).

The provider has been commissioned to develop a 'legacy pack' for schools to encourage them to embed the principles of the programme and support sustained behaviour change. This was launched in September 2017.

<u>Tier 3 Healthy weight programme in Berkshire West</u>

A specialist Tier 3 service is one which provides appropriate dietetic advice, exercise programs, psychological therapy techniques and interventions. This behaviour change intervention requires a high level of commitment and typically occurs over a 12 month treatment period. It will involve Face-to-face weight management by a medically qualified specialist in obesity. This may include one-to-one support and may be community or hospital based with the option of outreach and delivered by a team led by a specialist obesity physician. Patient management will also include specialist dietetic, psychological and physical activity input. This will include group work and access to leisure services. There will be access to a full range of medical specialists as required for co-morbidity management.

The service should work in conjunction with associated services in order to ensure that the service users adopt a holistic approach to their weight management. A Tier 3 weight management service is designed to form part of a tiered service for management of obesity. People will only be referred on by GPs to Tier 3 if they have tried and failed a supervised lifestyle weight management programme or self-directed dieting within tier 2. The service should be made up of a multi-disciplinary weight management team (MDT) that promotes permanent lifestyle change for health.

Tier 3 services for weight management are also a prerequisite to bariatric surgery. (Tier 4).

Tier 3 has been demonstrated as cost effective - particularly in relation to reduction of comorbid costs e.g diabetes control. Glasgow & Clyde Service has been highlighted nationally as an exemplar for service comparison.

There is currently no dedicated Tier 3 service within Berkshire West, and people requiring weight management support are either directed to the dietetic service within Berkshire Healthcare Trust or to other Tier 3 services, including those offered in Oxfordshire. Work is underway to offer a more local service to people and the BW CCGs as commissioners for Tier 3 services, have had two workshops with key stakeholders and have concluded they can model a tier 3 service from existing services. They will now map existing services, develop a protocol driven approach to get people to the right service, develop decision aids and outcome measures, promote services and develop approaches for people with co-morbidities. Work will include dietitians, Talking therapies and others. They aim to map/develop these and have an improved offer for people with obesity by March 2018.

Tier 4 healthy weight programme in Berkshire West

Tier 4 Bariatric surgery (Gastric banding and Gastric by-pass surgery) was previously resourced by NHS England but was reverted to CCG responsibility in April 2017. Bariatric surgery is a cost effective intervention – but still requires psychological preparation and behaviour change prior to surgery. Tier 4 Bariatric surgery and the pre surgical preparation of people intending to proceed with surgery is currently commissioned by the Berkshire West CCGs from the Royal Berkshire Hospital. Approximately 250 Bariatric surgical procedures are carried out by Royal Berkshire Hospital per year for people eligible for surgery across the population served by the hospital (wider than Berkshire West). People who are obese are associated with a high level of admission to hospital. The demand for Bariatric surgery is high and further reinforces the need for a managed tiered system of support to help people maintain a healthy weight and avoid the need for surgery

Tier 3 healthy weight programme in BOB STP

Although there is likely to be a similar definition of what is required for a tier 3 service in all 3 BOB areas, (based on national guidance), each CCG will develop their own tier 3 services locally, building on relationships with local tier 4 providers and a range of other existing services (including psychological and physical activity services).

The BOB STP Obesity Task and Finish group has also discussed a number of key issues besides the development of tier 3 services. This includes weight management services for people with learning disabilities (currently not being provided), exploring key performance indicators that can be used by all services across BOB to enable benchmarking and comparison of performance as well as approaches to weight management in pregnancy.

A proposal is also being considered for CCGs across the BOB STP footprint to jointly commission a pilot of a digital (on line Tier 3 weight management) service. This will ensure there is a wider offer of service at tier 3 which can complement any new community services that are developed. Local Authorities are required to commission tiers 1 and 2 weight management services and CCGs are responsible for commissioning tiers 3 and 4 weight management services.

Healthy weight strategy partnership work in Reading

Following the launch of Reading's Healthy Weight Strategy, a cross-directorate and multi-agency implementation group was assembled. As a result, a number of positive partnerships have allowed the development of work-streams that contribute towards tackling obesity in adults and children. These include:

- Partnership work with the Council's Planning Officers to include key actions in the revised planning policies including: promotion of an environment that encourages walking, and cycling whilst limiting car use; prioritising open space for sport and recreation, leisure facilities and improved air quality.

- The development of a dedicated healthy weight page on Reading Services Guide as a central location for information about healthy weight and physical activity services.
- Partnership work between Reading Sport and Leisure, Solutions 4 Health (providers of Eat 4 Health and Lets Get Going) and Reading Library services to hold informative sessions for parents with young children attending 'Rhymetime' sessions.
- The Neighbourhood Initiative and Troubled Families Teams are working with Public Health officers to ensure that communities living in socio-economically deprived areas and those who are not accessing mainstream sources of information and advice supporting healthy weight are reached through community networks, befriending services and personal contact. Healthy weight will feature in the work plans of both teams and Wellbeing will provide support around raising the issue and signposting vulnerable / isolated families to healthy weight information and programmes
- All children identified through the 0-19/25 service, who have a weight-related health need are offered a direct intervention by the service and signposted to sources of information and / or the commissioned child healthy lifestyle and weight management programme.
- Promotion of breast feeding, healthy eating and physical activity is embedded in the 0-19s service with the aim that 60% of infants are being breastfed at 6-8 weeks.
- The Wellbeing Team will work with Leisure on the procurement for a new leisure service specification to include provision of programmes that support healthy weight, healthier vending / catering and physical activity options designed to reach underserved, disengaged or inactive groups.
- Work is underway in partnership with Reading CCGs and Bariatric services to address the gap in tier 3 clinical obesity services (CCG commissioned), identified in the Healthy Weight Strategy. This tier of service is important to help provide specialist support for obese patients who need more intensive support than afforded by a tier 2 programme but who do not wish to undergo or who are not eligible for bariatric surgery.

5.5 DECREASING SMOKING PREVELANCE – GENERAL AND TARGET POPULATIONS

RBC currently commissions the local stop smoking service, Smoke*free*life Berkshire. This payment by results contract specifies target groups which attract a higher payment for successful 4 and 12 week quitters. These include routine & manual workers and pregnant women plus a number of other groups where inequalities exist. Successful quitters in these groups contribute to the PHOF indicators which are reported on. In 2016/17 the provider successfully supported 833 Reading residents to a 4 week quit and 499 to 12 weeks. This was above their target. Of these, a number of residents were a part of local target groups (either for payment or just in general due to other risk) for example 73 people had diabetes, 50 people were pre-operative, 21 were under 18 and 19 were pregnant women.

The local stop smoking services is widely promoted across the Reading community. The provider supports and promoted the national Stoptober campaign, hosting a launch in Reading. This year's event was support by Lead Councillor for Health (Graeme Hoskin) and Trading Standards colleagues who funded for a sniffer dog company to attend – this was aimed at raising awareness of illegal tobacco sales in Reading and the impact it has on community.

Trading Standards also provided funding for a 'Meet The Stinkers' theatre show – this is targeted at primary school year 6 pupils and contains messages of peer resilience and health harms of smoking, session were evaluated and report is available to share. In addition to this, the Tobacco Control Alliance Coordinator has delivered health education sessions in 2 local senior schools. This is aimed at year 9 pupils and teaches them about

what is in a cigarette, the health harms and peer resilience. The annual school survey (drinking/smoking behaviour) will also be completed again – all schools across Reading will be encouraged to allow pupils time to complete. This provides us with local knowledge of health behaviours. The Tobacco Control Alliance Coordinator also worked with Smokefreelife Berkshire to target workplaces (various Reading depots) of routine and manual workers – this was to promote both the stop smoking service, but also to deliver harm reduction information such as smoke free cars and homes (The Whole 9 Yards campaign).

5.6 EARLY IDENTIFICATION OF UNHEALTHY LIFESTYLE BEHAVIOURS IN APPARENTLY HEALTHY ADULTS AGED 40-74 YEARS INCLUDING SMOKING, PHYSICAL ACTIVITY, BEING OVERWEIGHT OR OBESE AND DRINKING ALCOHOL ABOVE SAFE LEVELS.

CARDIOVASCULAR HEALTH CHECKS

RBC commission NHS Health Checks from most local GPs. This is a mandated programme and is commissioned in line with Public Health England's best practice guidance. The NHS Health Checks programme targets everyone aged 40-74 years, inviting people for a health check once every five years to assess their individual risk of developing cardiovascular disease in the next 10 years.

This involves the health care professional taking and recording key measurements (height, weight, familial risk, cholesterol, blood pressure and information on lifestyle behaviour) in order to assess this risk and communicate to the patient. Where risk is identified, the professional delivering the NHS Health Checks will have a conversation with the patient about ways the person can reduce their risk, ideally resulting in a behaviour change. This may also include a referral into other services/programmes (Smokefreelife Berkshire, Eat 4 Health, National Diabetes Programme) or it may also require further clinical intervention (ongoing monitoring for diabetes, hypertension etc).

The PHOF indicator reports on the collective performance of all providers in Reading. In 2016/17 the total eligible population for Reading was approximately 39,000 people. The number of people who should have been invited in this year would equate to 20% of this eligible group, i.e. 7,800 – in total, providers invited 4,877 (12.5%). The number of people who should have received a health check should equate to 50% , however in 2016/17 the collective performance of local service provision was 40.6%.

Quarter 1 and Quarter 2 collective performance across Reading shows a continual decline in both Reading's eligible population being invited for a health check and in those receiving one. There are many challenges with this programme and it is recognised the pressures on GPs to deliver core services is likely to be having an impact on it.

REDUCING THE AMOUNT OF ALCOHOL PEOPLE DRINK TO SAFER LEVELS

A draft Reading Drug and Alcohol Commissioning Strategy for Young People and Adults 2018 – 2022 was presented at the Reading Policy Committee in October 2017 to seek approval for the strategy to go out to public consultation. This was agreed and a consultation period from November to January 2018 was agreed. The consultation has been delayed and will go out in early 2018. The strategy will be brought back to the Health and Wellbeing Board following the consultation.

The aims of the Drug and Alcohol Commissioning Strategy for Young People and Adults 2018-2022 are:

- Prevention; reducing the amount of alcohol people drink to safer levels and reducing drug related harm.
- Treatment; Commissioning and delivering high quality drug and alcohol treatment systems – This will address ensuring drug users continue to receive the treatment they require to move towards recovery.

- Enforcement and Regulation; tackling alcohol and drug related crime and anti-social behaviour.

Consequently this report will not give further details of what is being commissioned/ delivered to reduce the amount of alcohol people drink to safer levels.

6. CONTRIBUTION TO STRATEGIC AIMS

6.1 This section is to ensure that proposals contained in reports are in line with the overall direction of the Health and Wellbeing Strategy by contributing to at least one of the Strategy's eight priorities:

1. Supporting people to make healthy lifestyle choices (with a focus on tooth decay, obesity, physical activity and smoking)
2. Reducing loneliness and social isolation
3. Promoting positive mental health and wellbeing in children and young people
4. Reducing deaths by suicide
5. Reducing the amount of alcohol people drink to safe levels
6. Making Reading a place where people can live well with dementia
7. Increasing breast and bowel screening and prevention services
8. Reducing the number of people with tuberculosis

6.2 This report gives clear and unequivocal reasons why a considerable proportion of the Public Health ring-fenced grant is allocated to helping residents change their lifestyles to prevent many of the serious and chronic medical conditions that contribute to suffering and premature mortality. This includes diabetes, coronary heart disease, stroke, high blood pressure, many cancers including lung cancer and chronic obstructive pulmonary disease. The focus has been specifically on achieving and maintaining a healthy weight, being physically active, not smoking and drinking alcohol to safe and sensible limits.
This report does not attempt to detail all activities that PH either commissions, co-ordinates or delivers, but features the main services that are commissioned specifically to enable and support positive behaviour change. The PH team also works in partnership with the voluntary and community sector and many other parts of the council, to facilitate healthy behaviours. It has not been possible to highlight how PH addresses other priorities within the Health and Wellbeing Strategy including promoting mental health and wellbeing in children and young people, reducing loneliness and social isolation, suicide prevention, promoting oral health, enabling living well with dementia, increasing the uptake of cancer screening, and reducing the prevalence of TB. A significant portion of the PH grant is also spent in these areas and it is hoped that this can be reported back to the HW Board at subsequent meetings.

6.3

The proposal recognises that plans in support of Reading's 2017-20 Health and Wellbeing Strategy should be built on three foundations - safeguarding vulnerable adults and children, recognising and supporting all carers, and high quality co-ordinated information to support wellbeing. The proposal specifically addresses these in the following ways:

1. Identifying the needs of the population of Reading through undertaking ongoing and comprehensive needs analysis and ensuring the state of the health and wellbeing of the population is displayed in the JSNA.
2. Working in partnership with the CCG to support them in commissioning evidence based, cost effective services to prevent illness and premature mortality
3. Commissioning cost effective, high quality and evidence based healthy lifestyle services to improve the health and wellbeing of all residents through supporting positive behaviour change

4. Raising awareness of staff, elected members and the general public of what constitutes a healthy lifestyle through campaigning, social media and disseminating on-line messages
5. Working in partnership with other services within the council to tackle inequalities in health and support healthy lifestyle behaviour change.

7. COMMUNITY & STAKEHOLDER ENGAGEMENT

7.1 No community and stakeholder engagement is required at this stage. Such consultation has taken place as part of the commissioning and procurement of various services as required.

8. EQUALITY IMPACT ASSESSMENT

8.1 No Equality Impact Assessment (EIA) is relevant to this report

9. LEGAL IMPLICATIONS

9.1 No legal decisions are required to be made for this report

10. FINANCIAL IMPLICATIONS

10.1 Public Health Ring fenced grant.

In the Local Authority Circular, [LAC] (DH)(2016)1, sent out to LAs on February 11th 2016, the following information is included:

- allocations of the local government public health grant for 2016/17; the conditions that will apply to that grant;
- indicative allocations for 2017/18 (the Department will publish confirmation of those allocations and the conditions that will apply in due course);
- and the background to the allocations and guidance intended to assist local authorities (LAs).

In spending the ring-fenced PH Grant the Local Authorities must 'have regard to the need to reduce inequalities between the people in its area ….' and 'have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services.'

Listed below are all the Public Health functions that relate specifically to promoting the positive lifestyle behaviours in this report and preventing ill health:

Prescribed (Mandated) functions:

- NHS Health Check programme (identification of obesity, smoking, excess alcohol and physical inactivity in 40-74 year olds)
- Public health advice to NHS Commissioners (i.e. Clinical Commissioning Groups)
- National Child Measurement Programme (childhood obesity measurements in reception and Yr 6)
- Prescribed Children's 0-5 services (support of families with children aged 0-5)

Non-prescribed (Non-Mandated) functions:

- Obesity – adults
- Obesity - children
- Physical activity – adults
- Physical activity - children

- Treatment for alcohol misuse in adults
- Preventing and reducing harm from alcohol misuse in adults
- Specialist drugs and alcohol misuse services for children and young people
- Stop smoking services and interventions
- Wider tobacco control
- Children 5-19 public health programmes (support positive lifestyle behaviour for children and young people)
- Other Children's 0-5 services non prescribed (support positive lifestyle behaviour for families with children aged 0-5)
- Health at work (support positive lifestyle behaviour for workforce)
- Other miscellaneous services include
    - Nutrition initiatives
    - General prevention

The PH ring fenced grant will be decreased by 2.5% in 2018/19, as decided nationally for all LAs. Currently no firm decision has been made regarding when the ring fence will be removed.

11. BACKGROUND PAPERS

11.1

https://fingertips.phe.org.uk/profile/public-health-outcomes-framework
https://vizhub.healthdata.org/gbd-compare/
http://www.reading.gov.uk/jsna
https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf
Reading Joint Health and Wellbeing Strategy 2017-2010
Reading's Healthy Weight Statement 2017-2020
Reading Drug and Alcohol Commissioning Strategy for Young People and Adults 2018-2022

NHS
North and West Reading
Clinical Commissioning Group

NHS
South Reading
Clinical Commissioning Group

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	19th January 2018	AGENDA ITEM:	7
REPORT TITLE:	CANCER UPDATE		
REPORT AUTHOR:	Dr Kajal Patel		
JOB TITLE:	Clinical Lead for Cancer (Berkshire West CCGs)& GP Governing Body Member South Reading CCG		
ORGANISATION:	Berkshire West Clinical Commissioning Groups		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This report summarises the work underway across Berkshire West in relation to cancer detection and treatment and is underpinned by the Berkshire West Framework for Cancer. This also includes areas of key focus specifically within Reading locality. A more succinct document in the form of Cancer Framework for Cancer “plan on a page” is also provided.

The Cancer framework outlines the vision within Thames Valley “To create a region that secures and delivers the best possible outcomes for every patient affected by cancer by working together to maximise resources, to deliver the best possible, clinically-led and patient driven health and social care”

The framework for Berkshire West has six overarching objectives:

- Improving early detection of cancers by increasing access to diagnostics
- Improving one year survival rates for cancer in Berkshire West through improvement in the proportion of cancers diagnosed at stage one and stage two and reducing the proportion of cancers diagnosed following an emergency presentation.
- Ensuring faster access to treatment and a shorter client journey.
- Increase prevention of cancers by significantly improving screening uptake and linking with achievement of targets for smoking cessation, alcohol and obesity
- Provision of a recovery package to support people living with and beyond cancer
- Increasing the number of people supported to die in their place of choice (linking with the Berkshire West End of Life Programme)

This has resulted in 9 key workstreams which will benefit the residents within Berkshire West.

One of these key workstreams includes a specific area of focus within the South Reading communities. South Reading CCG has identified some specific areas of focus to improve their outcomes for the early detection of cancers. Work is underway with Macmillan, Cancer Research UK and the local public health team. Macmillan will provide two years of community development support to improve education with seldom heard groups and Cancer Research UK and Public Health are developing a project for teachable moments

for people who have had results come back as "not cancer" following a referral for suspected cancer.

Rushmoor healthy living who have been commissioned to support this work have been running community events across Reading, specifically reaching out to the more deprived areas and minority ethnic communities. More than 30 people who represent different communities and organisations across Reading have expressed an interest in becoming a cancer ambassador.

1.2 Appendices:

Appendix A - Berkshire West CCGs Cancer framework plan on a page

2. RECOMMENDED ACTION

2.1 *For Information and to provide assurance of alignment with Reading Health & Wellbeing Strategy*

3. POLICY CONTEXT

- This framework sets out the local commitments to improving care for people with cancer in response to the National Cancer Strategy 2015.
- This framework has been approved by NHS England and forms part of the Thames Valley Cancer Alliance work programme

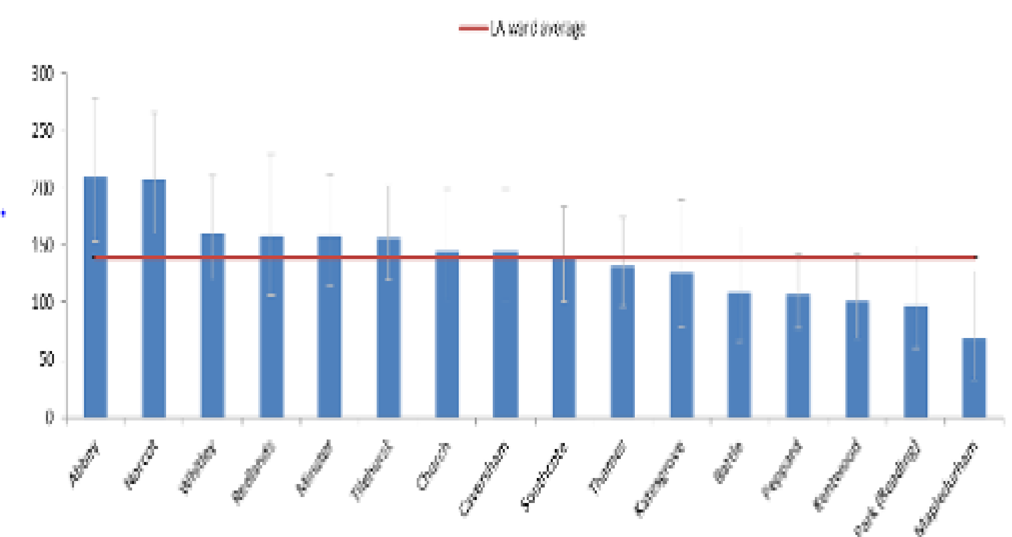
4. THE PROPOSAL

4.1 Current Position

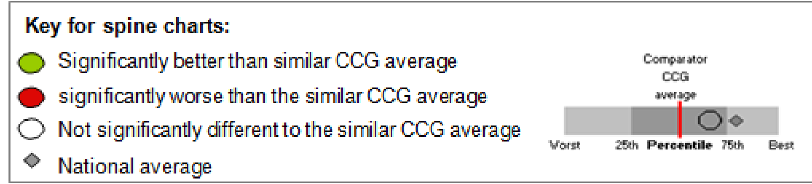
Source: JSNA (Reading)

Figure 5: Premature Mortality Rate (aged under 75) From All Cancers

Mortality rate per 100,000* from All cancers 2010-14 - All U75 - Reading



Source: JSNA (Reading CCG locality profile 2016)



6.221 CCG Outcomes Indicator Set summary for cancer

Indicator		Latest outturn	CCG value	CCG Comp Group Avg	England Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	Previous outturn	DOT
CCG 1.1c	PYLL for causes considered amenable to healthcare - neoplasms	2012-14	555.1	630.0	620.5	713.9		555.1	600.2	↑
CCG 1.9	Under 75 mortality rate from cancer	2015	124.5	127.4	119.5	157.6		111.6	116.0	↔
CCG 1.10	One year survival from all cancers	2013	66.1%	69.5%	69.6%	66.1%		72.2%	65.5%	↔
CCG 1.14	Maternal smoking at delivery	2016/17 Q1	7.2%	10.8%	10.2%	17.6%		6.0%	7.7%	↔
CCG 1.17	Cancer: % of new cases for which a valid stage is recorded	2014	65.8%	75.0%	75.9%	65.8%		80.9%	40.4%	↑
CCG 1.18	Cancer: % of new cases diagnosed at stage 1 or 2	2014	55.0%	51.0%	50.7%	46.1%		56.0%	27.2%	↑
CCG 1.19	Record of lung cancer stage at decision to treat	2014	94.7%	91.2%	90.1%	86.2%		97.9%	100.0%	↔
CCG 1.20	Mortality rate from breast cancer	2013-15	33.8	32.4	34.3	37.5		28.5	33.4	↔
CCG 2.1	Improved health-related quality of life for people with LTCs	Jul-15 to Mar-16	0.75	0.74	0.74	0.71		0.76	0.76	↔
CCG 2.2	% of people feeling supported to manage their conditions	Jul-15 to Mar-16	63.4%	64.3%	64.3%	58.0%		69.3%	63.4%	↔

6.222 Quality and Outcomes Framework – Cancer

Indicator		SR CCG Value	CCG Comp Group Avg	Eng Avg	CCG Comp Group Worst	CCG Comparator Group Range	CCG Comp Group Best	SR CCG in 14/15	DOT for SR CCG
CAN03	% patients with cancer, diagnosed in the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis	96%	96%	95%	94%		98%	96%	n
SMOK04	% of patients aged 15+ who are recorded as current smokers who have a record of an offer of support and treatment within the previous 24 months	85%	87%	88%	80%		93%	83%	h
SMOK05	% of patients with LTCs who are recorded as current smokers who have a record of an offer of support and treatment within the previous 12 months	94%	96%	96%	92%		98%	96%	i
CS02	% of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years	76%	80%	81%	76%		83%	77%	i

4.2 This Berkshire West Framework sets out the local commitments to improving care for people with cancer in response to the National Cancer Strategy 2015.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 This framework aligns with and supports/contributes to the delivery of Priority 7 within the Reading Health & Wellbeing Strategy, increasing bowel screening and prevention services. It also indirectly link to Priority 1, supporting people to make healthy lifestyle choices.

5.2. The proposal recognises that plans in support of Reading's 2017-20 Health and Wellbeing Strategy should be built on three foundations - safeguarding vulnerable adults and children, recognising and supporting all carers, and high quality co-ordinated information to support wellbeing. The proposal specifically addresses these in the following ways:

This framework and the specific work within Reading support and safeguards vulnerable sectors of our population who may not traditionally know how and when to access cancer screening services. It also aims to empower individuals to make healthy lifestyle choices, through the delivery of co-ordinated information and education, which can improve their health and wellbeing as well as reduce their risk of cancers.

6. COMMUNITY & STAKEHOLDER ENGAGEMENT

There is a specific work stream within the Cancer steering group looking at community and stakeholder engagement which also links to the group the results of the National Cancer patient survey on an annual basis.

A specific patient engagement and consultation event, involving the Chief Executive of the Royal Berkshire Hospital, Macmillan, the Berkshire West CCGS and people across Berkshire West has been held on 22nd November. This was a whole day event splitting up the Cancer journey and giving valuable information on the "people's perspective" and allowing them to input ideas into each stage of the journey.

An educational event for local health care professionals in November, also offered the opportunity for us to hear from a member of the public who was happy to share their experience and help inform us of the improvements that could be made.

A subsequent event is also planned for January 2018 in Bracknell, providing an opportunity to hear the "people's voice" and will be run by Macmillan.

The Cancer alliance also has an engagement officer who is specifically looking at different ways of engaging people in the Cancer pathways and treatment.

7. EQUALITY IMPACT ASSESSMENT

7.1 AN Equality Impact Assessment will be carried out for each of the key workstreams within the framework.

7.2 The EIA will consider whether the decision will or could have a differential impact on: racial groups; gender; people with disabilities; people of a particular sexual orientation; people due to their age; people due to their religious belief.

8. FINANCIAL IMPLICATIONS

8.1

- Specific funding for Berkshire West has been awarded through an STP bid.
- £9m has been awarded to CCGs across Thames Valley with specific spend targeted at earlier diagnosis, living with and beyond cancer, quality improvement schemes for screening and pathway work.
- Part of this funding has allowed us to specifically support Reading Residents through the work underway with Rushmoor Healthy Living.

9. BACKGROUND PAPERS

9.1 ACHIEVING WORLD-CLASS CANCER OUTCOMES - A STRATEGY FOR ENGLAND 2015-2020

Berkshire West Clinical Commissioning Groups Cancer Framework – Plan on a Page

The Berkshire West Cancer Framework has been jointly developed with stakeholders from Berkshire West Clinical Commissioning Groups, Royal Berkshire Foundation Trust, Public Health, Thames Valley Strategic Cancer Network, Macmillan and Cancer Research UK to improve the outcomes for people affected by cancer. Through this framework we intend to deliver over the next few years the six strategic priorities outlined in "Achieving World-Class Cancer Outcomes: A Strategy for England". We plan to reduce the mortality rate and increase survival rates through early diagnosis, appropriate interventions, deliver high quality planned care to improve patient experience, promote national and local awareness and provide care closer to home.

National Strategic Priorities	National Task force Ambitions and Planned Local Objectives
1. Spearhead a radical upgrade in prevention and public health.	National Ambition: Reduction in smoking from 18.4% to less than 13% by 2020 and Increase one year survival (75% by 2020) 1. Working with our Public Health team we will promote healthy life style changes to reduce incidences of preventable cancers by improving achievement of targets for smoking cessation, alcohol and obesity. 2. Increase uptake of early screening for Bowel, Cervical and Breast working with local communities and our voluntary sector partners – CRUK and Macmillan
2. Drive a national ambition to achieve earlier diagnosis.	National Ambition: 95% of patients referred for testing by a GP are definitely diagnosed with cancer or cancer ruled out within four weeks by 2020. 1. Improve patient awareness of attending 2 week referral for suspected cancer (specific project in South Reading CCG working seldom heard groups and ethnic minority groups to overcome barriers) 2. Revise 2 week proformas to include NICE Guidance and ensure all aspects of information is provided 3. Improving early detection of cancers by increasing access to diagnostics 4. Develop a referral pathway to support and enable GPs to make quicker referrals for patients with vague and/or atypical symptoms
3. Establish patient experience on a par with clinical effectiveness and safety.	National Ambition: All consenting patients to have access to test results and other communications from NHS Providers by 2020. 1. Improve patients experience for the whole cancer pathway working with our patient groups and drive improvement through meaningful patient experience metrics. 2. Rapidly align with the broader digital strategy to increase use of digital technology to communicate with patients and also set up a centralised Cancer Data repository to optimise delivery of patient care.
4. Transform our approach to support for people living with and beyond cancer.	National Ambition: by 2020 every person with cancer should have access to elements of a 'Recovery Package' Embed the living well and beyond cancer programme for Berkshire patients. Including Holistic needs assessment, treatment summaries, GP cancer care reviews, patient education including the provision tools to support self-care, health and wellbeing events and to embed risk stratified pathways for breast and prostate. For patients at the end of their life we support them to die with dignity in their place of choice.
5. Investment to deliver a modern high clinical quality service	Working with the Thames Valley Cancer Alliance and NHS England we plan to upgrade linear accelerators, define sustainable solutions for new cancer treatments, address workforce deficits and support a broad portfolio of cancer research.
6. Overhaul processes for commissioning, accountability and provision	Working with the Thames Valley Cancer Alliance our aim is to design and plan the commission cancer services working with key partners including patients. The transformation bids will support the alliance work to improve early diagnosis, recovery package and risk stratified follow up pathways for breast and prostate cancer and enabling integrated IT systems.

Changing the Landscape of Cancer in West Berkshire

Dr Kajal Patel

Clinical Lead for Cancer
(Berkshire West CCGs)
GP Governing Body Member South Reading CCG

Background

Our overall ambition is to prevent people from dying prematurely by decreasing the potential years of life lost (PYLL) from cancer related causes and decreasing the under 75 mortality rate from associated cancers

- Incidence of all types of Cancer are increasing in most CCGs
- The National Audit Office has estimated cancer services cost the NHS approximately £6.7bn per annum in 2012/13. Projection indicate this will grow by 9% per year.
- 4 common Cancer groups
  - Lung
  - Breast
  - Prostate
  - Bowel
- Current U.K. screening programmes include:
  - Breast
  - Bowel
  - Cervical

Modifiable Risk Factors

- Smoking
- Excess Alcohol Consumption (>14 Units per week)
- Excess weight / Obesity
- Poor Diet (too little fruit and vegetables)
- Physical inactivity

The role the Reading Borough Council Wellbeing Team plays in supporting this

Reading Performance Data 2014

- <u>N&W Reading</u>
  - 1 year survival similar to comparator CCGs in most cancers, though slightly below in Breast, Colorectal, and Lung, but this improving.
  - Total cancer prevalence similar to comparator CCGs
  - Route to diagnosis – less emergency presentations than the England average
  - Pre-mature mortality from cancer is similar to national and comparator CCGs
  - Screening uptake generally meets national targets
- <u>South Reading</u>
  - 1 year survival is lower than comparator CCGs and the England average in most cancers
  - Total cancer prevalence lower than comparator CCGs and the England average
  - Routes to diagnosis – less Breast Cancer diagnosed through screening, and significantly more colorectal cancers diagnosed by emergency presentation
  - Lowest screening uptake in the this locality for all three screening programmes

Berkshire West Cancer Framework

- Improving early detection of cancers by increasing access to diagnostics
- Improving one year survival rates for cancer in Berkshire West compared to the rest of England by delivering year on year improvement in the proportion of cancers diagnosed at stage one and stage two and reducing the proportion of cancers diagnosed following an emergency presentation.
- Ensuring faster access to treatment and a shorter patient journey.
- Increase prevention of cancers by:
  - Significantly improving screening uptake for Bowel, Cervical and Breast.
  - Improving achievement of targets for smoking cessation, alcohol and obesity linking with the System Transformation Plan prevention work stream for West Berkshire, Buckinghamshire and Oxfordshire and Cancer Alliance work streams.
- Provision of the required elements of a recovery package to support patients living with and beyond cancer
- Increasing the number of patients supported to die in their place of choice (this is being led by the Berkshire West CCGs Long Terms Conditions Programme Board under the End of Life work programme)

Cancer Steering Group

- Monthly meeting bringing together all stakeholders:
  - Federated Cancer Lead GP
  - Federated Cancer Operations Director for CCG
  - Clinical Cancer GP Leads (1 per CCG)
  - CCG Cancer Project Manager
  - RBH Cancer Centre Directorate Manager
  - RBH Planned Care Director
  - RBH Cancer Lead Clinical Nurse Specialist
  - Reading Borough Council Wellbeing team, Public Health consultant
  - CRUK Cancer facilitator for Berkshire
  - MacMillan Partnership Manager for Berkshire and Wiltshire
  - MacMillan Berkshire Cancer Rehabilitation Lead
  - Cancer Alliance Manager, Thames Valley Strategic Clinical Networks
  - Public Health Consultant from Wellbeing Team

Reports into the CCG Planned Care Programme Board with Healthwatch representation

Work streams Overview

Prevention and Screening	Direct Access	Vague Symptoms
2 Week Wait	Staging	Living Well and Beyond
Patient experience and services closer to home	Primary and secondary care working together	South Reading Project

Kajal Patel 7 Jan 2018 18:18

South Reading Projects

- Objectives
  - South Reading CCG has some specific areas of focus to improve their outcomes in collaboration with Macmillan, Cancer Research UK and Reading Borough Council Wellbeing team.
  - Macmillan are providing two years of community development support to improve patient education with seldom heard groups
  - Cancer Research UK and the Reading Borough Council Wellbeing Team are developing a project for teachable moments for patients who have had results come back as 'not cancer' following a referral for suspected cancer.

- Key Deliverables
  - Rushmoor Healthy living commissioned by Macmillan to raise awareness of signs and symptoms of cancer in hard to reach populations.
  - Scoping patient population
  - Reviewing data sets available to the service and how these will be used and review numbers of cancer screening.
  - Review number and quality of contacts made by Rushmoor and health ambassadors / Champions

Outcomes

- Tackle modifiable risk factors
- Increase screening uptake
- Increase diagnosis of cancer at stage 1 or 2
- Decrease emergency presentation of cancer
- Increase 1 year survival
- Increase percentage of patients referred by GP to be diagnosed with or without Cancer by 4 weeks
- Increase number of patients that have their first definitive treatment within 62 days following urgent GP referral
- Improve patient experience on the Cancer pathway
- Every person with Cancer should have access to the recovery package
- Working with the Thames Valley Cancer Alliance to plan the commissioning of Cancer services in Berkshire West

Refreshed Future In Mind Local Transformation Plan for Children and Young People's Mental Health and Wellbeing (Priority 3 in HWBS)

Sally Murray (CCG) on behalf of partners December 2017

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 To provide an overview of the refreshed Future in Mind Local Transformation Plan (LTP) which was published in October 2017 in accordance with national Future In Mind requirements. The LTP provides an update on service development and improvement across the comprehensive Child and Adolescent Mental Health Service (CAMHS) system. Current whole system challenges are described.

1.2 A young person friendly version is currently being co-produced with service users and this will be published in due course.

1.3 A wide range of initiatives across the system are underway to improve emotional health and wellbeing of children and young people. Initiatives reflect the THRIVE model

1.4 Like most other areas of the country, demand for emotional health and wellbeing services have increased and the complexity of presenting issues is increasing. The increase in demand and complexity is being seen across voluntary sector, schools and specialist services. Nationally there are specialist CAMHs staff shortages.

1.5 While waiting times for specialist CAMHs have reduced since 2015, the service is now at full capacity and waiting times are likely to increase unless demand can be managed better at an earlier stage across the system and additional resources in terms of staff and finance can be secured.

1.6 Waiting times for specialist CAMHs in Reading are generally better than the national average.

1.7 The Government Green Paper Transforming Children and Young People's Mental Health Provision has just been published. This is welcomed. Recommendations made are similar to actions already contained within our refreshed Local Transformation Plan. However the Green Paper does not make clear how possible additional resources will flow (via health or education) or where additional staff capacity will be sourced.

1.8 The Board is reminded that a highlight update report was presented to the October 2017 Health and Wellbeing Board.

Recommended Action

- **The Board is asked to approve the refreshed Local Transformation Plan.**
- **The Health and Wellbeing Board are asked to review and respond to the Green Paper as individual agencies**

https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper

The refreshed Local Transformation Plan is referenced in point 2.2 below through the web-link and is appended.

2. POLICY CONTEXT

2.1 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 promote positive mental health and wellbeing for children and young people by facilitating a greater access and standards for CAMHs by greater system co-ordination and a significant improvement in meeting the mental health needs of children and young people from vulnerable backgrounds.

2.2 With the requirement for system wide transformation by 2020, all CCGs were tasked with creating a Local Transformation Plans. Reading's Health and Wellbeing Board approved Reading's original plan in October 2015 and the refreshed plan in March 2017. The latest refreshed plan can be found at: http://www.southreadingccg.nhs.uk/our-work/children/camhs-transformation. The refreshed plan was co-produced with statutory and voluntary sector partners as well as families and experts by experience. In October 2017 a progress highlight report was presented to the Health and Wellbeing Board.
An easy read version suitable for young people will shortly be available. This is currently in co-production with young people. The 16/17 version can be found here: http://www.southreadingccg.nhs.uk/component/edocman/refresh-local-transformation-plan-for-children-and-young-people-s-mental-health-and-wellbeing-yp-version/download

2.3 **Community and stakeholder engagement** Berkshire West CCGs, with support from all 3 Local Authorities holds a joint meeting once a month to oversee and support the implementation of the Local Transformation Plan. This meeting is called the 'Berkshire West Future in Mind' group and includes a broad representation of providers of services e.g. Berkshire Healthcare Foundation Trust (BHFT), voluntary sector partners, Royal Berkshire Hospital Foundation Trust (RBH), parent carer representative, Schools, Healthwatch and the University of Reading.
Working Together for Children with Autism is a subgroup that reports to the Future In Mind group. While autism is not a mental illness, a high percentage of children and young people with autism also experience emotional and mental health issues.
Service users have contributed to and reviewed the refreshed Local Transformation Plan and are currently co-producing a Young Person friendly version .

3. HIGHLIGHTS OF THE REFRESHED FUTURE IN MIND LOCAL TRANSFORMATION PLAN

3.1 The Refreshed Local Transformation Plan provides an overview of a local paradigm shift from a traditional tiered model to a whole system THRIVE framework (reference Anna Freud Centre http://www.annafreud.org/media/3214/thrive-elaborated-2nd-edition29042016.pdf)

3.2 We are promoting a whole system framework of care away from specialist mental health teams to families, communities, schools, public health, social care and the voluntary sector sharing the same vision and working together on prevention, early help and building resilience, as well as attending to complex mental health difficulties and mental health crises among children and young people. These are all key features of Future in Mind (2015) and the recent Green Paper. Inter-professional collaboration and coproduction will support a cultural change in the language used, the way in which systems and agencies work together, and the way in which children, young people and their families access support, care and mental health treatment

We are working to deliver a children's mental health system which:

- Is designed for children and built to meet their needs.
- Supports children in the right place at the right time.
- Provides high quality, evidence based services, from the classroom to hospital care.

All of these design features were recommended by the Children's Commissioner for England in her evidence to the Health Select Committee in November 2017.

3.3 Our refreshed Local Transformation Plan describes why each of the five THRIVE areas are important, states what whole system actions have been undertaken to date to meet the particular THRIVE area, and what further work needs to happen. Further work required is then collated into a work plan to 2021. This work is whole system in nature and forms part of the wider Special Education Needs and Disabilities and Transforming Care programmes.

3.4 Broadly the 5 areas are

- Thriving- ensuring that every child benefits from a home, teaching and school environment which helps them build up emotional resilience
- Getting advice- children, young people, families and the children's workforce are able to easily access evidence based advice and signposting to appropriate services
- Getting help- ensuring that any child who needs it can access evidence based early support for problems when they first start to emerge. This could include parenting support or a short course of therapy
- Getting more help- any child with a more serious mental health condition is able to access high-quality, specialist support in a timely manner
- Getting risk support- when there is a clear need for help in a developing crisis, in-patient or enhanced community based health and social care is accessible without delay, as close to home as possible, and for no longer than is necessary. For this to happen, in-patient services need to be integrated with community services.

3.5 Schools have a vital role to play in enabling children to access services, not least because we know that children are up to 10 times more likely to access support if it is offered within schools https://publications.parliament.uk/pa/cm201415/cmselect/cmhealth/342/342.pdf

Many schools provide youth counselling. The CCGs and RBC jointly commission No5 youth counselling. In Reading Future In Mind resources have been used to commission the School Link project. We are working to improve links and joint working between the voluntary sector youth counselling, schools, Primary Mental Health Workers and Specialist CAMHs to provide better support to children and young people before needs escalate. PPEPCare training is being delivered to schools, partners and Primary Care funded through Future In Mind resources to upskill the wider workforce. This forms part of the demand management work described below.

3.6 A further focus of work over the coming year is to review emotional health and wellbeing provision for Looked After Children. There needs to be agreement across the system what the care pathway for this group of children and young people should look like and how we assure ourselves that it is being delivered. This group of children may require a different whole system approach given their history , frequent attachment issues and relationship with multiple carers.

3.7

Since the refreshed Local Transformation Plan was published and the update at the October Health and Wellbeing Board, the CAMHS Urgent Response Service integrated with Royal Berkshire Hospital (RBH) has been commissioned recurrently. Some work is also beginning to get underway across the Thames Valley and Wessex footprint to scope better integration of in-patient and community services.

4. REMAINING ISSUES- DEMAND

4.1 There has been a focus on reducing waiting times for specialist CAMHs since additional investment was invested in the service in 2015. While waiting times for specialist CAMHs have reduced since 2015, the service is now at full capacity and waiting times are likely to increase unless demand can be managed better at an earlier stage across the system and additional resources in terms of staff and finance can be secured.

The vast majority of additional posts are recruited to with staffing gaps filled as far as possible by interim staff. In line with the national picture, demand for services has increased and this has an impact on waiting times.

4.2 According to NHS England, the average waiting time for specialist treatment is 73 days.

Nationally 6.1% of children access treatment within 6 weeks

(source: http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-committee/child-and-adolescent-mental-health-services/written/73900.html)

The waiting time situation for specialist CAMHs in Berkshire West is currently generally better than the national picture but we would like to see this improved further. Demand for youth counselling and other emotional wellbeing services has also increased locally.

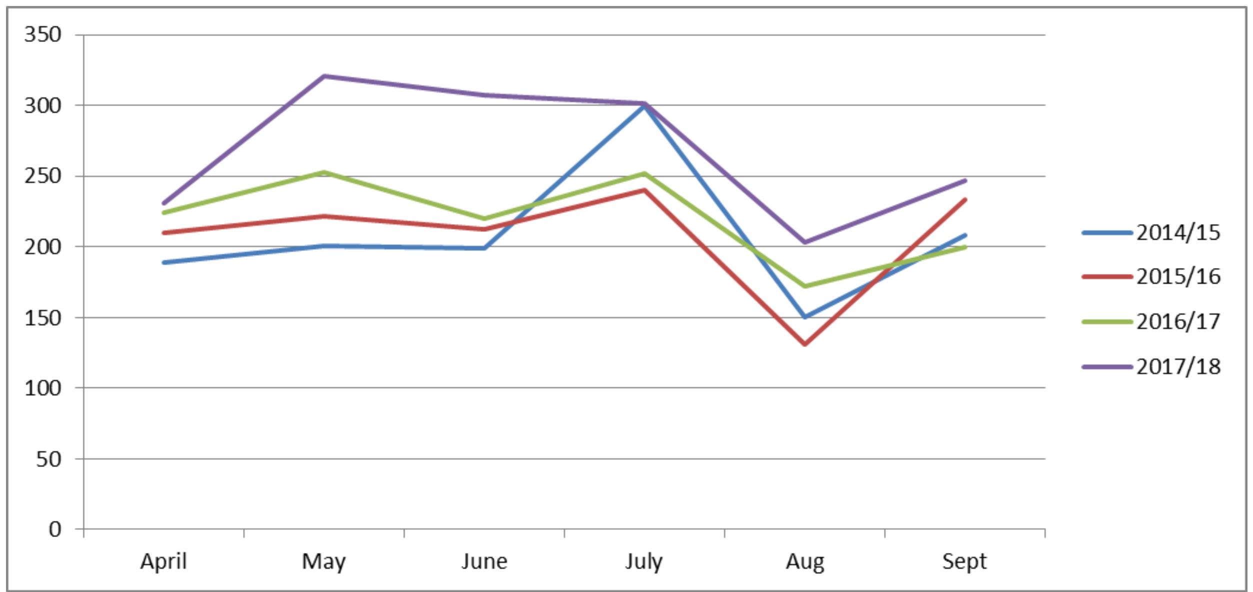
There is also an increase in complexity of cases being seen in specialised CAMHs.

CAMHs CPE & Urgent care	All referrals are risk assessed in Common Point of Entry (CPE) within 24 hours. 100% urgent cases seen by the urgent care service within 24 hours. The current average waiting time for more in depth triage of routine referrals in CPE is 3 weeks. 80% of referrals complete assessment at CPE within 6 weeks. All referrals breaching the 6 week target are referrals to the Autism Assessment Team.
CAMHs Specialist Community	The current average wait time for referrals to the Specialist Community Teams is 6 weeks
CAMHs Anxiety & Depression Specialist Pathway	The current average waiting time for referrals to the Anxiety & Depression Team is 10 weeks.
CAMHs ADHD Specialist Pathway	The current average waiting time for referrals on this pathway is 17 weeks. This is skewed by the long waiters. A significant number of these are referrals for young people who have a diagnosis, have transferred in to service on a routine review programme and do not require an appointment within the 6 week timescale. All have been allocated to the relevant locality clinic and added to the review clinic protocol so should be excluded from the waiting list. BHFT are working with the informatics team to implement a change to our recording system to enable this. Families are also offered help while waiting – service commissioned from Parenting Special Children
Eating Disorders	Eating disorders- urgent- within 1 week Eating disorders- routine- within 4 weeks.
CAMHs Autism Assessment Team	The average waiting time for those currently waiting an assessment is 44 weeks. The national average wait for assessment according to National Autistic Society is 3 and a half years. Families who are waiting for assessment are offered help via the Young SHaRON subnet and support commissioned from Autism Berkshire

4.4 Demand for emotional and mental health services is increasing across all providers both locally and nationally.

Graph 1 shows the trend in terms of all external referrals to CAMHS through CAMHS CPE from the 4 Berkshire West CCG's year to date with data reported for 2014/15, 2015/16 and 2016/17 for comparison purposes.
Total referrals for 2016/17 had increased by 12.8%.

Graph 1 External Referrals to CAMHS Common Point of Entry



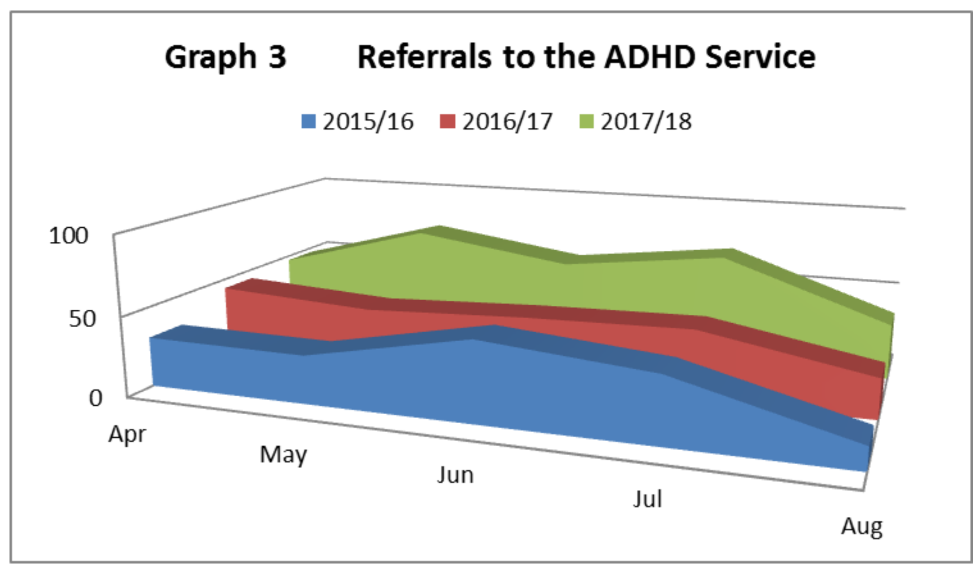
4.5 BHFT saw a spike in referrals in March 2017 which was put down to the timing of the Easter school holidays and a further spike in May which may have been due to numbers of self-referrals from parents following the go-live of the self-referral option on the new integrated referral form and also to an increase in referrals for Autism Assessments. However the trend has continued through Q2, with referrals for the quarter up 20% on the same quarter last year, despite the usual seasonal reduction in August, and 27.5% higher than the 2014/15 service baseline.

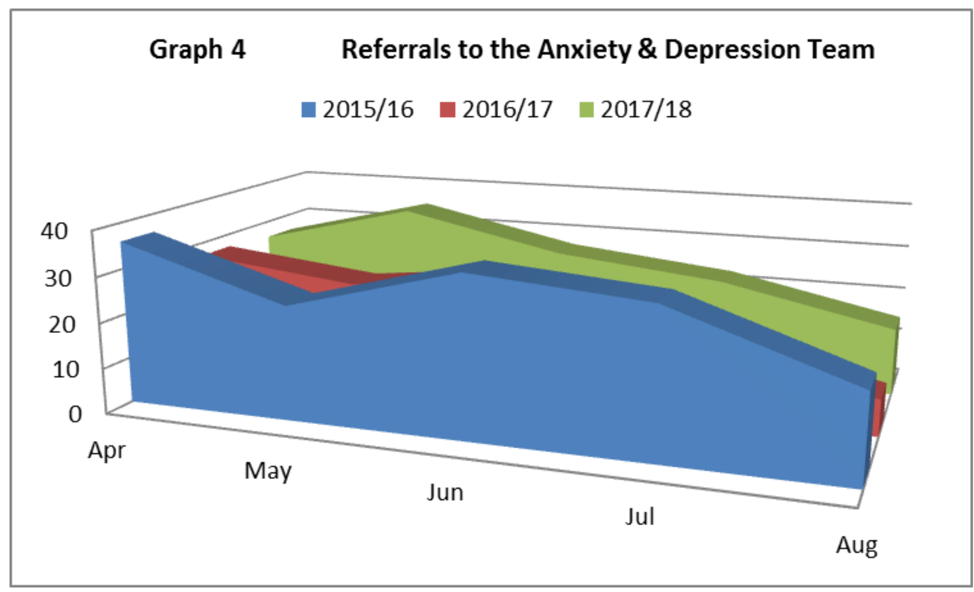
4.6 A positive sign is that we are seeing an increase in appropriate and good quality referrals from SENCo's following our work to disseminate the message that the right person to refer is the person who knows the most about the child or young person's difficulties.

4.7 Information to date shows that BHFT continue to see numbers of self-referrals from parents and that a number of those do not require BHFT CAMH services and would be better supported by local early intervention or targeted services. Parents (and other referrers) are clearly signposted to BHFT CAMHS referral criteria within the on-line referral process and the CAMHS and referral sections of the CYPF website include links to the local offer for each locality and guidance about other appropriate services and how to access those. This information has been further improved with the launch of the CYPF on-line resource, which went live on October 5th https://cypf.berkshirehealthcare.nhs.uk/

4.8 Accepted Referrals to CAMHs. BHFT are now able to demonstrate the increase in referrals to the specialist teams, which combined have shown an increase of 10% in the months April-August

compared to the same time period last year and 20% from the same period in 2015/16. This is in line with the year on year increase of 10% being seen nationally according to the latest information from the CAMHS benchmarking group.
The graphs below give a pictorial representation of the increase in referral rates within these teams individually





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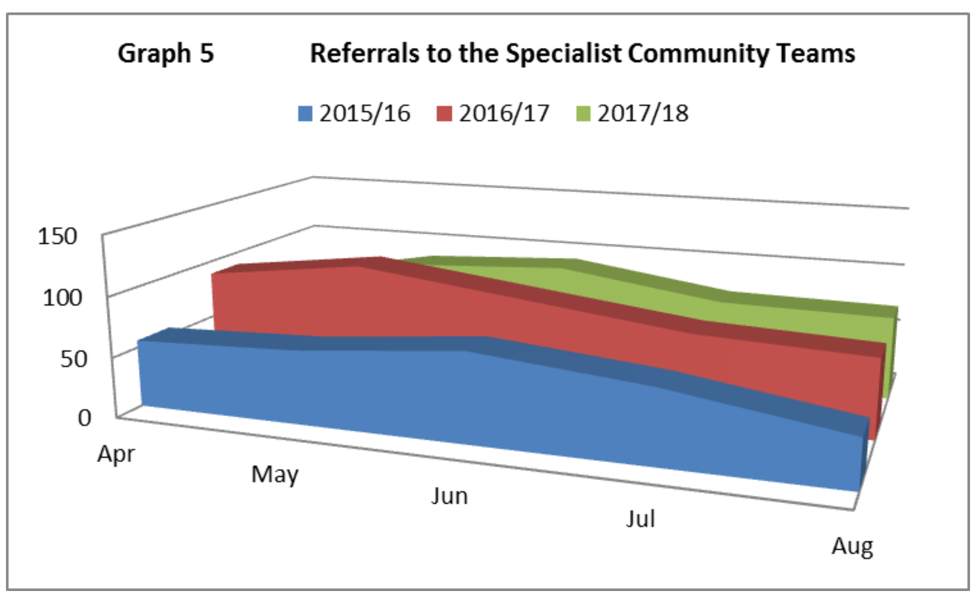


Note that the numbers for the Specialist Community Teams would have included referrals for young people with an eating disorder in 2015/16 and 2016/17. These referrals are now seen by the dedicated CAMHS Eating Disorders Service so the real increase in numbers of young people with complex mental health difficulties other than an eating disorder is greater than is indicated by this graph.

4.9 While autism is not a mental illness, a high percentage of children and young people with autism also experience emotional and mental health issues. Anxiety issues are particularly common. Berkshire West waiting times for autism assessment remain lower than the national average (Berkshire West average is 44 weeks, the national average according to National Autistic Society is 3 and a half years). However waits remain longer that both the commissioner and provider want locally. Demand for autism assessment continues to rise locally and this drives up waiting times. Additional non recurrent funding was made available to expedite reduction in autism assessment waiting times for children under the age of 5 years by running additional weekend clinics. CCGs continue to work with BHFT to reduce waiting times. Approximately 60% of referrals accepted for autism assessment convert into a diagnosis. Of the remaining 40% about half will be diagnosed with a social communication disorder.

4.10 Autistic spectrum condition (ASC) is the most common primary need amongst children and young people with a statement or Education and Health Care plan maintained by Reading. At January 2017, 34.4% of children and young people have a statement or EHC plan maintained by Reading for ASC.

4.11 The next most common primary need for children and young people with a statement or EHC plan maintained by Reading are social, emotional and mental health (SEMH).

5. FINANCIAL CONSIDERATIONS AND MANAGING DEMAND

5.1 According to evidence provided by the Children's Commissioner for England to the Commons Health Select Committee (October 2017) https://www.childrenscommissioner.gov.uk/wp-content/uploads/2017/10/Childrens-Commissioner-for-England-Mental-Health-Briefing-1.1.pdf
National analysis shows just over 200,000 children received CAMHS treatment last year, 2.6% of the age 5-17 population. Comparing this to recent research on the number of children with a mental health condition the Office of the Children's Commissioner for England estimates that between 1 in 4 and 1 in 5 children with a mental health condition received helped last year.

5.2 **.** The overwhelming majority of national NHS mental health spending goes towards those with the most severe needs. Analysis by the Office of the Children's Commissioner for England shows that:

- 38% of NHS spending on children's mental health goes on providing in-patient mental-health care. This is accessed by 0.001% of children aged 5-17.
- 46% of NHS spending goes on providing CAMHS community services, these are accessed by 2.6% of children aged 5-17.
- 16% of NHS spending goes on providing universal services. This need to support the one in ten children who are thought to have a clinically significant mental health condition but are not accessing CAMHS. It also needs to support a – currently unknown – number of children with lower level needs, who would be less likely to develop a more serious mental health condition if they were provided with timely support.

5.3. This is despite the fact that early intervention is much cheaper to deliver:

- £5.08 per student – the cost of delivering an emotional resilience program in school
- £229 per child – the cost of delivering six counselling or group CBT sessions in a school
- £2,338 – the average cost of a referral to a community CAMHS service
- £61,000 - the average cost of an admission to an in-patient CAMHS unit

5.4 The Department of Health estimate that a targeted therapeutic intervention delivered in a school costs about £229 but derives an average lifetime benefit of £7,252. This is cost-benefit ratio of 32-1.

5.5 There is a clear moral, financial, and workforce case to manage demand across the system by meeting the emotional health and wellbeing needs of children and young people before needs escalate to requiring a medical intervention.

5.5 The Green Paper: Transforming children and young people's mental health provision (Dec 2017) makes a number of recommendations which are very closely aligned to our Refreshed Local Transformation Plan. This is very encouraging.
https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper/quick-read-transforming-children-and-young-peoples-mental-health-provision#about-the-green-paper
5.6 The Green Paper recommends

- A mental health lead in every school and college (Reading has the School Link project in place funded through Future In Mind, delivered by RBC staff and supported by PPEPCare training)
- Mental health support teams working with schools and colleges (Reading has the School Link project in place supported by PPEPCare training plus youth counselling in many schools- this model could be extended further)
- Shorter waiting times- this is more complicated as it will require additional national investment. There needs to be a focus on how the workforce should be structured in terms of number of trained staff available, skill mix, generic versus specialist staff, training, recruitment, retention and supervision. This needs to be combined with improved demand management across the system to ensure that robust early

intervention and prevention is in place and that partners are providing evidence based support early enough prior to referral to specialist CAMHs- as per the THRIVE model.

- Mental health of 16 to 25 year olds- this will comprise of a new national partnership to improve mental health services for young people aged 16 to 25. The partnership will start by deciding which areas to focus on. This might be student mental health, and looking at how universities, colleges, local authorities and health services work together. This work should align to the local Special Education and Disabilities (SEND) work.
- Improving understanding of mental health- national work will be undertaken to explore the impact of the internet and social media on the mental health of children and young people; research how best to support families and research how to prevent mental health problems.

5.7 The Health and Wellbeing Board are asked to review and respond to the Green Paper as individual agencies
https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper

6 NEXT STEPS

6.1 The Health and Wellbeing Board is asked to endorse the refreshed Local Transformation Plan.
6.2 The Health and Wellbeing Board are asked to review and respond to the Green Paper as individual agencies
6.3 For Reading the focus continues to be on supporting and strengthening collaborative working from these and other developments in integrating mental health into children social care to ensure Reading children thrive and grow up to be confident and resilient individuals. This will be endorsed by :

- Joining up the system to engineer a new model of delivery that tackles access and prevents young people being lost in the system.
- Sustaining a culture of evidence based services improvement delivered by a workforce with the right mix of skills, competences and experience.
- Investment in our staff and workforce, strengthening the working culture and level of support at all levels of service delivery, but in schools in particular.
- Building a stronger Early Intervention offer that builds the resilience in children and young people and providing support as early as possible.
- Improve transparency and accountability across the whole system, including resource allocation and ensuring collaborative decision making.

6.4 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 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.

6.5 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.

7. BACKGROUND PAPERS

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

7.2 Transformation plan guidance;
http://www.england.nhs.uk/wp-content/uploads/2015/07/local-transformation-plans-cyp-mh-guidance.pdf

7.3 Evidence provided by the Children's Commissioner for England to the Commons Health Select Committee (October 2017) https://www.childrenscommissioner.gov.uk/wp-content/uploads/2017/10/Childrens-Commissioner-for-England-Mental-Health-Briefing-1.1.pdf

7.4 The Green Paper: Transforming children and young people's mental health provision (Dec 2017)
https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper
https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper/quick-read-transforming-children-and-young-peoples-mental-health-provision#about-the-green-paper
https://publications.parliament.uk/pa/cm201415/cmselect/cmhealth/342/342.pdf

7.5. BHFT CYPF on-line resource https://cypf.berkshirehealthcare.nhs.uk/

7.6. Evidence provided to the Commons Health Select Committee
http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-committee/child-and-adolescent-mental-health-services/written/73900.html)

7.7 Link to Local Transformation Plans on the CCG websites http://www.southreadingccg.nhs.uk/our-work/children/camhs-transformation

7.8 Anna Freud Centre- THRIVE model
http://www.annafreud.org/media/3214/thrive-elaborated-2nd-edition29042016.pdf

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

Newbury and District Clinical Commissioning Group
North and West Reading Clinical Commissioning Group
South Reading Clinical Commissioning Group
Wokingham Clinical Commissioning Group

Local Transformation Plan for Children and Young People's Mental Health and Wellbeing-REFRESH OCTOBER 2017

Berkshire West CCG area with Reading, West Berkshire and Wokingham Local Authorities

Executive summary

Following the publication of "Future In Mind" – *promoting, protecting and improving our children and young people's mental health and wellbeing*, the report of the government's Children and Young People's Mental Health Taskforce in 2015, Berkshire West Clinical Commissioning Groups worked with partners to develop Local Transformation Plans for Children and Young People's Mental Health and Wellbeing for the period 2015 -2020. These plans were approved by the respective Health and Wellbeing Boards in October 2015 and were subsequently published on CCG websites.

Links to the original Transformation Plans can be found here

http://www.wokinghamccg.nhs.uk/our-work/children/camhs-transformation

http://www.southreadingccg.nhs.uk/our-work/children/camhs-transformation

http://www.nwreadingccg.nhs.uk/our-work/children/camhs-transformation

http://www.newburyanddistrictccg.nhs.uk/our-work/children/camhs-transformation

The October 2016 refreshed plan can be found here

http://www.southreadingccg.nhs.uk/component/edocman/refreshed-local-transformaion-plan-for-children-and-young-peoples-mental-health-and-wellbeing-january-2017/download

An easy read version of the October 2016 refreshed document can be found here

http://www.southreadingccg.nhs.uk/component/edocman/refresh-local-transformation-plan-for-children-and-young-people-s-mental-health-and-wellbeing-yp-version/download

This refresh document provides an overview of progress against the original transformation plans and identifies further work which is required by 2020.

Background

Future in Mind – promoting, protecting and improving our children and young people's mental health and wellbeing, the report of the government's Children and Young People's Mental Health Taskforce, was launched in March 2015.

The report sets out the case for change in mental health services for children and young people. It makes recommendations for improving a number of things about mental health services for children and teenagers: the quality of services; how quickly and easily services can be accessed when they are needed; better co-ordination between services; and, a significant improvement in meeting the mental health needs of children and young people no matter what their background.

By addressing all these areas the report aims to promote good mental health and wellbeing for children and young people and ensure there are high quality services in place to care for children and young people if they need them.

In spring 2014 Clinical Commissioning Groups in Berkshire West asked service users, schools, doctors and mental health workers **what they thought about local mental health services**.

Their responses suggested that many children, young people and their families thought that services weren't good enough – explaining that waiting times were too long, that it was difficult to find out how to access help and, sometimes, that they didn't like the way that they were treated by staff. They said that there were delays in referrals and the advice given to families while waiting for their child's assessment was insufficient.

Future in Mind provided a structure for planned changes in Berkshire West. The ambition became not simply to adjust existing services, but to transform them. Our original Transformation Plans provide a snapshot of where we were in the Autumn of 2015, how we arrived at our plan and articulates the actions we felt were required.

What we are going to do

The Local Transformation Plans cover the whole spectrum of services for children and young people's emotional and mental health and wellbeing in each area including how

- we will improve prevention and early identification of difficulties for all children

- we will improve targeted working for more vulnerable groups such as children in care, Children In Need, children who have experienced abuse and those subject to child protection plans; young people who are in contact with the criminal justice system, victims of crime, young people who are at risk of exclusion from school, traveller communities. These youngsters are most at risk of health inequalities.
- we will work with Local Authorities, the voluntary sector and partners to provide early help when issues become apparent
- we will improve the quality and timeliness of specialist CAMHs
- we will improve care for children and young people experiencing a mental health crisis or psychosis
- we will reshape services for children and young people with eating disorders to enable quicker and better specialist support outside hospital
- we will collaborate with other commissioners to provide more streamlined and cost effective care pathways with care delivered closer to home

Our ambition

The vision for Berkshire West is to ensure that every child or young person gets the help they need when and where they need it. By 2020 support will be individually tailored to the needs of the child, family and community – delivering significant improvements in children and young people's mental health and wellbeing.

The Local Transformation Plans are about integrating and building resources within the local community, so that emotional health and wellbeing support is offered at the earliest opportunity. This will reduce the number of children, young people and mothers requiring specialist intervention, a crisis response or in-patient admission. Help will be offered as soon as issues become apparent.

Successful delivery of the plans will mean that:

- Good emotional health and wellbeing is promoted from the earliest age

- Children, young people and their families are emotionally resilient
- The whole children's workforce including teachers, early years providers, youth justice, social care, third sector and GPs are able to identify issues early, enable families to find solutions, provide advice and access help
- Help is provided in a coordinated, easy to access way. All services in the local area work together so that children and young people get the best possible help at the right time and in the right place. The help provided takes account of the family's circumstances and the child or young person's views.
- Pregnant women and new mothers with emerging perinatal mental health problems can access help quickly and effectively, as can their partners.
- More children and young people with a diagnosable mental health condition are able to access evidence based services
- Vulnerable children can access the help that they need more easily. This includes developing better links between agencies who support victims of sexual assault and victims of crime; enhancing emotional and physical healthcare service to young people who are in contact with criminal justice and developing services to support Liaison and Diversion for young people who have had a brush with the law. Ensuring that the needs of Looked After Children, children at the edge of care and children who are at risk of exclusion are met.
- Fewer children and young people escalate into crisis. Fewer children and young people require in patient admission.
- If a child or young person's needs escalate into crisis, good quality care will be available quickly and will be delivered in a safe place. After the crisis the child or young person will be supported to recover in the least restrictive environment possible, as close to home as possible.
- When young a person requires in patient care, this is provided as close to home as possible. There is a smooth and safe transition into and out of Tier 4 services. Local services support timely transition back into the local area.
- More young people and families report a positive experience of transition in to adult services.

Plans were refreshed in October 2016 to reflect emerging local and national developments.

About this document

This document builds on the October 2016 refresh of plans and provides

1. Our journey so far- A snap shot of how services are delivered now compared to 2014
2. An overview in the local paradigm shift from a traditional tiered system to a THRIVE framework
3. A review of progress and achievements since October 2016 through a THRIVE lens
4. A summary of progress against Five Year Forward View for Mental Health, key planning guidance
5. Further work which needs to be undertaken over coming years
6. Current challenges in achieving this
7. A summary of workforce concerns and plans
8. An overview of financial investment
9. An update on data submissions to the national Mental Health Services Data Set (MHSDS)
10. Governance
11. Need and activity

Appendix 1 workforce data

1. Our journey so far- A snap shot of how services are delivered now compared to 2014

2014

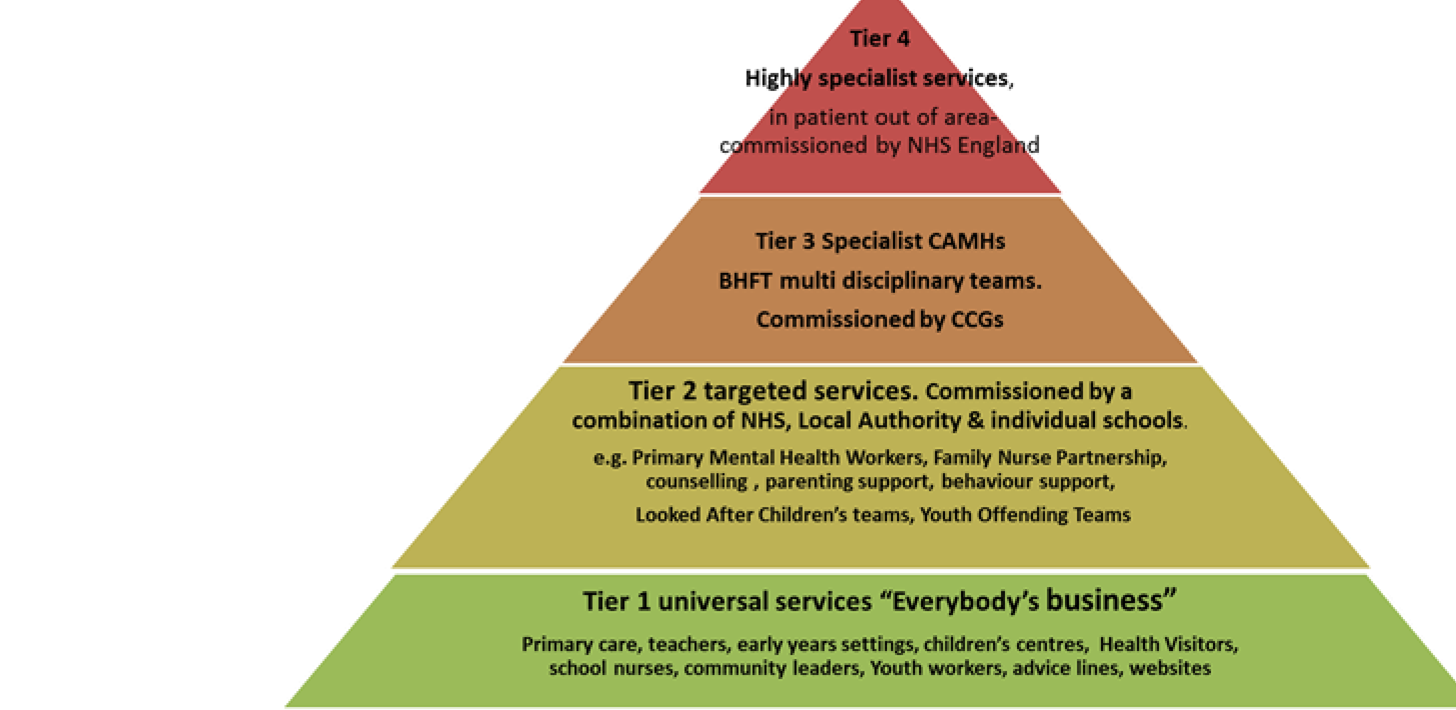


Figure 1

In 2014 services tended to be delivered in silos. Each service had its own assessment process and some children slipped through the gaps between services. Multiagency opportunities to see the child or young person's difficulties in the context of the family situation and wider environmental factors were often missed so help was not always coordinated between partners. Step up/ step down arrangements between Tiers were often ad hoc. Voluntary sector providers were rarely invited to be part of wider whole system discussion. Emotional health training to schools was patchy with no agreed training approach. Outcomes reporting was not well developed- some providers collected outcomes, others did not. Poor service user engagement.

2017 whole system planning and delivery

Key ingredients- co-production, collaboration.

Whole system planning, moving to integrated service delivery.

A shift from reactive to proactive. Agreed outcome reporting framework across providers. Joint problem solving, appreciative inquiry approach. Joint deep dives into issues e.g. school exclusions, supporting complex YP who frequently present in crisis. Focus on joint learning. Service users evaluating and shaping services

Building resilience and reducing stigma

Early identification

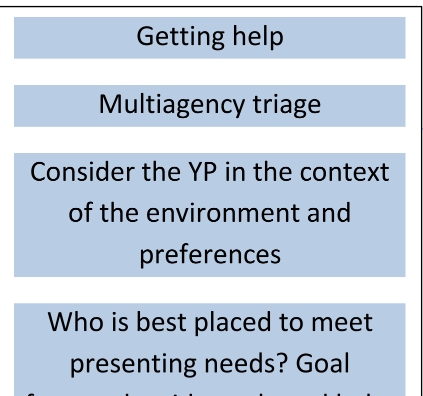
Multiagency PPEPCare training programme- empowering partners to identify needs and provide initial support/ advice. Online support for PPEPCare trainers

Reading and Wokingham School Link Projects / West Berkshire Emotional Health Academy

Getting initial advice and help while waiting for assessment

Face to face/ phone/online toolkit and resources/printed booklets

Community, school, voluntary sector, primary care



Review

Who is best placed to meet presenting needs?

Getting more help- extensive treatment

Getting risk support and help in a crisis

Multiagency discussion.

Who is best placed to meet presenting needs? How do we meet needs locally? STP pathway?

Personalised management planning

Improved step up/ step down arrangements as needs of the individual change

Figure 2

This work forms part of the wider Transforming Care, Special Education Needs and Disabilities work and ACS programme.

2. An overview in the local paradigm shift from a traditional tiered system to a THRIVE framework

Over the past 2 years, local partners have moved away from the traditional tiered system to the THRIVE framework developed by Wolpert et al in the Anna Freud Centre (AFC) and Tavistock & Portman NHS Trust.

http://www.annafreud.org/media/3214/thrive-elaborated-2nd-edition29042016.pdf

The THRIVE model seeks to describe 4 clusters, or groups of children and young people with mental health issues and their families, and the variety of support they may need to thrive, trying to draw a clearer distinction between treatment on the one hand and support on the other.

It focuses on a wish to build on individual and community strengths wherever possible, and to ensure children, young people and families are active decision makers in the process of choosing the right approach. Rather than an escalator model of increasing severity or complexity, THRIVE provides a framework that seeks to identify somewhat resource-homogenous groups (it is appreciated that there will be large variations in need within each group) who share a conceptual framework as to their current needs and choices.

The THRIVE framework below conceptualises five needs-based groupings for young people with mental health issues and their families. The image on the left describes the input that is offered for each group; that on the right describes the state of being of people in that group – using language informed by consultation undertaken by the Anna Freud Centre with young people and parents with experience of service use.

Each of the five groupings is distinct in terms of the:

- needs and/or choices of the individuals within each group
- skill mix required to meet these needs
- dominant metaphor used to describe needs (wellbeing, ill health, support)
- resources required to meet the needs and/or choices of people in that group

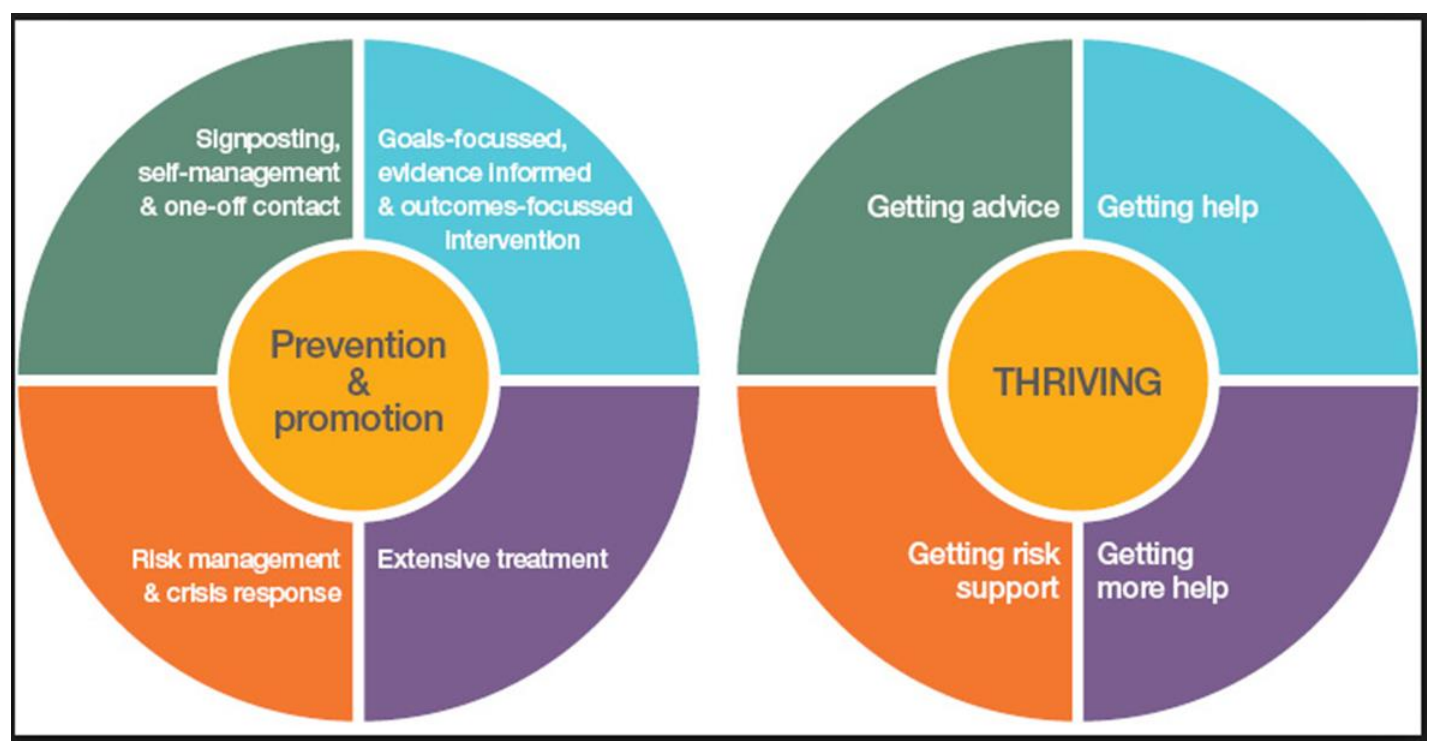


Figure 3

Over the past year the three Local Safeguarding Children Boards in Berkshire West, leaders within Berkshire Healthcare Foundation Trust (BHFT), Berkshire West Clinical Commissioning groups (CCG) and the Future In Mind group agreed to undertake an audit of children and young people with significant emotional health needs, requiring the support of other statutory partner agencies.

The purpose of the audit was to:

1) explore how well we identify emotional wellbeing and mental health difficulties, as individual services and collectively across multiple-agencies;
2) evaluate how effectively partner agencies identified need and risk;

3) assess the impact and effectiveness of single and multi-agency planning and impact on outcomes for children;

4) test the applicability of the THRIVE model in supporting enhanced inter-agency early identification and intervention, assessment and planning; to improve outcomes for children.

The THRIVE model was found to be a helpful model and learning from the audit has been used to shape services in Berkshire West.

We are promoting a whole system framework of care away from specialist mental health teams to families, communities, schools, public health, social care and the voluntary sector sharing the same vision and working together on prevention, early help and building resilience, as well as attending to complex mental health difficulties and mental health crises among children and young people. These are all key features of Future in Mind (2015). Inter-professional collaboration and coproduction will support a cultural change in the language used, the way in which systems and agencies work together, and the way in which children, young people and their families access support, care and mental health treatment

Throughout this document, we refer to the THRIVE framework to describe how we are moving towards this more seamless way of delivering emotional wellbeing and mental health services in Berkshire West.

3. **A review of progress and achievements since October 2016 through a THRIVE lens**

- ## THRIVING- prevention and promotion

WHERE WE WANT TO GET TO-

Thriving is a state of wellbeing and fulfilment that we are all hoping to achieve; supporting children and young people to thrive is at the heart of the THRIVE model, and underpins all elements of it. Thriving correlates positively with sense contentment, as well as with physical and mental health indicators. Children who thrive are resilient and can call upon a wide range of positive coping strategies, when faced with life challenges and adversity. Thriving is supported by prevention, mental health promotion, awareness raising work and early help in the community. These public health strategies are aimed at whole communities, rather than individual children and families, and require all agencies working with children to work effectively together. The strategies recognise the importance of resilience, emotional and social wellbeing, which are supported by vital skills, such as emotion regulation skills, social skills to support positive relationships and a wide range of coping strategies to help children and families face all kinds of adversity. The public health strategies are aimed at early intervention. For example, supporting pregnant mothers and families with very young children, preschool children, as well as promoting wellbeing among school aged children and their families.

Public health strategies are designed to support an understanding of a developmental approach to emotional and social wellbeing, and the factors, which compromise healthy emotional development and lead to psychological harm. In understanding these factors, services can apply strategies, which tackle the causes and prevent emotional and social harm. To give children the best start in life, it is important that they are brought up in emotionally and socially healthy environments (at home and at school), by adults who understand and attend well to their emotional and social needs. An ambitious programme of workforce training and development will be needed to support families and professional staff, including those in universal services, to understand the determinants of mental health wellbeing and the factors which compromise it and lead to psychological harm. Thriving is supported by both universal prevention, aimed at the whole population, and selective prevention strategies, which target individuals or population subgroups, who have higher risk for developing emotional well-being and mental health problems. Awareness raising and mental health promotion is supported by mental health experts and is evidence based. The provision of expert advice, information, training and consultation is seen as a vital role of mental health professionals.

WHAT WE DID

We engaged with service users, parents, carers and partners to find out how they would like to access mental health promotion, awareness raising work and early help in the community.

In order to raise awareness of Autism and ADHD, including early identification and support we have provided a programme of presentations for SENCO's, early years support services and parents groups across West Berkshire, including an all-day ADHD conference and ADHD special interest group open to parents, carers and professionals. Partner agencies have been encouraged to consider needs led, not diagnosis led support, and to consider hidden needs, such as camouflaging in girls

Across Berkshire West we co-produced the #littlebluebookofsunshine with young people and distributed it universally to pupils prior to exam season, as well as available online. Young people also wanted a slightly cheeky bus and social media campaign with messages appealing to all genders. Booklets were distributed to all schools and clinics by the School Link projects, Emotional Health Academy, CCG staff , acute hospital staff, voluntary sector organisation, Healthwatch and experts by experience. Instagram, Twitter and Facebook campaigns ran for 4 weeks around exam season along with a bus shelter and bus advertising campaign.

Figure 4

A former service user and local mental health champion partnered with Brighter Berkshire and numerous local organisations, to organise a huge mental health event at theMadejski Reading FC stadium on World Mental Health Day. An attempt was made to break the Guinness World Record for the biggest mental health lesson. The lesson was broadcast live to pupils watching in other countries.
Hundreds of school children and university students attended the event. Mental health stigma was challenged, local children and teachers were educated and resilience was promoted. The event was linked to #littlebluebookofsunshine resources.

Figure 5

West Berkshire Council Public Health ran a Health and Wellbeing in Schools Programme which develops or delivers;

- 5 Ways to Wellbeing universal workshop resource for Year 5, 6 and 7 children, developed by Public Health to be delivered by school staff.
- Mental Health Awareness workshops for secondary schools. Delivered to whole year groups and/or Peer Mentors. Themes: Stress Awareness, What is Mental Health? Mental Health Stigma and Discrimination.
- Time To Change Mental Health Leaders programme for 6th form students. Once trained the young people are supported by H&WB in Schools Coordinator to lead mental health awareness campaigns within their schools.
- Youth Health Champions Programme – The RSPH qualified, the qualification is funded by West Berkshire Public Health and delivered by the Health and Wellbeing in Schools Coordinator- young people offer signposting and lead wellbeing and mental health awareness in secondary schools.
- http://www.emotionalwellbeingwestberkshire.co.uk/

West Berkshire Council Public Health also provided

- Funding for free **Mental Health First Aid (MHFA)** Youth and Schools training for school staff & any frontline workers supporting CYP
- **Teen Health Guide** printed and distributed for all young people Year 10, 11, 12 in West Berkshire, includes sections on managing stress, depression & anxiety and a range of related topics.

- **Time to Talk West Berkshire** – funding for face-to-face counselling service for CYP age 11-25 years and mental health awareness workshops and assemblies in secondary schools
- **Emotional Health Academy** – allocate some Public Health funding to contribute to total service costs.
- **Emotional Health Academy** – supporting service development around prevention, including the establishment of a new prevention worker post with the EHA.
- The Anna Freud Centre have agreed to conduct a Mental Wellbeing baseline survey in West Berkshire secondary schools.

In Reading, the Schools Link Project is using the THRIVE Elaborated model to offer universal training on mental health to whole schools (Getting Advice), as well as offering Help and Getting More Help within schools, via a partnership approach between schools, Educational Psychologists, Primary Mental Health Workers, children and families. It has given us the opportunity to optimise and extend current joint working between schools, Educational Psychologists, and Primary Mental Health Workers to improve school staff knowledge and identification of MH issues, improve school responses to MH and improve the quality and timeliness of referrals to specialist services. The first year focused on 11 schools, extended in the second year to include all secondary schools, Reading College and some primary schools.

In Reading the Emotional Health Pathway for Looked After Children (LAC) offers a multi-disciplinary supervision and advice group for social workers to discuss Looked After Children with High or Very High Strengths and Difficulties Questionnaire (SDQ) scores, with an aim of improving their emotional and mental health; offer training to all social workers on the use of the SDQ and promote awareness and recognition of mental health issues, and what help is available.
The Reading Options Team offer therapeutic interventions for Looked After Children and Young People.

The Oxford Parent Infant Project OXPIP works with a small number of families in Reading with parent/carer and infants 2 years old or under
http://www.oxpip.org.uk/

WHAT WE STILL NEED TO DO

There is currently a gap in support for families with pre-school children with emotional and mental health needs. OXPIP is working with a few families in Reading.

- **GETTING ADVICE- signposting, self-management and one off contact**

WHERE WE WANT TO GET TO

Information and advice for children, young people, parents and carers is easily accessible online, as well as in schools, primary health settings and the wider community.
Information and advice for parents and carers about a child's emotional development and mental health is easy to access.

Training and support is available for schools and professionals working with children.

WHAT WE DID

We engaged with service users, parents, carers and partners to find out what information they required and how they would like to access this information.
Resources were co-produced and promoted.
Young people told us that they wanted a single reliable source of emotional/ mental health information and advice available as a discrete blazer pocket sized booklet, distributed universally to pupils prior to exam season, as well as available online. They also wanted a slightly cheeky bus and social media campaign with messages appealing to all genders. The Little Blue Book of Sunshine was then developed via a co-production process aimed at young people in years 10 and above. #littlebluebookofsunshine. 25,000 booklets were distributed to all schools and clinics by the School Link project, Emotional Health Academy, CCG staff , acute hospital staff, voluntary sector organisation, Healthwatch and experts by experience. Instagram, Twitter and Facebook campaigns ran for 4 weeks around exam season along with a bus shelter and bus advertising campaign. Looked After Children and the Youth Offending Teams were specifically targeted over a wider age group. The response has been very good but difficult to quantify. The campaign has been cited by Young Minds and the Youth Justice Board as examples of good practice.

Berkshire Healthcare Foundation Trust continues to transform our Children, Young People and Families (CYPF) Services, following feedback from service users, parents, carers and professionals. BHFT have brought together all of their children's services in an ambitious programme to enable all children, young people and families in Berkshire to receive early and consistent information and healthcare that is available via a range of technologies and interventions, is joined up and wherever possible is delivered as part of every day living.
CAMHs services are now integrated with Integrated Therapy Teams and Public Health nursing to provide an integrated response, considering the child's overall needs in the context of the family rather than on a single discipline basis. This programme has seen the creation of an integrated on-line referral process and a single front door, enabling early identification of need and risk through multidisciplinary triage and assessment
The services have also developed an on-line resource, bringing together information and self-help resources on mental and physical health issues, using a life-cycle approach to providing information and resources for young people, families, carers and professionals which can be easily accessed via smart-phone, tablet or computer.
The On-Line Resource has been designed and created alongside service users, parents, carers and fellow professionals in education and healthcare. BHFT have aimed to address the key questions that they get asked by service users, providing them with the tools and information they require to self-manage in the community, alongside clear advice on when to seek further help and signposting to the best place to find it. This is linked to the Local Offer in each Local Authority area.
The online resource is at: https://cypf.berkshirehealthcare.nhs.uk/.

PPEPCare (Psychological Perspectives in Education and Primary Care) training sessions were delivered to 1424 staff plus over 200 young people across Berkshire West in 16/17. Staff were from a variety of backgrounds including schools, primary care, secondary care, voluntary sector. PPEPCare supports the School Link project and Emotional Health Academy. Evaluations have been consistently very strong.

The Reading and Wokingham School Link projects are in year 2 of operation, providing training, help and supervision to teaching staff and pupils. The outcomes of the service will be evaluated in 17/18 with a view to review impact, effectiveness and sustainability of provision which also captures the voice of children and young people in terms of how they feel about key issues affecting their emotional and mental health well-being. In Reading, the Schools Link Project is using the THRIVE Elaborated model to offer universal training on mental health to whole schools (Getting Advice), as well as offering Help and Getting More Help within schools, via a partnership approach between schools, Educational Psychologists, Primary Mental Health Workers, children and families. It has given us the opportunity to optimise and extend current joint working between schools, Educational Psychologists, and Primary Mental Health Workers to improve school staff knowledge and identification of MH issues, improve school responses to MH and improve the quality and timeliness of referrals to specialist services. The first year focused on 11 schools, extended in the second year to include all secondary schools, Reading College and some targeted primary schools.
The Reading School Link project has gained a great deal of interest across other Local Authorities as an example of using the THRIVE model to offer an alternative model of identifying and meeting mental health needs of children and young people in schools. It also aims to extend the THRIVE model across the partner agencies in mental health such as CAMHS & the University of Reading Anxiety and depression in Young People (AnDY) Clinic, so that therapeutic interventions are supported across systems and contexts rather a therapeutic intervention being offered in isolation.

The Oxford Parent Infant Project OXPIP works with a small number of families in Reading with parent/carer and infants 2 years old or under http://www.oxpip.org.uk/

The Emotional Health Academy (EHA) has Emotional Health Workers (EHW) operating in 28 schools (24 Primary, 3 Secondary, and 1 Independent) across West Berkshire. The Academy has had a great deal of national interest as an innovative model of service delivery. It has recently been reviewed by an external consultant and a service improvement plan has been developed to maximise the impact the academy has on children and young people’s outcomes.

The voluntary sector youth counselling organisation Time To Talk West Berkshire has delivered Mental Health assemblies in schools.

Parenting Special Children and Autism Berkshire have continued to deliver training sessions and support to families whose children have been referred or assessed for ASD and ADHD. Pre assessment and post assessment support is provided as part of the wider neurodevelopmental care pathways.

On-line support through 24/7 access to peer and expert clinical advice is provided to all families whose children have been referred to for an autism assessment or who have a child already diagnosed with autism, through Berkshire Healthcare Foundation Trusts Young SHaRON social media platform. Feedback from families has been consistently positive.

Within Wokingham parents requested an intervention for anxiety they could access to support their child at home. In 2015 a partnership between ARC and WBC designed a programme, funded by Public Health, with the aim to empower parents to take an active role in supporting their child's mental health and at the same time recognising the impact that their own mental wellbeing can have on family dynamics. 10 workshops were commissioned and hosted in the areas of relative deprivation in the borough to ensure they were accessible a wide range of residents and offered free of charge. The uptake for these places was huge and a waiting list was formed for parents who couldn't be accommodated on this pilot programme. Feedback from participants was overwhelmingly positive.
Following from the success of the pilot in 2015 ARC delivered further sessions in 2016 and 2017. The workshops are run jointly between ARC and Wokingham Borough Council Public Health team. ARC source 100% of the funding for the workshops, recruiting and training counsellors to deliver the workshops with the Public Health team take responsibility for the marketing, setting dates and sourcing venues, promoting the workshops and managing bookings and writing the evaluations. ARC and the Public Health team work in close partnership to respond to local need and adapt format and delivery to suit local demand.

All areas provide the Healthy Child Programme delivered via Health Visitors and School Nurses. In many areas delivery of the 0-5 elements of the Healthy Child Programme is via a collaborative approach in partnership with local Children's Centres, with both services working together for the benefit of our children and their families. The Health Visiting teams lead on the delivery of the nationally mandated universal development reviews for all children at five key stages and promote health and development in the '6 high impact areas' for early years. The whole service provides a range of targeted support to families to meet health and wellbeing needs identified through the mandated reviews, ranging from advice and guidance to intensive keyworker support for the most vulnerable families. The Integrated Service works in close partnership with maternity services, other local authority provided or commissioned early years services, voluntary, private and independent services, primary and secondary care, mental health services, domestic violence and substance misuse services, schools, school health services, health improvement teams, and children's social care services.

WHAT WE STILL NEED TO DO
Service users would like more opportunities to speak to someone about their worries at an earlier stage, through counselling and other voluntary organisations. They would like these organisations to be visible so they know where to go if they're having difficulties.

Young people have called for more mental health education in schools to address stigma and to outline avenues of support available for them.

Pastoral support for children and young people is variable in schools and colleges. In some schools it is excellent.

There are gaps in local support for pre-school and young children with emotional and mental health needs.

- ## GETTING HELP- goals focussed, evidence informed and outcomes focussed intervention

Access to early local support in schools, primary care and community settings. Evidence informed interventions for children and young people. Greater involvement of voluntary sector organisations to offer young people choice in support and range of treatments. Better step up/ step down and collaboration arrangements between agencies so that triage, assessment and help takes account of the wider context of the child's life and experiences so that the right help is offered in the right setting as quickly as possible.

WHAT WE DID

As can be seen in Figure 2, multiagency triage is now in place in each area so that the holistic needs of children and young people and their families are considered and the most appropriate help is offered in the most appropriate location by the most appropriate provider. This reduces the number of referrals not accepted due to them not meeting threshold, minimises the risk of non attendance and maximises the opportunity to have a positive outcome in a timely manner. Wokingham and West Berkshire Council areas are reviewing arrangements to enhance this triage offer further. Voluntary sector organisations are increasingly part of the triage process. We have worked on improving step up/ step down arrangements between providers, as well as improving access to training in risk support and supervision. However there is still more work to do.

The West Berkshire Emotional Health Academy continues to provide help and support to children and young people in schools and the community. The involvement of CAMHS at the triage stage is proving beneficial both in ensuring that early help is put in place rather than automatic referral to specialist CAMH services and also in bringing a CAMHS lens to triage discussions. The Academy model has recently been reviewed and is being adjusted accordingly.

Primary Mental Health Workers work alongside a range of other emotional health and well-being practitioners, Educational Psychologists and the wider community in schools in Reading. The School Link project in Reading enables even closer working with schools using the THRIVE Elaborated model. The work includes training, mental health surgeries in schools, coaching and supervision to staff in schools, direct mental health assessment and therapeutic interventions offered by Primary Mental Health Workers and Educational Psychologists in school, risk assessments. Working closely with partner agencies is part of improved services for CYP and offers choice and smoother transitions between services (tiers).

The PPEPCare training programme has proved highly successful. We will continue to commission and develop a wider range of PPEPCare modules according to local need.

The Early Integrated Help Team in Wokingham is working well – there is a mix of Youth Workers and Family Support Workers in the same team, with consultation to the Primary CAMHS workers as part of the initial triage process. Families talk positively of their experience of Early Help. There is anecdotal evidence to suggest that the team has prevented referrals to BHFT CAMHS.
Wokingham are currently reviewing local arrangements to fully integrate emotional health and wellbeing services for children and young people. A new emotional wellbeing strategy will be developed for the Wokingham BC. The strategy will sit alongside the Local Transformation Plan for the West of Berkshire and bring the LA in line with the national ambition for children and young people's emotional wellbeing and mental health. The strategy will be owned by the Wokingham Children and Young People's Partnership. The redesign of the Wokingham Tier 2 service will be part of a wider agenda to influence and improve the provision for children and young people's emotional and mental wellbeing. More robust multiagency triage, colocation and integration of mental health workers and educational psychologists, improved school consultation and school staff support delivered through the School Link project and an emphasis on a whole family approach are at the heart of the proposals.

Evidence based Webster Stratton Incredible Years parenting courses run in most areas.

Partnership work with school SENCOs is showing positive benefits across all areas.

The OPTIONS team provide therapeutic interventions for Reading Looked After Children of all ages and their foster carer as well as the KEEP Safe foster carer training programme to support placement stability. Referrals can be made to the Options team through the child's social worker.

In Reading the Emotional Health Pathway for Looked After Children offers a multi-disciplinary supervision and advice group for social workers to discuss Looked After Children with High or Very High Strengths and Difficulties Questionnaire (SDQ) scores, with an aim of improving their emotional and mental health; offer training to all social workers on the use of the SDQ and promote awareness and recognition of mental health issues, and what help is available.

The Early Integrated Help Team in Wokingham is working well – there is a mix of Youth Workers and Family Support Workers in the same team. Families talk positively of their experience of Early Help. There is anecdotal evidence to suggest that the team has prevented referrals to BHFT CAMHS.

Voluntary sector youth counselling is commissioned in each area. Services are provided by ARC, Time To Talk West Berkshire and No5. Sessions are delivered in schools, the community and in some GP practices. The providers meet regularly with commissioners and BHFT CAMHs to improve whole system working, step up/step down arrangements and outcome monitoring.

Parenting Special Children and Autism Berkshire have continued to provide support to families whose children have been referred or assessed for ASD and ADHD. Pre assessment and post assessment support is provided as part of the wider neurodevelopmental care pathways.

Joint ASD /ADHD clinics are now running.
The Autism assessment team are piloting truncated assessments for children who have already had contact with a paediatrician. A clinical observation form has been created to be completed by Speech and Language Therapists, Educational Psychologists and Portage workers to reduce the need for further individual assessment by ADOS, thus increasing capacity and reducing the need for children to attend multiple assessments.

More staff have been trained in autism assessment in order to reduce delays and improve multidisciplinary working for children with autism and comorbidities such as anxiety, depression and ADHD. Skill mix is being utilised to improve the quality of functional assessments. While autism is not a mental health condition, the National Autistic Society estimate that 71% of people with autism also have some sort of mental health difficulty.

A rolling programme of training is in place to improve support provided by schools for children and young people with emotional health and wellbeing difficulties as well as neurodevelopmental difficulties such as autism and ADHD.

There is greater system wide awareness of girls with autism and how other emotional wellbeing needs may be impacted by “hidden” autism. This is supported by a Girl’s and Autism interest group, presentations to SENCO’s and parents groups, and BHFT working collaboratively with a PHD researcher at Reading University who is researching girls, autism and education who is on an honorary BHFT contract .

The multiagency Together for Children with Autism group, which includes professionals, parents and carers and young people (experts by experience) continues to work to improve whole system working for children and young people at home, in education and in settings. More work is required to embed recommendations into a clear multiagency care pathway in each LA area with better accountability to ensure that standards are met in all settings. This work is closely aligned to the Special Educational Needs and Disabilities work as well as the Transforming Care work.

An outcomes framework has been co-produced and agreed for all providers of emotional health and wellbeing services for children and young people. Providers including the voluntary sector are now reporting against an agreed set of outcomes as well as providing numerical data. There has been national interest in this work and it is used as a case study on a national training course for commissioners

An integrated BHFT Children, Young people and Families Health Hub went live in May 2017. Each referral is triaged and an appropriate decision made according to individual needs. The response might be CAMHs, children and young people's integrated therapies (CYPIT) public health nursing (universal services) specialist children's services or other community service depending on the need of the individual. Families can now self- refer.

The University of Reading has trialled a new, evidence based low intensity approach to children and young people with anxiety and depression disorders (AnDY clinic) using a skill mixed work force and enabling the growth of the new PWP staff groupers. Outcomes have been good and opportunities to commission this service are being sought.

The Berkshire CAMHs Community Eating Disorders Service is now fully established and providing a more timely highly specialised community service in accordance with national all requirements. All seven of the Berkshire CCGs have jointly commissioned the service. The service is signed up to the national quality improvement programme. National targets for routine referrals to be seen within 4 weeks and urgent referrals to be seen within 1 week are being met, although referrals into the service exceed the numbers predicted by national modelling so sustaining targets is at risk. We have recently engaged in a regional consultation event looking at the new care models for CAMHS Eating Disorders and we await next steps from NHS England.

A successful bid to NHS England Health and Justice commissioning has resulted in some additional CAMHs resource and new speech and language therapy resource being available to the Youth Offending Teams. Posts are currently in recruitment. NHS England Health and Justice commissioning have also commissioned an all age Liaison and Diversion scheme for people who are in touch with the criminal justice service. This extends the previous scheme which was for people aged 18 years and over and brings Berkshire in line with the wider STP footprint.

Working relationships with drug and alcohol providers have improved in localities

Shared care arrangements for children on ADHD medication work well generally in the Berkshire West

Multi Systemic Therapy in Reading works with families of young people aged 11 to 17 (year 6 upwards) who are living at home and currently exhibiting anti-social behaviours in different areas (school, home, community) such as aggressive behaviour (violence, fighting, property destruction), running away or out late/overnight, truancy, criminal behaviour. BHFT staff report good links and working with this team

The all age Early Intervention in Psychosis Service is meeting all the nationally mandated access standards. Children Young People experiencing a first episode of psychosis start treatment within 2 weeks of referral with a NICE recommended package of care.

Berkshire Healthcare Trusts Young SHaRON online platform has been developed and is now operational for a wider range of service users including those experiencing perinatal mental health issues, families who are waiting for or have undertaken an autism assessment, advice and consultation for professionals who are worried about children and young people and adults with eating disorders and advice and support to trainers delivering the PPEP Care programme. A new network which will provide on-line access to advice and consultation for workers on CAMHS and children's health care issues is currently in the piloting phase. Feedback about the service so far has been incredibly positive.
West Berkshire Council will be commissioning a local service for women with sub threshold or mild to moderate Post Natal Depression to complement the NHS service from 2018. This service will provide role modelling and support to encourage attendees to develop healthy parent--infant relationships

WHAT WE STILL NEED TO DO

Demand outstrips capacity for capacity for services at all levels.

We do not have good whole system data to inform strategic commissioning decisions. Work is in progress linked to SEND data sets but this needs to be developed further.

Service users would like to see more support available in schools and Early Years Centres, for this to be advertised, and to have an opportunity to access the support whilst maintaining an appropriate level of confidentiality. There is a need for greater knowledge of availability of emotional wellbeing services in schools so that triage can better consider cross boundary solutions. The Integration Board may be able to assist in this matter.

The profile of children and young people needs to be more visible within the Integration Board and within Accountable Care System work streams.

Parents/carers would also like to have support available to them, as well as other members of the family, and to know where to access this. Families would like to see waiting times reduced further.

There is a gap in terms of availability of Dialectical Behaviour Therapy (DBT) type provision (or something similar) for emotional regulation /distress tolerance difficulties.

While there is good delivery of evidence-informed care, there is variable access to low intensity CBT/ other evidence-based interventions as an early intervention and/or step down from specialist services for anxiety & depression across the patch. There are small numbers of staff outside specialist

CAMHs who are qualified to deliver in CBT / other evidence based interventions. Challenges also arise for young people with neurodevelopmental difficulties such as autism and ADHD who also have anxiety and/ or depression and requiring adapted CBT /other specialist interventions delivered by trained and experienced staff. Triage teams and workers supporting children who are not in school need to be aware of the differences between different forms of anxiety such as social anxiety and Global Anxiety Disorder as the NICE recommended interventions for each are different.
The AnDY pilot has been addressing this to some degree but capacity within all services is limited.

There is no consistent protocol for step up to/step down from youth counselling step up/down services or for their and routine involvement in triage hubs across Berkshire West. A protocol with the specialist CAMH service is in development and there are now regular meetings between all counselling organisations in Berkshire and the specialist CAMHS service to facilitate joint working but further work is needed to embed this.

We are seeing increasing number of children, young people and families struggling to manage severe sleep difficulties. – Parenting Special Children have been commissioned to provide sleep workshops which are beneficial but the service do not provide a full sleep clinic and are not currently able to support more complex difficulties. The specialist CAMH service are receiving increasing numbers of requests to prescribe melatonin for sleep difficulties. A care pathway and shared care protocol needs to be developed for this.

Multiagency triage is working well in all localities but the model could be refined and streamlined further to consistently include partners such as voluntary sector youth counselling and the counselling and support services commissioned by the Office of the Police and Crime Commissioner for victims of crime, abuse and assault such as TrustHouse and Safe! Step up/ step down, communication and integrated working arrangements between partners when a young person's needs change could be further improved. 111 mental health workers need to be linked into the triage process.

As is true of many other parts of the country, there is currently no clear pathway for attachment disorder – each LA has different provision with some use of private providers and a lack of clarity about the pathway. Multi Systemic Therapy is available in Reading but not in Wokingham or West Berkshire.

There is limited mental health provision for infants and children below primary age.

There is currently no dedicated CAMHS service for children and young people with Learning Difficulties and no access to positive behaviour support programmes for children and young people with challenging behaviour related to Learning Difficulties and/or Autism outside of the local specialist schools. However Transforming Care work is underway and this may offer opportunities

The Berkshire Community Eating Disorders Service for Children, Young People and Families is receiving significantly more referrals than it was commissioned to manage. We need to review activity to prevent the development of eating disorders in our young people and also to increase the capacity of this team to continue to provide timely and effective support.

The structure of Berkshire means that the commissioning and provision of many services is different across the different localities. We need to describe the whole pathway of care for particular needs, such as for young people with autism spectrum difficulties or ADHD more clearly; to ensure that we are able to meet the whole needs of all families in a stream-lined and efficient way, enabling support for those who are most vulnerable and who may not easily access services, whilst preventing duplication of provision for others.

- **GETTING MORE HELP- extensive treatment**

Access to extensive treatment from specialist mental health services and teams with the right skills and the right capacity to meet needs; A clear response for those needing risk support and focused evidence based interventions for different disorders e.g. eating disorders and post-traumatic stress disorder (PTSD). CORC analysis shows that more young people in Berkshire West have greater complexity than other parts of the country.

WHAT WE DID

We reviewed children and young people who had been excluded from school on a multiagency basis. Gaps in training and support across partners was identified and addressed.

We have undertaken a multiagency review of young people who are frequent attenders/ recurring cases with high needs to develop personalised management plans. This work needs to be repeated regularly. A current view tool is now being used to assess complexity of cases.

We are working with partners across the STP to develop New Care Models under collaborative commissioning arrangements and place based plans. This aims to improve local services so that fewer young people require inpatient admissions, admissions are shorter and there are more robust step down arrangements into enhanced local services. We have been involved bids for the early waves of new care models for in patient CAMHs as part of the local STP. The bids were on a wider footprint than Berkshire, Oxfordshire and Buckinghamshire in terms of the scale needed for this development. We were not successful on either occasion. We have recently engaged in a regional consultation event looking at the new care models for CAMHS Eating Disorders and we await next steps from NHS England.

We are working across the STP footprint on the regional forensic CAMHs care pathway. Likewise perinatal mental health services operate on an STP basis.

Arrangements are in place to jointly commission bespoke packages of care to support children and young people whose needs exceed the services that are ordinarily available locally. This includes young people stepping down from in patient units and secure settings. Commissioners liaise with clinicians and LA partners to establish needs and then commission accordingly.

Arrangements are in place to undertake Care Education and Treatment Reviews in line with national Transforming Care requirements.

Willow House (formerly Berkshire Adolescent Unit) is fully functioning as a 9-bedded general CAMHS in-patient unit and meeting all the NHS England criteria. Discussions re the potential move of the unit to the Prospect Park site continue as part of the joint place based plans between the CCGs and specialised commissioning.

WHAT WE STILL NEED TO DO

Significant investment was made into the specialist CAMH service in 2015/16 however this was based on addressing the gap that had arisen between demand and capacity on the basis of referrals data from 2014/15. Referrals, acceptance rates and complexity of need has continued to increase such that demand is once again out-stripping capacity across all areas of the specialist service.

There is a gap in terms of availability of Dialectical Behaviour Therapy (DBT) type provision for young people with severe emotional regulation /distress tolerance difficulties.

- **GETTING RISK SUPPORT- risk management and crisis response**

Effective and well-coordinated multi-agency working across all services working with children and young people with the highest risk or vulnerability. Mental health support for professionals working with children for whom engagement is a problem or mental health treatment is not effective.

WHAT WE DID

The CAMHS Urgent Response Pilot, integrated with Royal Berkshire Hospital (RBH), is now in place 8am until 8pm Monday to Friday and 10am until 6pm on Saturdays and bank holidays providing timely mental health assessments and care. A consultant is on call at all other times. The service is co-located with the CORE 24 compliant crisis service for adults. Short term intensive interventions in the community are provided to young people who have experienced a mental health crisis with the aim of reducing the number of children and young people who have a second or subsequent

crisis. The service also provides wrap around support when there are delays in sourcing a Tier 4 in CAMHS patient bed. As with all CAMHs services, the experiences of young people and families using the service are monitored to improve the quality of the service provided. Response times to assessment have reduced and length of stay in both A & E and paediatric wards has reduced with improved facilitation of admission to Tier 4 units when required. There has been a correlated reduction in use of agency Registered Mental Nurses at RBH, as well as a reduction in the number of minors admitted to the Place of Safety at Prospect Park Hospital.
The service has been recommissioned for 17/18 in partnership with Berkshire East CCGs. Recurrent funding is being sought.

PPEPCare training is improving knowledge of NICE guidelines, confidence to open up conversations and to manage challenging and risky behaviours in school partners.

We have undertaken a multiagency review of young people who are frequent attenders/ recurring cases with high needs to develop personalised management plans. This work needs to be repeated regularly.

We are working with partners across the STP to develop New Care Models under collaborative commissioning arrangements. This aims to improve local services so that fewer young people require inpatient admissions, admissions are shorter and there are more robust step down arrangements into enhanced local services. We have recently engaged in a regional consultation event looking at the new care models for CAMHS Eating Disorders and we await next steps from NHS England.

An emotional health and wellbeing response protocol to emergency events such as terror attacks is being developed based on learning from the Manchester and London attacks.

The Child Protection Information Sharing (CP-IS) process is on track to be live across all health providers by the end of March 2018. West Berkshire Council is also due to be live by the end of the financial year with the other LAs following. Connected Care Child Health information System is being developed and is due to go live in 18/19. This will enable interoperability and information exchange between organisations thereby improving care coordination, data analysis and ease of producing better coordinated Education Health and Care Plans.

WHAT WE STILL NEED TO DO

Recurrent funding for the CAMHs Urgent Response Service needs to be secured.

There is a gap in terms of availability of Dialectical Behaviour Therapy (DBT) type provision for young people with severe emotional regulation /distress tolerance difficulties.

We await the outcome of the recent NHSE regional working groups on New Models of Care for Eating Disorders and CAMHs Inpatient Units.

Recent changes to Section 136 regulations will have an impact on the availability of Place of Safety provision. Partners need to review capacity and if required seek capital funds to increase Place of Safety provision.

- **EMOTIONAL WELLBEING SERVICES FOR CHILDREN AND YOUNG PEOPLE WHO HAVE BEEN ABUSED**

Children who have experienced trauma and poor attachment tend to have fluctuating needs and frequently dip in and out of treatment which is challenging to services. Additionally these children often have issues trusting adults and placements frequently change creating less stability for the child and more interruptions to treatment.
There is a need for whole system early identification and intervention in families to prevent damaging relationships in families in the first place e.g. Troubled Families, Early Help Hubs, multiagency triage.
There is a national debate on how the emotional health and wellbeing needs of Looked After Children and children who have experienced trauma should be identified and met. When do social needs become health needs?

WHAT WE DID
Looked After Children and children subject to child protection plans are prioritised for initial triage and assessment by BHFT CAMHs and for treatment if they meet service criteria.

BHFT CAMHs are commissioned to provide treatment for single event PTSD.
The CCGs will commission bespoke packages for Unaccompanied Asylum Seeking Children who have experienced trauma/ abuse. CCGs have a Funding Panel to consider bespoke request for therapy

The CCGs commission CAMHs for Looked After Children placed out of area swiftly, in accordance with Responsible Commissioner guidance. Commissioning is dependent on the CCG being notified that the child requires the service. The social worker should be aware of which children require services and where the child is placed.

NHS England and the Ministry of Justice made some funding available for child victims of crime and those who have been sexually assaulted. In the Thames Valley, the Office of the Police and Crime Commissioner was allocated the funding, rather than the CCGs and services from Safe!, various Youth Counselling organisations, TrustHouse Reading, Sign Health, Brook Young People have been commissioned. Partners have been reminded of this relationship.

The OPTIONS team provide therapeutic interventions for Reading Looked After Children of all ages and their foster carer as well as the KEEP Safe foster carer training programme to support placement stability. In Wokingham the Primary CAMHS team have dedicated time into the Looked After Children service and the West Berkshire Emotional Health Academy employs 0.5WTE clinical worker for Looked After Children.
BHFT CAMHS provide dedicated consultation and advice sessions to the social care teams in all localities and CAMHS and other health clinicians are available for consultation via the CYPF Health Hub.

PPEPCare mental health training is commissioned to schools, primary care and Universal and Targeted staff groups

The Little Blue Book of Sunshine is a self-help and signposting tool that has been distributed to all young people in years 10 and above. Additional copies have been provided to the Looked After Children's and Youth Offending Teams.

Youth counselling is commissioned in all areas. Some schools also commission additional youth counsellors.

A neglect audit and action plan has been undertaken commissioned by the three Local Safeguarding Children's Boards

A whole system conversation is underway considering how assured we are that placements for Looked After Children are emotional health friendly given that these children have changing needs, frequently change placement and are generally cared for by non-specialist staff and carers.

The Child Protection Information Sharing (CP-IS) process is on track to be live across all health providers by the end of March 2018. West Berkshire Council is also due to be live by the end of the financial year with the other LAs following. Connected Care Child Health information System is being developed and is due to go live in 18/19. This will enable interoperability and information exchange between organisations thereby improving care coordination, data analysis and ease of producing better coordinated Education Health and Care Plans.

WHAT WE STILL NEED TO DO

There is a need to remind partners of the NICE recommended treatments for PTSD and also the contraindicated treatments such as play therapy which can do more harm than good.

We need to review current service provision against the NICE guidelines for attachment disorder with a view to ensuring that we have a full and clear care pathway in all localities.

There is a need to improve working relationships between statutory and voluntary sector partners who work in this field

There needs to be agreement across the system what the care pathway for this group of young people should look like and how we assure ourselves that it is being delivered. There will be a role for the designated professionals and LSCBs.

4. A summary of progress against Five Year Forward View for Mental Health, key planning guidance

This embedded document contains the links to supporting evidence on a range of services relating to children, young people and women with perinatal mental health issues.

BWMH FYFV Delivery Plan for FIM refresh

Key Planning Guidance Deliverables: 17/18: Children and Young People's Mental Health

Key Objectives

By 2020/21, there will be a significant expansion in access to high-quality mental health care for children and young people. At least 70,000 additional children and young people each year will receive evidence-based treatment – representing an increase in access to NHS-funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions.

Key Deliverable	RAG	Outcomes and Performance Indicators	Supporting Evidence	Progress to date
Increase number of CYP in treatment At least 30% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service.		Improved early access to evidence based care, improved outcomes, long term, likely reductions to demand for adult mental health services. Increase number of new CYP aged 0-18 receiving treatment from NHS funded community services Reduction of Inpatient activity		Given previous growth in activity, Commissioners and the Trust have agreed quality schedule target to maintain access at 16/17 baseline, to facilitate achievement of waiting time targets. Partnership activity is enabling increased activity at Tier 2 level, and there is some additional activity currently not captured on the MHMDS, and therefore not contributing to the target. Commissioners are working jointly to resolve this. Figures from the Emotional Health Academy in West Berkshire demonstrate that the number of referrals and children who received a service in 16/17 exceeded the initial modelling of 100 to 200 referrals per year. We have quarterly data from the services to show numbers seen.
Improved access to crisis services which are appropriate for CYP Commission 24/7 urgent and emergency mental health service for CYP and ensure submission of data for the baseline audit in 2017.		Improved early access to evidence based care, improved outcomes, long term, likely reductions to demand for adult mental health services,	BHFT CAMHS Participation 2017.do	Service Pilots were implemented in Berkshire in 2016/17. A county-wide service has been commissioned from 2017. As part of the Children and Young People's Mental Health and Wellbeing Transformation Plan, the CCG has provided investment to increase capacity to the most vulnerable children and young people by commissioning a Home Treatment Teams (Crisis Rapid Response) to provide intensive community support, follow up and liaison, outreach support and home contact, with the objective of avoiding presentations to emergency departments, crisis hospital admissions and the breakdown of placements and transitions. As part of the Crisis Line CAMHS expertise has been added to the service. The Pilot Report is embedded as evidence., along with an outline of service user engagement in planning. A street triage service is in development. A funding bid was been made to NHSE, to enable better understanding of the needs of CYP who escalate to crisis and subsequently are admitted to hospital, Tier 4 beds and thereafter potentially residential therapeutic placements. We were unsuccessful with this bid. We are working with providers, NHSE Specialised Commissioning and partners cross the STP system looking at how new models of care could reduce this activity.
Develop Young People's IAPT All services working within CYP IAPT programmes		Improve population health and wellbeing and outcomes for those experiencing a range of long term conditions where mental health might be impacted or critical to recovery.	Acrobat Document	There are joint agency workforce plans meeting capacity and capability requirements for Children and Young People's Improving Access to Psychological Therapies programmes (CYP IAPT). Berkshire CAMHS has been a member of what was previously the Berkshire & Oxfordshire CYP IAPT Collaborative and is now the South Central CYP IATP collaborative since wave 2 (2012/13). CCGs and Trust are compliant with all principles of the CYP IAPT programme. Service Clinical Leads have attended the CYP IAPT Transformational Leadership Training and clinical staff have attended a range of CYP IAPT training. We are the local coordinators of training applications from each of our Unitary Authority areas and have provided clinical supervision for colleagues from West Berkshire and Wokingham Councils who have undertaken the training. There is a quality schedule target relating to the use of ROMs. The Q1 report is embedded as evidence. A CYP IAPT governance group has been developed with core membership from Berkshire West Future in Mind Group and the Berkshire East CAMHS Transformation Group.

Key Planning Guidance Deliverables: 17/18: Children and Young People's Mental Health

Key Objectives

By 2020/21, there will be a significant expansion in access to high-quality mental health care for children and young people. At least 70,000 additional children and young people each year will receive evidence-based treatment – representing an increase in access to NHS-funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions.

Key Deliverable	RAG	Outcomes and Performance Indicators	Supporting Evidence	Progress to date
Evidenced-based community eating disorder (ED) services for CYP Community eating disorder teams for CYP to meet access and waiting time standards		Improved access, improved mental and physical care outcomes, person-centred care, improved experience at organisational boundaries, reduced future healthcare. Membership of national quality improvement and accreditation network for community ED services that will monitor improvements and demonstrate quality of service delivery	Presentation	There is a well established community eating disorder service at BHFT (BEDS CYPF) in place as of October 2016. The service is reporting as required and currently meeting access and waiting times standards The Access and Waiting Time Standard for Children and Young People with Eating Disorders states that National Institute for Health and Care Excellence (NICE)-concordant treatment should start within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and within 1 week for urgent cases. This requirement is included within local quality schedules. A recent deep dive report describing the service is embedded as evidence.
Reduce number of children being placed out of Area Reduce the number of out of area placements for CYP and use of in-patient beds overall		Improved outcomes, joined up care pathways, reduced cost-shifting, lower overall costs, more investment in care closer to home, care in the lowest intensity setting, quicker discharge from inpatient settings. Higher number of children being repatriated within the local area.		Reduction of OOA placements and overall reduction in bed usage has been achieved via additional investment in to CAMH services which achieved: • reduced waiting times for the community CAMH service, • Improved support for CYP while waiting. This has included the CAMHS crisis service pilots and the development of Willow House into a 9-bedded general CAMHS Tier 4 unit. Page 7 & 8 of the embedded document shows the reduction in out of area placements: We previously had approx. 23 young people in an out of area bed at any point in time. Maximum numbers were 35 in 2014/15. We currently have 12 young people placed out of area, all of whom are in specialist beds that are not available locally. We are engaged in STP planning on new care models for Tier 4 CAMHS
CAMHS TIER 4 Review Mobilisation and implementation of the recommendations from the Tier 4 CAMHS review.		Continue to develop workforce model Reduction in admissions and out of area placement. Development of service performance indicators, and outcomes measures		Please also see section titled **Improved access to crisis services which are appropriate for CYP** The CCG, together with Local Authority and other LTP partners, (where appropriate), has collaborative commissioning plans in place with NHS England for community tier 3 and in-patient tier 4 CAMHS aiming to reduce the number of children and young people who are unnecessarily admitted to in-patient care in whatever setting. This includes paediatric wards, adult mental health wards and CAMHS Tier 4, reducing length of stay and the distance from home of the placement. The plans have clear milestones and trajectories for completion. A joint review was carried out on service gaps and as a response to the review a 9-bedded generic CAMHS Tier 4 unit (Willow House) was commissioned. There is robust performance and quality reporting to NHS England and the services is currently meeting all standards as required. New Care Models are currently being explored.

Key Planning Guidance Deliverables: 17/18: Children and Young People's Mental Health

Key Objectives

By 2020/21, there will be a significant expansion in access to high-quality mental health care for children and young people. At least 70,000 additional children and young people each year will receive evidence-based treatment – representing an increase in access to NHS-funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions.

Key Deliverable	RAG	Outcomes and Performance Indicators	Supporting Evidence	Progress to date
Crisis Care outcomes Monitor outcomes and progress in the new Crisis Care service models for CYP, in line with the wider Crisis Care pathway.		Continue to develop workforce model Develop service specification Development of service performance indicators, and outcomes measures	NHSE Application Template CYP Crisis f	Work is on-going to attain sustainable funding for the current CAMHS Urgent Care service. A service specification has been developed and development of service performance indicators and outcome measures are in development. System-wide work to understand need/demand and reduce crisis is being coordinated via the Berkshire West Future in Mind Group. The recent bid for NHSE funding for CYP Crisis is embedded as evidence. Planned development in the Frimley system will also be of benefit to Berkshire West as some BW young people present to Frimley Park Hospital in crisis.
Prevention Develop services and support to access early intervention and prevention		Children are diagnosed and signposted to services earlier Reduction of children entering CAMHS services Reduction in admission to inpatient services	Evaluation report for PPEPCare training Wi	CAMHS Head of Service and Clinical Leads are core members of the Berkshire West Future in Mind group which leads on development and implementation of the CAMHS Local Transformation Plans. As part of the integration of services for children, young people and families, BHFT have developed their current CAMHS website, combining it with the online toolkit developed by integrated therapy services to create an on-line resource for professionals, parents, carers and families. This supports early intervention and prevention through easy access to on-line resources. Our on-line support network, moderated by CAMHS clinicians, colleagues from other local and voluntary sector services and the wider children's workforce provides early help to families of children referred for an autism assessment. Two voluntary sector organisations have been commissioned to provide help and advice to families whose children are awaiting autism and ADHD assessment. Post diagnostic help is also provided aimed at reducing the number of children and young people who go on to develop mental illness. BHFT CAMHS also deliver the PPEPCare training programme to colleagues in education, primary care and more widely across the partnership to enhance partners skills at early identification and support for children and young people with mental health difficulties. We are supporting an expert by experience to organise an awareness raising event for CYP on World Mental Health day. School Link projects have been commissioned in Wokingham and Reading schools to increase awareness and skills of school staff to prevent, identify and support CYP with emotional and mental health needs. The Emotional Health Academy has been jointly commissioned in West Berkshire and it provides training, assessment, resilience building, direct interventions with CYP in school and community settings. Multiagency early help hubs have been set up in the LAs to better assess and respond to the holistic young person and family emotional health and wellbeing needs before issues escalate to requiring a specialist CAMHs response. Care pathways for children who have experienced trauma or abuse are in place in partnership with services commissioned by the Police and Crime Commissioner. We aim to strengthen this pathway over coming months. Additional resources have been commissioned for young people who are in contact with the criminal justice service. An all age liaison and diversion service has been commissioned in Berkshire. Previously this was for people aged 18+.

Key Planning Guidance Deliverables: 17/18: CAMHs and Perinatal Mental Health

Key Objectives (Perinatal)

Commissioning effective perinatal mental health services, needs a collaborative approach that considers the whole care pathway and the multiple needs of the individual and family. By 2020/21, there will be increased access to specialist perinatal mental health support in the community or in-patient mother and baby units, allowing at least more women each year to receive evidence based treatment, closer to home, when they need it.

Key Deliverable	RAG	Outcomes and Performance Indicators	Evidence	Progress to date
Reduce waiting times for CAMHS services (waiting time standard for routine access)		Average length of time from referral to assessment/treatment for routine access Maximum length of time from referral to assessment/treatment for routine access Action plan in place to address non-compliance with wait time trajectory, including regular review and updates Detail of any CYP who waited in excess of 18 weeks Develop measures to monitor secondary waits		There has been significant development of services to enable national waiting time standards to be met. This is challenged by continued growth in referrals. - partly due to high numbers of self-referrals from parents and also to further increases in referrals for Autism Assessments. Our on-line referral form, single point of entry and integrated CYPF Health Hub went live in May 2017 with a marketing campaign to improve knowledge and understanding of referral processes to all BHFT children's services, including CAMHS. Robust performance reporting is in place including referral and caseload numbers as well as wait times for all pathways. Performance reports include numbers of young people waiting at common point of entry, triage and pathways and detail of reasons for breaches of targets is reported.
Expanding Community services Perinatal mental health services Commission additional or expanded specialist perinatal mental health community services to deliver care to more women within the locality.		Better outcomes for mothers and children including reduced pre-term birth, infant death, improved school attainment, improved mental health, reduced costs relating to health and social outcomes of child. Reduction of inpatient services and mortality rates due to earlier intervention: Perinatal mental health problems cause maternal mortality and reduce development and well being of young people and if untreated may not resolve for a long time and can have a devastating impact on both women and their families. Development of a competence framework describing the skills need Promote prevention and early identification of mental health problems and ensure that all professionals working with families in the perinatal period are trained to identify and, where appropriate, refer women and families with identified need.		Berkshire Healthcare Trust Perinatal mental health community servicers development fund is currently in wave 1 focusing on: expansion of services; piloting peer support; enhanced medication advice; psychological input for traumatic births. This includes quarterly reporting to the NHS national reporting team. A Berkshire-wide team has been established and is on target for required trajectories The Maternal Well Being on SHaRON (Support Hope and recovery online network) is now live. This is a secure, anonymous and moderated face-book type site for women during the perinatal period across the range of emotional disorders and distress with no requirement to be currently receiving secondary mental health services as a condition of access. Referrals are accepted from all professionals including primary care, midwifery, and Health Visiting. Trauma pilots have commenced with an additional trauma pilot lead within the perinatal team. Work is currently underway across the whole trauma pathway from maternity provision, IAPT and specialist services. In addition, a Complex Needs Pathway is in development including liaison with other providers to develop a sustainable and deliverable pathway within the perinatal timeframe.

Key Planning Guidance Deliverables: 17/18: Perinatal Mental Health

Key Objectives

Commissioning effective perinatal mental health services, needs a collaborative approach that considers the whole care pathway and the multiple needs of the individual and family. By 2020/21, there will be increased access to specialist perinatal mental health support in the community or in-patient mother and baby units, allowing at least more women each year to receive evidence based treatment, closer to home, when they need it.

Key Deliverable	RAG	Outcomes and Performance Indicators	Supporting Evidence	Progress to date
Increase access Increase access to evidence-based specialist perinatal mental health care:		Better outcomes for mothers and children including reduced pre-term birth, infant death, improved school attainment, improved mental health, reduced costs relating to health and social outcomes of child. Reduction of inpatient services and mortality rates due to earlier intervention: • Perinatal mental health problems cause maternal mortality and reduce development and well being of young people and if untreated may not resolve for a long time and can have a devastating impact on both women and their families. Development a competence framework describing the skills need		Investment has been used to develop perinatal services which deliver: • Evidenced based perinatal outreach service within secondary and primary services to carry treatment at home. • Support for additional women each year to access evidence based specialist perinatal mental health treatment • Ability for women with more severe mental illness to access a range of services in primary and secondary care (including general adult mental health services, liaison services and specialist perinatal services). Robust monitoring processes are in place to monitor access to services which is currently reported to the National Team. The increased access target trajectory of 450 for this financial year is currently on target. (last report Q1-106 additional women reported to the National Team) There are clear Joint working processes across health and social care for patients admitted to the Mother and Baby unit Currently there are 210 activated users of SHaRON(Support Hope and recovery online network) – next focus is to increase referrals to the maternal well being part of SHaRON as this will support sustainability.
Competence frameworks Build perinatal MH capability by developing a competence framework describing the skills need		Increase general awareness of perinatal mental health disorders and associated care skills, supporting advanced and specialist practice. Ensure the workforce is confident and suitably skilled to identify need and deliver care to women who have mental health problems during the perinatal period, thereby increasing access to appropriate evidence-based treatment for thousands of women, as outlined in the Five Year Forward View. Promote prevention and early identification of mental health problems and ensure that all professionals working with families in the perinatal period are trained to identify and, where appropriate, refer women and families with identified need		A competency framework has been developed for all staff working to support mothers and families across the perinatal care pathway, from preconception to postnatal care. It has been developed to standardise competencies for perinatal mental health practice across England. Below is a list of initiatives implemented: • Perinatal team has had additional training from the team lead for trauma assessment • All new clinicians are attending the regional training days that have been developed against the competency framework. (BHFT Service Lead is the perinatal lead at Thames Valley Strategic Clinical Network and developed the training days with the SCN). • All perinatal clinicians have attended a train the trainer for SLAM simulation training or are booked to attend 4 October 2017 • Clinicians attended the Winchester National Conference and team members are attending further training relevant to their specialty i.e. Video Interactive Guidance • Red Flags from MBRACE confidential enquiry into maternal deaths are now incorporated in all training delivered by the team and within the perinatal assessment tool as an additional risk consideration • Focus has been on recruiting peer moderators to support sustainability going forward Currently there are 210 activated users of our online network – next focus is to increase referrals to the maternal well being part of the network to support sustainability.

Key Planning Guidance Deliverables: 17/18: Early Intervention in Psychosis

Key Objectives

The access and waiting time standard for early intervention in psychosis (EIP) services requires that, from 1 April 2016 more than 50% of people experiencing first episode psychosis will be treated with a NICE-approved care package within two weeks of referral. The standard is targeted at people aged 14-65.
The standard will be extended to reach at least 60% of people experiencing first episode psychosis.

Key Deliverable	RAG	Outcomes and Performance Indicators	Supporting Evidence	Progress to date
Early Intervention in Psychosis (EIP) (% of people receiving treatment within 2 weeks) • Expand capacity so that more than 50% of people experiencing a first episode of psychosis start treatment within two weeks of referral with a NICE-recommended package of care.		Improved access, improved mental and physical care outcomes, person-centred care, improved experience at organisational boundaries, reduced future healthcare A reduction in premature mortality of people living with severe mental illness (SMI); and 280,000 more people having their physical health needs met by increasing early detection and expanding access to evidence-based physical care assessment and intervention each year. Increase access to individual placement and support (IPS), enabling people with severe mental illness to find and retain employment. More people with first episode psychosis commencing NICE recommended package of care within two weeks of referral Reduced conversion to psychosis and reduced Duration of Untreated Psychosis (DUP)		Capacity and demand modelling and assessment of gaps, use of workforce capacity and modelling has informed service improvement plans & development of the local service model. Multi-agency working has been implemented across primary, secondary mental and physical health care setting. All services have the capacity and resources to deliver the new Mental Health (MH) access standards in 2016/17: Staff have been recruited and a service model designed to achieve waiting times and NICE (National Institute for Health and Social Care Excellence) compliance. Performance is already within the required thresholds. In the last 12 months, % of people experiencing a first episode of psychosis receiving a NICE approved package of care within 2 weeks of referral ranged from 75 – 100 against a target of 50%. Agreed data quality improvement and performance monitoring plans are in place. Discrepancies in the data due to two different data collections being used (Unify and MHSDS) are being addressed by commissioners and BHFT. A peer review is planned for September 2017, to inform further service development, and good progress has been made to establish service user links with colleges, volunteering, community and voluntary sector opportunities. Work is in progress on projection of future need and associated staffing requirements in order to maintain high levels of performance.
Early Intervention in Psychosis (EIP) Sspecialists EIP provision in line with NICE recommendations				Royal College of Psychiatrists College Centre for Quality Improvement CCQI provider self-assessment was carried out (graded level 2)

Key Planning Guidance Deliverables: 17/18: Suicide Prevention

Key Objectives

. By 2020/21, adult community mental health services will provide timely access to evidence-based, person-centred care, which is focused on recovery and integrated with primary and social care and other sectors. This will deliver:

• A reduction in premature mortality of people living with severe mental illness (SMI); and 280,000 more people having their physical health needs met by increasing early detection and expanding access to evidence-based physical care assessment and intervention each year.

• A doubling in access to individual placement and support (IPS), enabling people with severe mental illness to find and retain employment.

Key Deliverable	RAG	Outcomes and Performance Indicators	Supporting Evidence	Progress to date
Suicide prevention • Reduce number of suicides compared to 2016/17 levels in line with national ambition to reduce suicides by 10% by 2020/21: delivery of local implementation support which includes action to deliver the requirement that all local areas have local multi-agency suicide prevention plans by the end of 2017. Participate in the Prevention Concordat programme which will support the objective that all local areas have a prevention plan in place		Reduction of suicide. Better signposting for people in Crisis	Microsoft Word Document SPIN.pptx	Berkshire has a Suicide Prevention Strategy and a multi-agency working group in place. Parties involved in the development of local plans include mental health leads from the Berkshire local authorities, Network Rail and British Transport Police, Public Health England South East Centre, David Colchester Criminal Justice Board for the Thames Valley and Thames Valley Police, NHS Provider Trusts, and the seven Clinical Commissioning Groups in Berkshire. This strategy references and overlaps with the BHFT work on a zero suicide ambition. A date has been set for the launch of the Berkshire Suicide Prevention Strategy on 17th October at Wokingham Town Hall, and a final version is being published. This mirrors PHE guidance. Each locality and BHFT has its own implementation plan. This suicide prevention work links to the BHFT mental health pathway work linked to mental health clusters, as well as our partnership work on forensic new care models. BHFT has a self-harm and suicide pathway in draft format and this links to the cluster 8 pathway as well as touching across all mental health clusters. All partners recently came together to focus on suicide "contagion". Suicide surveillance dashboard for BHFT suicides is in place and being developed for IAPT- wit data sharing agreed with Unitary Authority partners. Close links with Oxford Health are in place via the suicide prevention and intervention network to facilitate the sharing of learning and good practice. An update on progress within the BHFT action plan is included in the embedded PPT document.
Support learning from suicides and preventing repeat events.			Microsoft Word Document	There are robust Serious Incident Performance Management Processes in place which capture themes and learning from suicides. Learning is then shared on a Trust-wide basis. There is an approved suicide prevention plan which includes partnership working and a Berkshire wide suicide prevention strategy. Local processes include internal reporting, adult safeguarding board communication and engagement with staff. Robust SI processes are in place to review all SIs, identify themes which are used for learning and service development. Embedded is the Serious Incident Performance Management processes.
Contribute to the annual multi agency suicide prevention plans review, led by PHE.			Adobe Acrobat Document	There is a Suicide prevention plan and a multi-agency workgroup in place with leads from the Berkshire local authorities, Network Rail and British Transport Police, public Health England South East Centre, David Colchester Criminal Justice Board for the Thames Valley and Thames Valley Police, NHS Provider trusts, and the seven Clinical Commissioning Groups in Berkshire. Slide 4 of the embedded PowerPoint document describes the commitment of BHFT to the multi-agency strategy as part of the zero suicide approach highlighted within the organisational Quality Strategy.

Key Planning Guidance Deliverables: 17/18: Suicide Prevention

Key Objectives

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Key Deliverable	RAG	Outcomes and Performance Indicators	Supporting Evidence	Progress to date
Increase digital maturity in mental health in line with the national guidance				Berkshire Healthcare has been identified as "Global Digital Exemplar" for mental health. This provides the structure for a significant programme of work including use of electronic records, informatics and digital care models. The Berkshire Connected Care Programme has enabled integration of electronic patient records so that staff are able to access primary care, acute and some social care records without multiple log ins. A patient portal is on schedule for launch in 2018. Online service delivery includes the use of IAPT Treatment models developed in partnership with Silvercloud Health for anxiety and depression as well as long term physical health conditions. We have also developed an online peer support network, with clinician moderation, across a number o service areas. Use of skype consultation has been established in a range of services.

5. Further work which needs to be undertaken over coming years

	Status at end Sept 2016	17/18 actions	18/19 actions	19/20 and beyond
Waiting times for Specialist CAMHs treatment	All referrals are risk assessed on receipt. 100% urgent cases seen within 24 hours. 80% of referrals have their initial assessment completed within 6 weeks. All referrals breaching the 95% target are referrals to the Autism Assessment Team. Business case was been submitted to NHSE to reduce autism waits. Current average wait time to be seen by Specialist Community Team is 6 weeks. Current average wait time to be seen by Anxiety and Depression team is 13 weeks. We are working with University of Reading to develop an enhanced service- bid in with NHSE. Current average wait time to be seen by ADHD team is 10 weeks. The service is reviewing current working	Continue to reduce waiting times and to work as efficiently as possible Waiting times as at end September 2017 Common Point of Entry Initial triage- 1 working day Urgent -2 weeks Routine- within 6 weeks Waiting times for treatment Specialist community teams- 6 weeks ADHD 13 weeks (NB this care pathway has the greatest non attendance rate which drives up average waiting times because non attenders remain on the list) Eating disorders- urgent- within 1 week Eating disorders- routine- within 4 weeks.	Proposed targets subject to confirmation 100% referrals triaged within 24 working hours. 100% emergency referrals (following triage) assessed within 24hrs. 95% referrals complete initial assessment within 6 weeks 95% seen by specialist team within 6 weeks 95% seen by anxiety and depression team within 6 weeks 95% seen by ADHD team within 6 weeks	Proposed targets 100% referrals triaged within 24 working hours. 100% emergency referrals (following triage) assessed within 24hrs. 95% referrals complete initial assessment within 6 weeks 95% seen by specialist team within 6 weeks 95% seen by anxiety and depression team within 6 weeks 95% seen by ADHD team within 6 weeks

	practices to identify opportunities for more streamlined working including a pharmacy review.			
Reduce waiting time for autism spectrum assessment, improve whole system response to CYP with autism and comorbidities	95% seen within 18 months. Average wait time for ASD assessment 37 weeks. Successful business case was submitted to NHSE to reduce these waits non recurrently.	More staff trained at BHFT to undertake autism assessments Skill mix and support from partners in undertaking parts of the assessment agreed	Maintain/ further expand number of staff able to provide assessment Reduce waiting times for assessment We will describe the whole care pathway across the system and design/commission it as a single pathway - this should be for all CYP not just those with autism and co-morbidities. For those with co-morbidities, we will develop the children's workforce to enable the provision of evidence-based interventions for CYP with autism and co-morbid mental health difficulties at an earlier stage, while difficulties are mild/moderate to prevent escalation of difficulties.	Maintain/ further expand number of staff able to provide assessment and evidence based help

Increase the number of children accessing high quality mental health services	Agree trajectory for expansion with NHSE	Increase Capture activity undertaken by non NHS providers onto MHSDS	Increase access	Increase access
CAMHs urgent response- includes developing admission avoidance care pathways and improving access to timely support and treatment pathways	Pilot urgent response service. Gather baseline data. Q3- BHFT to develop proposal to mainstream the service from 17/18. Proposal to consider opportunities for collaborative commissioning with neighbouring CCGs as well as Berkshire West only option. Service must form part of collaborative care pathway with Specialised Commissioning. Q4 make required service specification changes in preparation for new contract year. Agree KPIs.	CAMHs urgent response service commissioned on a Berkshire footprint. Cost benefit work undertaken Recurrent funding sought Work across STP to investigate impact of New Care Models. Monitor progress in improving timeliness and quality of assessments, treatment and support; multiagency working; reducing the number of preventable admissions to hospital/ Place of Safety; improve patient experience As part of Crisis Care Concordat, consider impact of changes to policing on the availability	Secure recurrent funding for CAMHs urgent response service Consider impact of commissioning Dialectal Behaviour Therapy on urgent / crisis services Implement any New Care Models Monitor and amend as required	Monitor and amend as required

		of Places of Safety for CYP Make any required changes		
Improve step down arrangements from in-patient care	Linked to urgent response work. Review multiagency working.	Undertake multiagency audits/ learning from cases Improve multiagency working Agree care pathway (if change is required) Work across STP to investigate impact of New Care Models.	Undertake multiagency audits/ learning from cases Consider impact of commissioning Dialectal Behaviour Therapy on urgent / crisis services Monitor and amend as required Work across STP to investigate impact of New Care Models.	Monitor and amend as required Work across STP to investigate impact of New Care Models.
Community eating disorders service	Service co-commissioned by Berkshire East and West CCGs in line with national requirements. Service will be fully staffed by November 2016. Urgent cases are already being seen within 1 week. Awareness raising and promotion with GPs.	Service to meet all national service requirements so that 95% of routine cases are seen within 4 weeks and urgent cases continue to be seen within 1 week. Assurance work to check that primary care is aware of and adhering to the revised care pathway	Monitor and amend as required Work across STP to investigate impact of New Care Models for Eating Disorders Current referral rates mean that the service will not continue to meet access and waiting times targets without additional	Monitor, implement and amend as required Work across STP to investigate impact of New Care Models for Eating Disorders

		Work across STP to investigate impact of New Care Models for Eating Disorders Investigate needs of CYP with ARFID via liaison between health staff – commissioning gap?	investment so there action needs to be taken to tackle the capacity gap. Develop an affordable model so that 24/7 or home treatment can be provided.	
Early Intervention in Psychosis service	NICE compliant EIP service in place for all ages. EIP reporting in line with national requirements	Monitor and amend as required- no action required at present	Monitor and amend as required	Monitor and amend as required
Health and Justice care pathways	Baseline work undertaken. Bid for funding submitted to NHSE Engagement with needs assessment for a future Liaison and Diversion (L & D) scheme for CYP in Berkshire. Liaison with OPCC and NHSE on emotional health services for victims of sexual assault. Publicise new care pathways to partners.	Commission additional skill mix to Youth Offending Teams. Develop single service specification with KPIs for health services into YOTs. Enact contract variation. Work in partnership with NHSE Health and Justice to ensure success of CYP L & D scheme	Evaluate new services. Monitor and amend as required	Monitor and amend as required
Improving access to evidence based psychological therapies	Established member of IAPT collaborative. Multiagency staff	Explore "pay to train" and match funding for CYP IAPT training.	Support CYP IAPT expansion	Support CYP IAPT expansion

	encouraged to train in CYP IAPT courses. Consider training of PWP workers with University for CYP with anxiety and depression (AnDY service).	Secure short term pilot funding for AnDY PWP service and evaluate Seek LA support to commission AnDY PWP service as part of Tier 2 type response. Support CYP IAPT expansion		
Outcome measures in youth counselling. Expand to other providers	Outcomes framework agreed. Contract monitoring of outcomes in place. ARC youth counselling to lead on the development of tool to support outcome collection.	Roll out of the outcome collection tool to other youth counselling organisations and voluntary sector providers.	Monitor and amend as required	Monitor and amend as required
Promote good mental Health advice. Reduce stigma	Sign posting to MindEd Promote MindEd to primary care School Link and Emotional Health Academy work	Develop, co-produce and promote #littlebluebookofsunshine Provide support to Sport In Mind Support Spectrum in World Mental Health day event at Madejski Stadium School Link and Emotional	Continue to seek opportunities to promote	Continue to seek opportunities to promote

		Health Academy work Initiatives by Public Health e.g. perinantal service, primary prevention service in West Berks		
School Link projects	Projects initiated in Reading and Wokingham. Staff recruited. Commenced training in identified schools. Establish MH consultation "surgeries" in schools. Establish pre and post measures for staff trained and pupils involved. Launch Milky Way, the BHFT consultation sub-net for local referrers.	Explore outcomes from other School Link projects nationally. Test and review the training and interventions provided. Promote and expand the project to other schools Review and evaluate progress – decide whether to continue project into 18/19 and beyond	Monitor and amend as required	Monitor and amend as required
Emotional Health Academy (EHA) in West Berkshire	EHA launched and is operating in 23 schools. Staff recruited. EHA exploring options for increasing self-referrals by CYP. Outcome measures being collected.	Expand into more schools and settings Test and review the model and interventions provided. Review and evaluate progress – decide whether to continue Future In	Monitor and amend as required	Monitor and amend as required

		Mind funding of the project into 18/19 and beyond Consider use of PWPs delivering AnDY as part of the model		
Provision for children with autism or suspected autism (while autism is not a mental health condition, 71% of people with autism also have mental health difficulties according to National Autistic Society)	Voluntary sector commissioned to provide support to families. Jupiter, the sub-net for parents and carers of young people referred to the ASD Pathway, launched. Review and Appreciative Inquiry work completed. Together for Children with Autism group established. Multiagency action plan to improve services to be developed BHFT care pathway revised	ASD/ADHD dual clinics rolled out School autism training undertaken PPEPCare training module developed Consider viability of whole system agreed graduated response to needs as part of wider SEND developments Consider more joined up Local Offer for CYP with autism BHFT CYPF online toolkit expanded Scope the needs of young people with neurodevelopmental	Implement multiagency action plan to improve services Monitor and assess the impact of initiatives Commissioning / service development decision on whether to fund adapted CBT for CYP with autism delivered by trained staff. Transforming Care work	Implement multiagency action plan to improve services Monitor and assess the impact of initiatives Transforming Care work

		difficulties such as autism and ADHD who also have anxiety and/ or depression and requiring adapted CBT delivered by trained staff. Transforming Care work Consider changes to the care pathway for children with sleep issues and the prescribing of Melatonin		
Provision for children with ADHD	BHFT care pathway being revised Pharmacy review to be undertaken Voluntary sector commissioned to provide support to families. Shared care agreement with GPs updated	ASD/ADHD dual clinics rolled out Implement any multiagency action plan that is developed to improve services Consider changes to the care pathway for children with sleep issues and the prescribing of Melatonin	Implement any multiagency action plan that is developed to improve services	Implement any multiagency action plan that is developed to improve services
Provision for children with conduct disorder/ challenging behaviour	Webster Stratton parenting programmes delivered in Reading and Wokingham in conjunction with a University of Reading research project (children	University of Reading undertake research activities (not funded through Future In Mind) with families identified through the Webster Stratton courses.	Develop and implement conduct disorder/ challenging behaviour pathway across the system.	

	aged 4-8 years). Local Authority staff trained in Webster Stratton THRIVE audit Some links to Transforming Care work Some links to Health and Justice work.	Develop conduct disorder/ challenging behaviour pathway across the system. Consider implications for children and young people with Learning Difficulties. Work to be linked to Transforming Care work where relevant. Some links to Health and Justice work		
Early identification and early help Improve integrated working Care for the most vulnerable Care for CYP with learning difficulties and mental health needs Care for children with Special Educational Needs and Disabilities SEND	Consider the impact of proposed changes to commissioning arrangements for Health Visiting and School Nursing in relation to Future In Mind. Work with partners to mitigate risks. Map the collective resilience, prevention and early help offers across the system. Consider how we make the system easier to navigate. This work may proceed at different paces across the	To be continued and developed Embed BHFT CYPF single point of access. Multiagency EWB triage to be established/ reviewed in all 3 LAs Improve step up/ step down arrangements between providers Monitor and evaluate BHFT integrated services through contract	To be continued and developed Evaluate BHFT CYPF single point of access. Improve step up/ step down arrangements between providers Roll out of Transforming Care As part of the wider Transforming Care work, implement person centred planning to reduce the	To be continued and developed Roll out of Transforming Care Implement any required changes to EWB response for LAC, CiN and children subject to child protection plans

	3 Local Authorities. BHFT services for children, young people and families have now integrated into a single team. A single point of access for all CYP issues is planned. Action has been taken to improve knowledge and understanding of referral criteria across all partner agencies, to reduce the number of referrals that should be managed through Tier 2/early intervention services and to improve partnership working with these services. Newsletters raising awareness of referral systems , providing information on the referral process and links to more detailed referral guidelines on the service website has been sent out to key partners.	monitoring Roll out of Transforming Care As part of the wider Transforming Care work, implement person centred planning to reduce the number of young people with Learning Difficulties and/or autism placed out of area or in residential care. Publicise the services commissioned by the Office of the Police and Crime Commissioner for CYP who are victims of crime/ victims of assault to partners e.g. Safe! and TrustHouse Work collectively to develop better whole system pathways Review EWB care pathways for LAC, Children in Need and children subject to child protection plans	number of young people with Learning Difficulties and/or autism placed out of area or in residential care. Publicise the services commissioned by the Office of the Police and Crime Commissioner for CYP who are victims of crime/ victims of assault to partners e.g. safe! and TrustHouse Work collectively to develop better whole system pathways Implement any required changes to EWB response for LAC, CiN and children subject to child protection plans Consider how we meet the needs of children under school age Implement quality assurance schedule for children who have Education Health and Care	

	Information to support improvements in referral quality is being provided via PPEPCare training sessions, ad hoc training and service meetings with key agencies.	Develop quality assurance schedule for EHCPs Develop and implement a data dashboard for children with SEND so that there is better strategic planning across the system and a more robust JSNA	Plans. Implement a data dashboard for children with SEND so that there is better strategic planning across the system and a more robust JSNA	
Workforce development across agencies	PPEPCare commissioned and being delivered across agencies. Additional PPEPCare modules being developed. Undertake workforce questionnaire Evaluate responses Develop workforce plan Some of this work has already been completed in West Berkshire prior to the establishment of the Emotional Health Academy.	Implement workforce plan Work with providers, HEE, ACS and STP on workforce plan. Evaluate progress Recommission PPEPCare, continue to evaluate Increase awareness of how communication difficulties, ADHD and autism can impact on the behaviour of young people who are in contact with criminal justice system. Work across STP and ACS	Implement workforce plan Evaluate progress	Implement workforce plan Evaluate progress

	Links to CYP IAPT Launch Milky Way, the BHFT consultation sub-net for local referrers.			
Workforce planning and recruitment	BHFT and partners have recruited additional staff where required. Use of agency staff has reduced as permanent staff have come into post. Skill mix within the workforce is being considered and implemented where appropriate. A workforce plan is in place within BHFT. Recruitment and retention strategy is in place. Staff turnover is low. Staffing is monitored through quarterly reporting. The capacity and capability of the wider system is being addressed through workforce training (including the voluntary sector) and the	Work with providers, HEE, ACS and STP on workforce plan. Evaluate progress. Monitor and continue to develop workforce plan. Utilise PWPs in CYP anxiety and depression care pathways. Seek agreement from partners as to whether this model should continue to be commissioned post 2017. Staffing requirements are already understood for CAMHs Urgent care, CAMHs Community Eating Disorders and Autism Assessment teams.	Monitor, deliver and continue to develop workforce plan.	Monitor, deliver and continue to develop workforce plan.

	implementation of the School Link projects and Emotional Health Academy. We aim to build capacity so that needs are addressed before they escalate into more severe and enduring issues. We trialling PWPs in CYP anxiety and depression pathways.(Jan 2017) Workforce development plan for improving emotional health and wellbeing is under development following a workforce training and skills audit questionnaire for workers across the system. There is a recognition that providers need to work with commissioners and Health Education England to model the future skill mix and staffing numbers required to deliver the required changes to deliver Future In Mind.			

	Staffing requirements are already understood for CAMHs Urgent care, CAMHs Community Eating Disorders and Autism Assessment teams. Gaps in availability of staff on these care pathways are understood.			
Accurately capturing activity- data quality	BHFT are submitting data to the MHSDS. Non NHS providers are submitting data to CCGs but currently this activity is not captured on MHSDS. Non NHS providers to do not currently have the IT infrastructure to submit data onto MHSDS. CCGs are in discussion with NHSE on how to resolve this issue.	Resolve BHFT data quality issues to MHSDS via NHS Digital Clarify MHSDS requirements as these changed in year Clarify contract versus grant issue relating to MHSDS with NHSE Work with Thames Valley and NHS Digital to flow data from Emotional Health Academy and 2 voluntary sector providers onto MHSDS	Expand the range of voluntary sector providers submitting data onto MHSDS	Assured data submissions to MHSDS
Improving transition into adult services	Preparation for transition CQIN	Transition steering group, with leads from across	Monitor, deliver and continue to develop	Monitor, deliver and continue to develop

	Plan to enable local delivery of the Transition CQUIN developed. Set up transition steering group	CYPF and adult services in place. The first audit is due to take place in April to cover CYP transitioning Jan-Mar 2017. Work done so far includes: • Built an electronic discharge transition care-plan on Rio record system • Created self-populating discharge letter on Rio record system • Electronic version of Ready-Steady–Go document • Successfully met the criteria for Transition Quality Schedule 2016-2017 • Patient participation- We have young people and their families involved in the transition work stream • BHFT Transition policy completed & has been aligned with the NICE guidelines and is available on TeamNet		

		• Development of BHFT Transition locality Standard Operating Procedures Embed links to liaison psychiatry – the CAMHS Rapid Response Team have close links with the adult Psychological Medicines Team (PMS) at Royal Berkshire Hospital. Ensure that the Consultant Psychiatrist meets with them regularly and offers clinical supervision.		

6. **Current challenges in achieving this**

   Availability of suitable skilled, qualified and experienced health workforce at specialist level.

   Recruitment and retention challenges for health staff and parts of the wider children's workforce e.g. social care.

   Financial pressures across the system.

   Availability of recurrent funding for voluntary sector organisations.

   Increase in demand for services

   Increase in complexity of young people in services

   The complexity of the West Berkshire system is adding a level of challenge. The number of different agencies involved in providing mental health care across Berkshire West means there is a risk of gaps between services and a need for extensive partnership work and communication that is time consuming for staff in all agencies.

Key risks to delivery, controls and mitigating actions

Any major service transformation has challenges. Some organisations and individuals are more open to change than others. Schools in particular have competing demands on their time so while there may be a desire and recognition to change, external factors prevent change from happening at the pace required.

Each project reports on key risks to delivery and mitigating actions on a quarterly basis.

The key risks identified are (this list is not exhaustive)

Risk	Mitigating actions
Inability to recruit / retain sufficient staff with experience required to undertake the work.	Specialist CAMHs agency staff were retained until new starters commenced. Skill mix utilised when appropriate. Membership of local CYP IAPT collaborative- prospective staff find this attractive, existing staff are encouraged and supported to undertake additional training. Voluntary sector partners have recruited and trained additional staff/ volunteers. Supervision arrangements in place for practitioners. Providers held to account when projects/ milestones delayed- recovery plans required and monitored via the contract process Trial of low intensity treatment for anxiety and depression delivered by skill mix staff (similar to the use of PWPs in adult IAPT) was undertaken. Now seeking opportunities to fund roll out of this. Providers need to work with commissioners and Health Education England to model the future skill mix and staffing numbers required to deliver the required changes to deliver Future In Mind
Poor system engagement	Director level sponsor. Improving emotional health and wellbeing in CYP is a multiagency priority and is championed by system leaders. Service users and champions contacting partners e.g. schools

	Promotion of evidence base and ready-made tools (e.g. Young Minds building Academic Resilience tools)
Risk that there is a further peak in crisis/Urgent Care presentations which continues to be higher than additional capacity	Investment in whole system training and working to enable earlier intervention and crisis prevention
Financial- insufficient funds to cover all required investments	CCGs and partners working collaboratively across Berkshire/BOB / ACS to identify opportunities for economies of scale. CCGs and partners proactively bidding for grants and resources.
Poor quality of referrals resulting in delays in the child accessing the right help at the right time	Training for referrers. Regular communication updates to referrers. Proactive outreach by providers to referrers Updated referral guidelines and forms put on DXS. Use of early help hubs to identify issues more quickly and ensure that child is seen by the most appropriate service provider
Schools underestimating the level of staff involvement required to implement the School Link project, leading them to step away from the programme	Project manager assigned Utilise the strong relationships between Educational Psychologists, Primary Mental Health Workers and schools to help to facilitate the project. Publicise outcomes from other areas of the country that have seen a link between strong emotional health/ resilience amongst pupils and better academic outcomes. Promote project with governors.
Submissions to MHMDS do not capture non NHS delivered treatment resulting in our cover data being reported as lower	Non NHS providers are submitting data to CCGs but currently this activity is not captured on MHMDS. Non NHS providers to do not currently have the IT infrastructure

than the reality	to submit data onto MHMDS. CCGs are in discussion with NHSE on how to resolve this issue and we are working with NHS Digital.
Staff reluctant to implement the required changes	Change management programme in place with our main community provider. Supervision arrangements in place for practitioners. Improving emotional health and wellbeing in CYP is a multiagency priority and is championed by system leaders. Service user feedback to staff and organisations Promotion of CYP IAPT training Evidence of positive changes in outcomes for service users

7. A summary of workforce concerns and plans

- Whole system training

Our transformation model in Berkshire West is based on integrating and building resources within the local community, so that emotional health and wellbeing support is offered at the earliest opportunity. Training the wider children's workforce is key.

We have commissioned Psychological Perspectives in Primary Care and Education (PPEPCare) mental health training across the children's workforce. PPEPCare has been developed by the Oxford Academic Health Network and the Charlie Waller Memorial Trust. PPEPCare is delivered in schools mostly via the School Link Projects and the Emotional Health Academy. A train the trainer programme has increased our capacity to deliver training modules. All schools are able to take up the training offer, including independent; academy and free schools who have are not part of the school Link Project or Emotional Health Academy.

PPEPCare training is also open to voluntary sector organisations, primary care, secondary care, social care and other partners.

Over 2016/17, 1424 workers plus around 200 young people accessed PPEPCare training modules. Feedback is overwhelmingly positive.

The range of PPEPCare training modules available continues to increase.

Some schools have also taken up Mental Health First Aid Training.

The School Link projects and Emotional Health Academy operate a model of consultation and supervision into schools.

Links between voluntary sector youth counselling, Autism and Special Educational Needs and Disabilities organisations and CAMHs have improved so that staff are able to access familiar co- workers for support, advice and supervision, as required. We hope that this will make our local organisations more attractive to prospective volunteers.

- Use of online resources to increase capacity

Support, Help and Resources Online (SHaRON) for PPEPCare trainers is being well utilised to support developing training skills and we are making progress with the development of the professional on-line consultation subnet, which is being used internally and will hopefully be ready to extend out within the next year.

A further SHaRON subnet exists to provide support and advice to families. There is informal positive feedback about the value of having specialist CAMHS staff moderating on the site alongside colleagues from the voluntary sector and early intervention services.

#littlebluebookofsunshine is available online for children and young people.

The integrated Children Young People and Families (CYPF) health hub is available online and includes an integrated on-line referral form, new CYPF website and integrated on-line resources. https://cypf.berkshirehealthcare.nhs.uk/ It can be accessed via tablet and smart phone as well as computer.

- CYP Improving Access to Psychological Therapies (CYP IAPT)

We are members of the Central and South CYP IAPT Collaborative and have been since Wave 2.

We are able to evidence all of the CYP IAPT principles across the system i.e. collaboration and participation, evidence informed practice, evidence based practice and routine outcome monitoring and improved supervision.

BHFT staff have taken up a range of the CYP IAPT programmes offered. All of the CAMHS clinical leads have attended the CYP IAPT transformational leadership training. We have more undertaking that course this year. A number of CAMHS staff, including those working in the Wokingham PCAMHS service, have been trained in CBT & some in evidence-based parenting & SFP.

Staff from both Wokingham LA and West Berkshire LA have also undertaken CYP IAPT training. This has primarily been the EEBP programme. A West Berkshire Educational Psychologist has undertaken the CBT programme. Highly qualified and highly experienced psychologists are employed through BHFT for the Reading Options and KEEP programmes. Reading's PMHW are also qualified CAMHS clinicians and BHFT provide clinical supervision so we are confident that they are providing evidence-based interventions.

Primary Wellbeing Practitioners (PWPs) have been trained at the University of Reading through CYP IAPT and we have been trialling PWP led interventions.

- Staff turnover, recruitment and retention

Sourcing sufficient suitably trained and experienced staff is a challenge in Berkshire West, in line with many other parts of the country.

Skill mix is being used when appropriate to do so. New types of worker such as PWPs and some of the roles undertaken by graduate staff employed by the Emotional Health Academy are being developed to increase capacity.

According to the 2015/16 CAMHS benchmarking report, BHFT appears to be an outlier in terms of staff turnover. We believe that is due to the high proportion of staff on fixed term contracts during that year while we recruited substantively following new investment to the service.

Retention of staff has been good but recruitment is becoming increasingly difficult and many new challenges are caused by staff movement internally within our services. We do not believe our recruitment difficulties are worse than the national picture and we have been successful in recruitment to medical vacancies recently.

Detailed workforce data is in Appendix 1

Berkshire West CCGs continue to have a clear priority to ensure that they work with all providers to develop a shared workforce strategy.

This work is supported by the Thames Valley SCN workforce working group, which has brought all key strategic partners together as well as providers and commissioners of children's mental health services.

This has provided an initial benchmark of gaps and issues and some possible solutions .The initial focus of the workforce strategy has been to focus on the key areas of CYP IAPT, EIP, PPEP care and eating disorders, while the scope of the wider system is being considered (STP ACS)

Doing this with the strategic clinical network will also ensure that this will align to the work being undertaken by the STP and ACS.

This local transformation plan aligns to the overall mental health delivery plan for Berkshire West CCGs, which will continue to align to the developing mental health delivery plan for the BOB STP and relevant ACS

8. An overview of financial investment

FINANCE
CCG Future In Mind spend

Project	**Amount 16/17**	**Amount 17/18**	**Amount predicted 18/19**	**Amount predicted 19/20**	**Amount predicted 20/2**
Reading School Link project	£100,000	£100,000			
Wokingham School Link project	£100,000	£100,000			
West Berkshire Emotional Health Academy	£100,000	£100,000			
PPEPCare (to support schools, primary care, vol sector and non CAMHs staff)	£15,000	£45,000			
CAMHs urgent/ crisis care at RBFT	£208,000	£329,368			
Voluntary sector support for families awaiting ASD diagnosis- Autism Berkshire	£40,212	£28,000			
Voluntary sector support for families awaiting ADHD diagnosis- Parenting Special children	£9,740	£13,000			
Autism Appreciative Inquiry work	£5,225	N/A			
Booklets & campaign for young people #littlebluebookofsunshine	£10,000				
Youth Offending/ health and justice	N/A	£73,803			
PDF voluntary sector grant top up allocated to Autism Berkshire & Parenting Special Children to be spent in 17/18	£35,823				
Total Future In Mind	**588,177**	**£789,271**	**£789,271**	**£789, 271**	**£789,271**

Other CCG spend

	16/17	17/18	Predicted 18/19	Predicted 19/20	Predicted 20/21
Specialist CAMHs block contract This figure excludes Berkshire Adolescent Unit which was transferred to NHS England in 14/15.	£6,306K	£6,520K	TBC	TBC	TBC
CAMHs Community Eating Disorders	£236K	£244K	TBC	TBC	TBC
Perinatal mental health	£166K	£172K	TBC	TBC	TBC
Children and Young People's IAPT training backfill (pan Berkshire)	£251K	TBC	TBC	TBC	TBC
Youth counselling- Reading (£30K from CCGs plus £60K from Reading Borough Council) Wokingham (£30K from CCGs plus £59K from Wokingham Borough Council) West Berkshire CCG funding – LA makes separate arrangements	£90K £89K £29.5K	£90K £89K £29.5K	TBC TBC TBC	TBC TBC TBC	TBC TBC TBC
Non recurrent contribution from NHSE for #littlebluebookofsunshine campaign	£30K				

Specialist CAMHs block contract- baseline position

15/16 £6,166,360 plus additional funding allocated to transforming Community Eating Disorder services. Up to £500K was available non recurrently in order to reduce waiting times through use of agency staff while new posts were recruited to. This figure excludes Berkshire Adolescent Unit which was transferred to NHS England in 14/15.

Local Authority spend

Reading Borough Council funding-15/16 baseline

Year	Service	Expenditure 15/16	Expenditure 17/18

15-16	Primary Mental Health Workers	£ 179,800	£219,500
15-16	Educational Psychologists	£495,150	£509,400
15-16	Youth Counselling service (Commissioned)	£75k	£60K
15-16	Short breaks (Commissioned)	£105k	Not available
15-16	Targeted family and youth support	TBC	Not available

In addition to this spend RBC spend on universal services that are applicable in this arena is

Year	**Service**	**Expenditure**
15-16	Information services for families (FIS service)	£ 100,000
15-16	Children's Centres	£1.4m

West Berkshire Council funding- 15/16 baseline

£120,000 in Primary Mental Health Workers and Help for Families therapeutic resources.

Grants awarded 2015/16:

Relate - £6K
Time to Talk - £27K
Homestart - £17K
Mental Health First Aid - £10K
Maternal mental health counselling group - £10K
Friends in Need - £25K

West Berkshire Council spend 17/18

CAMHS Early Intervention (Help for Families Worker) £1,980

CAMHS Early Intervention (Help for Families Worker) £29,860

CAMHS Early Intervention (Help for Families Worker) £2,970

CAMHS Early Intervention (Help for Families Worker) £5,190

Primary Prevention Work (includes the new post) £85,000 (One off funding for 17/18)

Total £125,000

Wokingham Borough Council spend 16/17

	Costs 16/17	Budget 16/17	Budget 17/18
Educational Psychology Service	439,258	444,350	402,410
Children Centres:			
Brambles	256,374	294,000	327,000
Red Kite	294,774	330,570	349,430
Total	**551,148**	**624,570**	**676,430**
Integrated Early Help Team:			
Children's Centres Central	123,070	143,960	50,980
Early Intervention Team	364,855	-	-
Family Resources Team	228,141	334,460	339,390
Targeted Youth Services	163,998	314,970	289,360
Youth Offending Service			

	82,157	173,700	221,240
Total	**962,221**	**967,090**	**900,970**

Wokingham Borough Council spend 17/18

Primary Mental Health Workers (employed by BHFT) £118,000

Youth counselling contribution £59,000 (jointly commissioned with CCGs)

9. **An update on data submissions to the national Mental Health Services Data Set (MHSDS)**

BHFT CAMHs are submitting data to the MHSDS but in common with many other areas, there are data quality issues- we need to understand how data is interpreted by the MHSDS in order to understand the differences between what we see locally and what is being reported nationally. We are working with NHS Digital to resolve these data quality issues.

We are also working with Thames Valley Strategic Clinical network and NHS Digital to find a solution to allow data from Local Authority and voluntary sector provider organisations to flow into the MHSDS. A project brief and update report can be found here.

20170823 Data Project Brief.docx

TVSCN Data Project CYP MH Progress Rep

We continue to collect activity data from our local providers while a national solution is found:

Number of CYP aged 0-18 seen for Emotional Health and Wellbeing services funded either fully or partly by the CCGs

Numbers = individual CYP benefitting   Includes Face to face and telephone support either directly with the child or with the parent/ carer

NB some CYP may have been seen by more than one provider

Year	13/14 baseline	14/15 BW CCG additional £1M recurrently into plus £500K non recurrently into CAMHs	15/16 FIM money released in Autumn 2015	16/17 FYE of FIM monies
BHFT Tier 3 activity		4003 Q4 caseload total	Caseload (total - includes ASD diagnostic cases) Q4 3558	Estimate on NHSE return- 1195 Very narrow definition data quality issues* Caseload (total- includes ASD diagnostic cases) Q4 3647

Parenting Special Children-Partnership Development Fund	(Sleep workshops – no. of parents) 24	Q1-3 54 parents	(Workshops for parents of children with ASD and anxiety No. of parents) 63	(Workshops for parents of children with ASD and anxiety No. of parents) 117
Parenting Special Children- FIM	N/A	N/A	N/A	107
Autism Berkshire – Partnership Development Fund	No. of parents at parent support group (283) and speaker events – (108) TOTAL 391	No. of parents at parent support group (283) and speaker events – (108) TOTAL 391	No. of parents at all parent support group events 123	No. of parents at all grand/parent support group events 208
Autism Berkshire – FIM	N/A	N/A		156
Youth Counselling-ARC **Wokingham**	1100	1143	1150	Jointly commissioned 1000
Youth Counselling-Time to Talk **West Berkshire**			373	370
Youth Counselling-**Reading** (Adviza/ No5)	No PDF grant for No5	No PDF grant for No5	No5: The total number of CYPs seen for counselling ***and/or*** engaged with at a mental Health Workshop in 2015/16 is 1,579 (377 at Sackville St)	Jointly commissioned Adviza 370
Emotional Health Academy- West	N/A	N/A	Set up period	Jointly Commissioned 828 CYP ‘supported’

Berkshire (Training, triage and therapeutic intervention model)				256 professionals trained 9 parents trained @Q1 but no further parent training reported. 564 CYP gone through emotional health triage
School Link- Reading (Training model not intervention)	N/A	N/A	Set up period	10 schools participating in yr 1. Staff training model
School Link- Wokingham (Training model not intervention)	N/A	N/A	Set up period	12 schools participating. Staff training model
Webster Stratten Reading FIM	N/A	N/A	Set up period	51 parents started course
Webster Stratten Wokingham FIM	N/A	N/A	Set up period	66 parents started course
AnDY University of Reading	N/A	N/A	N/A	Q4 data only 47 started treatment
PPEPCARE training (not intervention)	N/A	N/A	567 staff	1424 staff (plus 200+ young people)

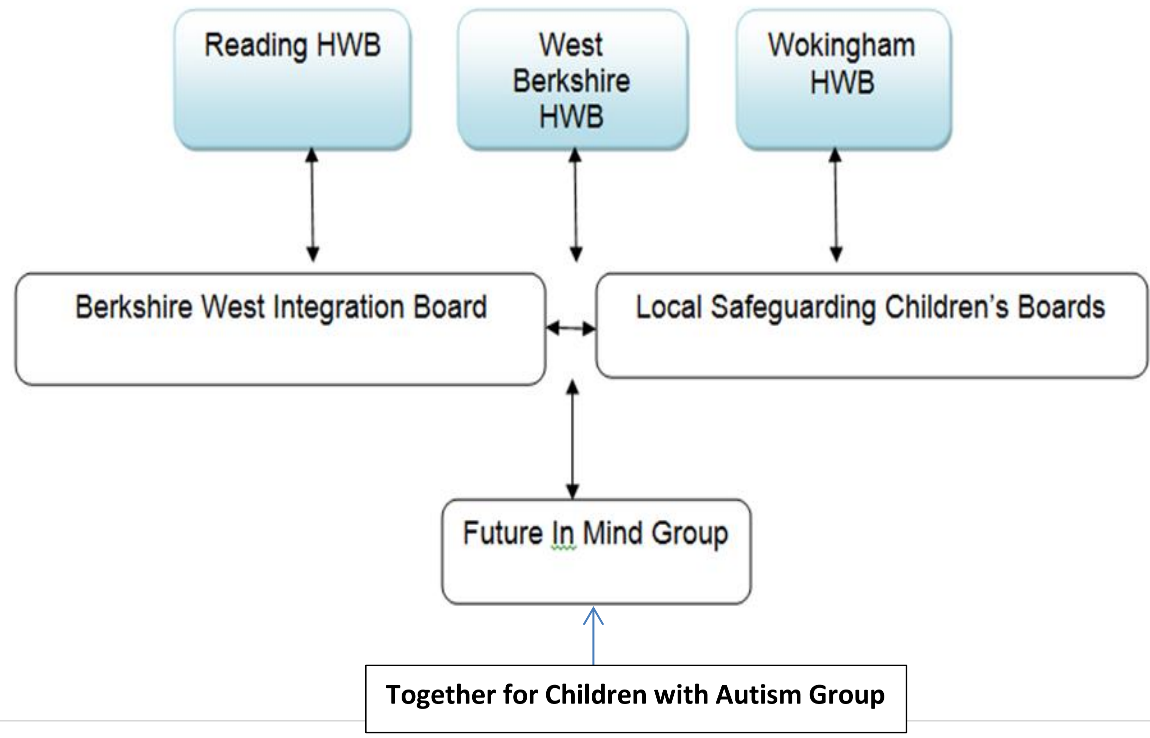
Notes

- BHFT figures only include CYP seen in CPE and in specialist team once and *are still on the caseload*. Numbers exclude those under Common Point of Entry (CPE)PE and waiting for ASD assessment. Some CYP will not be counted in these figures but will have been having treatment from an allied professional e.g. SLT and OT. Those waiting for autism assessment may also have been seen by Autism Berkshire and/ or Parenting Special Children so could have had at least 2 contacts.

- Tier 2 services in the Reading and Wokingham LAs are excluded as these were not jointly commissioned with CCG monies as per original national guidance in how to count. The Emotional Health Academy in West Berkshire is jointly commissioned with the CCGs so activity is included as per the original MHSDS requirements. Ideally we would like to capture the Reading and Wokingham activity in the future.

10. Governance

Each local transformation plan was signed off by the respective Health and Wellbeing Board. Progress is being overseen by the Health and Wellbeing Boards. The Future In Mind multidisciplinary group meets monthly to consider, challenge and champion the changes. The Future In Mind group is chaired by the Director of Joint Commissioning NHS Berkshire West CCGs.



Terms of reference of the Berkshire West Future In Mind group

Paper 2 - Future In
Mind Group TOR v 5.(

Service users work to shape and inform development of the CAMH service, service users have been involved in several consultations as part of our work to grow meaningful feedback and participation opportunities across Children, Young People and Family (CYPF) services.

A participation strategy has been created, with support from service users and staff, and is now in place for all CYPF services.

CAMHs
participation.docx

11. Local need identified in JSNAs

http://info.westberks.gov.uk/CHttpHandler.ashx?id=42967&p=0

http://www.reading.gov.uk/jsna/children-adolescent-mental-health

http://jsna.wokingham.gov.uk/developing-well/children-and-adolescent-mental-health/

Locally we have seen an increase in demand for services and an increase in complexity of young people in services.

Referrals, Caseload and Activity

External Referrals to specialist CAMHs

Graph 1 shows the trend in terms of all external referrals to CAMHS through CAMHS CPE from the 4 Berkshire West CCG's year to date with data reported for 2014/15, 2015/16 and 2016/17 for comparison purposes.

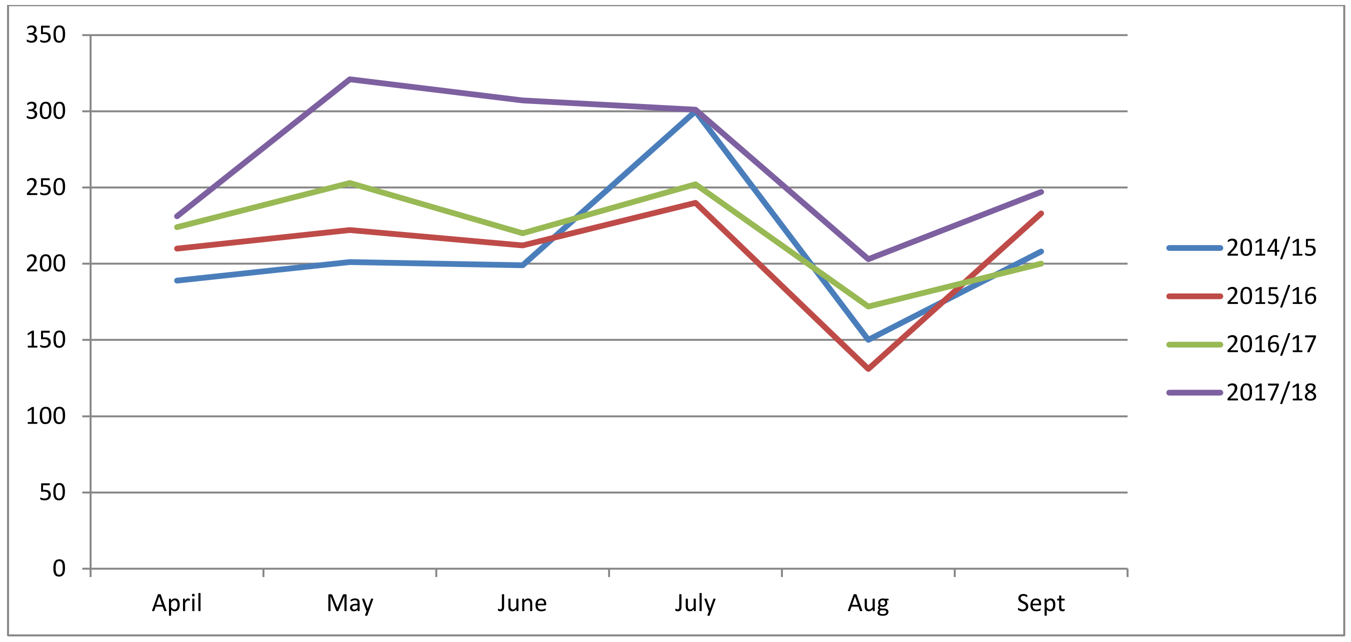
Total referrals for 2016/17 had increased by 12.8% (referrals to the West Berkshire Primary CAMHS Service for 2014/15 excluded for comparison purposes as this service was decommissioned in March 2016).

We saw a spike in referrals in March 2017 which we put down to the timing of the Easter school holidays and a further spike in May which may have been due to numbers of self-referrals from parents following the go-live of the self-referral option on the new integrated CYPF referral form and also to an increase in referrals for Autism Assessments. However the trend has continued through Q2, with referrals for the quarter up 20% on the same quarter last year, despite the usual seasonal reduction in August, and 27.5% higher than the 2014/15 service baseline.

A positive sign is that we are seeing an increase in appropriate and good quality referrals from SENCo's following our work to disseminate the message that the right person to refer is the person who knows the most about the child or young person's difficulties.

Information to date shows that we continue to see numbers of self-referrals from parents and that a number of those do not require BHFT CAMH services and would be better supported by local early intervention or targeted services. Parents (and other referrers) are clearly signposted to BHFT CAMHS referral criteria within the on-line referral process and the CAMHS and referral sections of the CYPF website include links to the local offer for each locality and guidance about other appropriate services and how to access those. This information has been further improved with the launch of the CYPF on-line resource, which went live on October 5th https://cypf.berkshirehealthcare.nhs.uk/

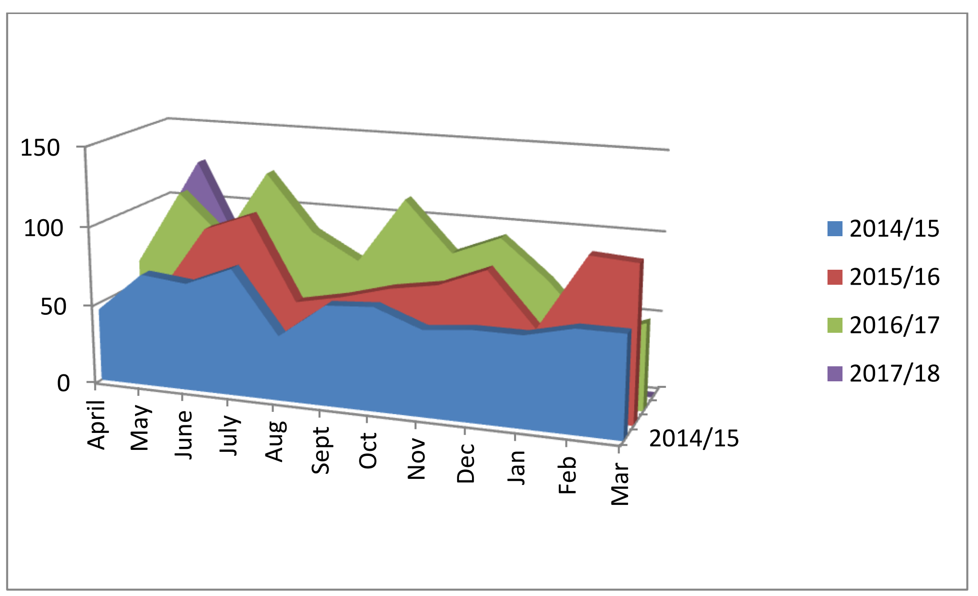
Graph 1 External Referrals to CAMHS CPE



Accepted Referrals

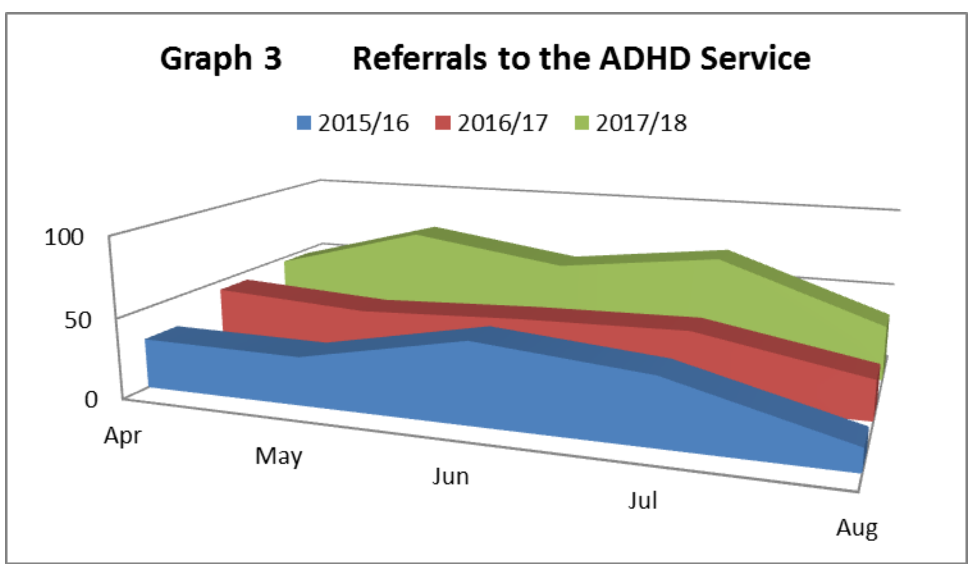
Graphs 2-5 below give a pictorial representation of the increase in referrals to the specialist CAMHS teams. These are referrals which have been triaged in CPE and identified as needing interventions from the specialist services that BHFT provide. Note that this is county-wide data is it is not possible to filter the historical referral data for all teams by CCG.

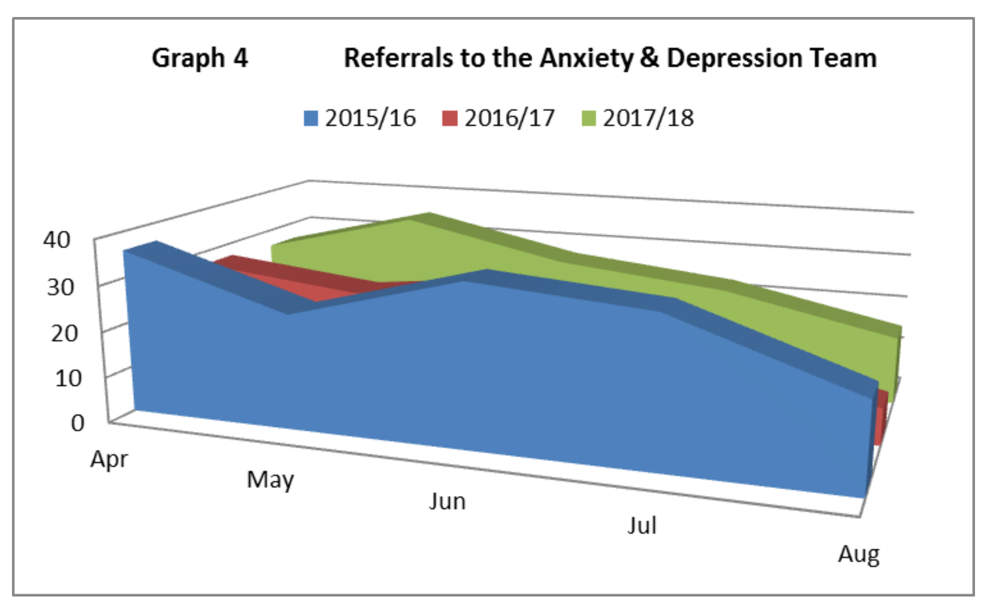
Graph 2 Total Referrals to the Autism Assessment Team 2014/15-2017/18

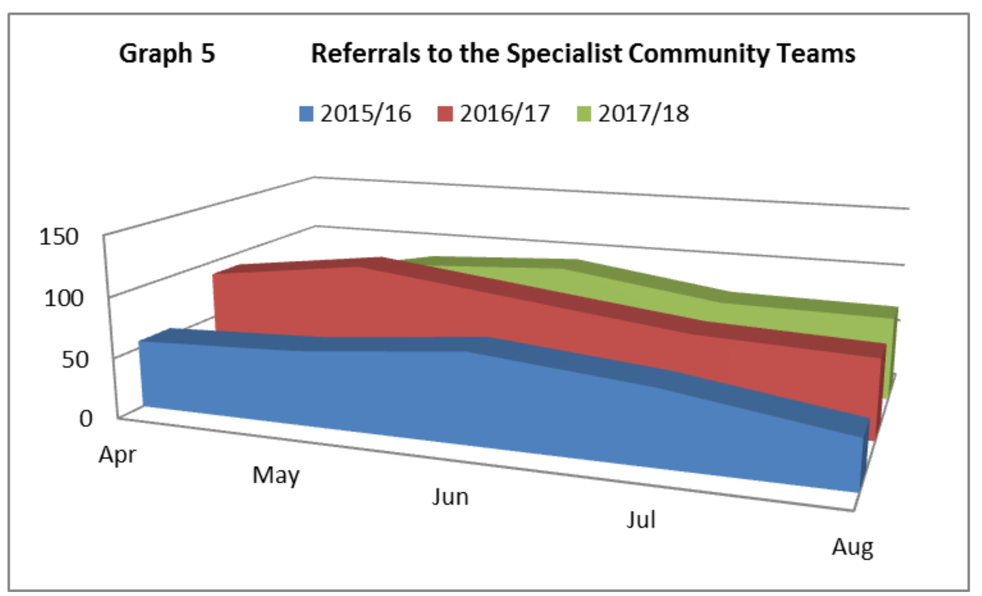


We are now able to demonstrate the increase in referrals to the other specialist teams, which combined have shown an increase of 10% in the months April-August compared to the same time period last year and 20% from the same period in 2015/16. This is in line with the year on year increase of 10% being seen nationally according to the latest information from the CAMHS benchmarking group.

The graphs below give a pictorial representation of the increase in referral rates within these teams individually




Graph 4
Referrals to the Anxiety & Depression Team
2015/16
2016/17
2017/18
40
30
20
10
0
Apr
May
Jun
Jul
Aug


Graph 5
Referrals to the Specialist Community Teams
2015/16
2016/17
2017/18
150
100
50
0
Apr
May
Jun
Jul
Aug

Note that the numbers for the Specialist Community Teams would have included referrals for young people with an eating disorder in 2015/16 and 2016/17. These referrals are now seen by the dedicated CAMHS Eating Disorders Service so the real increase in numbers of young people with complex mental health difficulties other than an eating disorder is greater than is indicated by this graph.

The quality schedule has waiting time targets agreed with BHFT.

Current Specialist CAMHs waiting times Sept 2017

CAMHs CPE & Urgent care	All referrals are risk assessed in CPE within 24 hours. 100% urgent cases seen within 24 hours. 80% of referrals complete assessment at CPE within 6 weeks. All referrals breaching the 6week target are referrals to the Autism Assessment Team. The current average waiting time for more in depth triage of routine referrals in CPE is 3 weeks.
CAMHs Specialist Community	The current average wait time for referrals to the Specialist Community Teams is 6 weeks
CAMHs Anxiety & Depression Specialist Pathway	The current average waiting time for referrals to the Anxiety & Depression Team is 10 weeks.
CAMHs ADHD Specialist Pathway	The current average waiting time for referrals on this pathway is 17 weeks. This is skewed by the long waiters. A significant number of these are referrals for young people who have a diagnosis, have transferred in to service on a routine review programme and do not require an appointment within the 6 week timescale. All have been allocated to the relevant locality clinic and added to the review clinic protocol so should be excluded from the waiting list. We are working with the informatics team to implement a change to our recording system to enable this. Families are also offered help while waiting – service commissioned from Parenting Special Children
CAMHs Autism Assessment Team	The average waiting time for those currently waiting an assessment is 44 weeks. Families who are waiting for assessment are offered help via the Young SHaRON subnet and support commissioned from Autism Berkshire

Q2 Report on Local 87 Access Rate to CYP Mental Health (Domain 4: Ensuring that people have a positive experience of care)

Quality Requirement: E.H.9

Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.

National target from all Providers is to achieve 30% end 17/18; 32% end 18/19

BHFT targets are to maintain current levels of access based on BHFT 16/17 estimates.

Method of Measurement

Numerator : Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.

Denominator: Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.

Note that this data is different to both referrals and caseload for the service. Data has been pulled according to the following definitions:

- All patients open on the current caseload for all teams and pathways with at least 2 attended contacts (1 in CPE and 1 face to face contact in one of the community teams)
- All patients who were discharged in the relevant quarter but received treatment from the community teams during the quarter
- Referrals in CAMHS CPE have been excluded on the basis that those will be referrals waiting completion of triage, so not necessarily accepted for treatment yet.
- Referrals in the CAMHS AAAT have been excluded on the basis that this is an assessment only pathway.

Numbers have increased slightly in Q2 compared to Q1 which is unexpected given the seasonal drop in referrals and activity, but remain slightly below target.

Note that baseline data was calculated on a snapshot of caseload. Referrals, caseload and activity fluctuate over the 4 quarters, with rates generally lower in quarters 1&2, increasing in quarters 3&4. This indicator therefore needs to be reviewed against the full year report.

Percentages given in the Threshold column relate to national prevalence data that was not included in the indicator so cannot be calculated by BHFT.

NB these figures are BHFT specialist CAMHs figures only and do not include providers such as youth counselling and LA staff. Data on these providers is included in section 9 on Mental Health Services Data Set

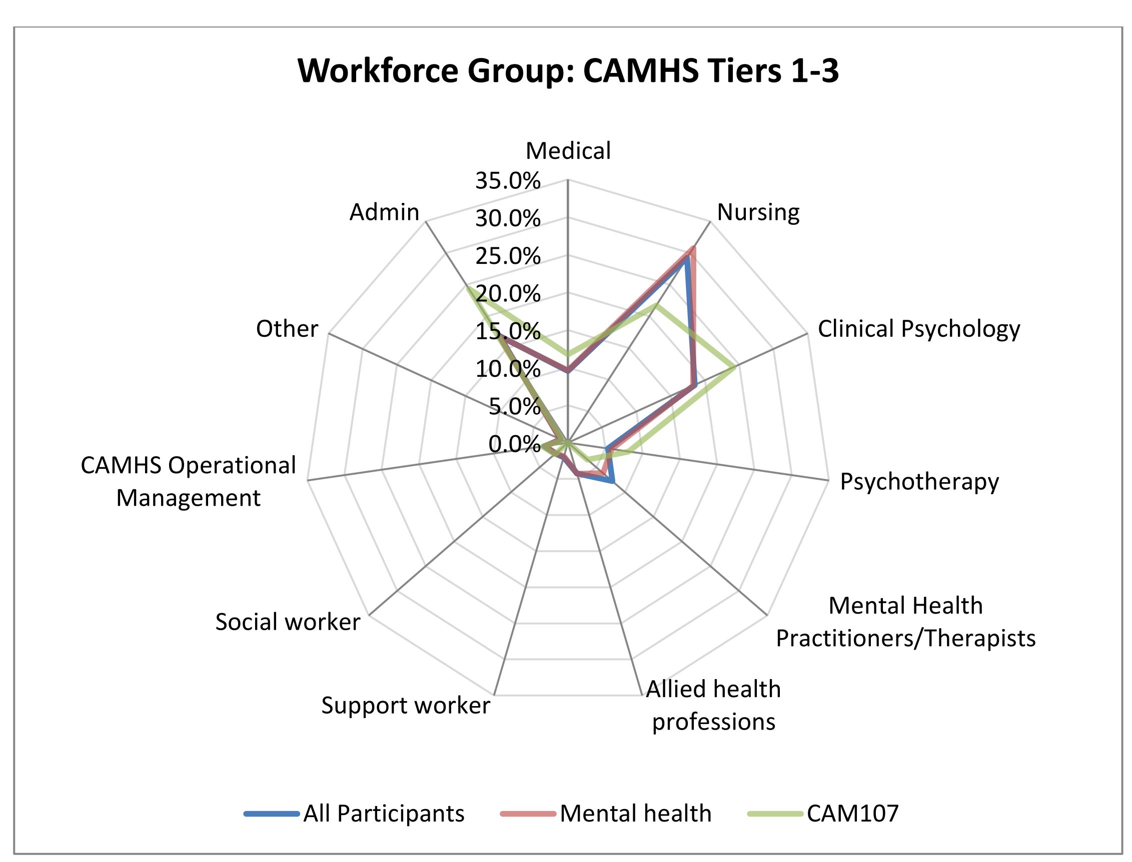
Reference Number	Threshold	Position at end of Q1	Position at end of Q2
Local 87 Newbury & District	16/17 Baseline 558 (27.7%)	482	504
Local 87 North & West Reading	16/17 Baseline 474 (24.9%)	420	432
Local 87 South Reading	16/17 Baseline 547 (22.4%)	483	497
Local 87 Wokingham	16/17 Baseline 810 (29.5%)	726	749

Specialist CAMHs - nationally reported trajectories

FutureInMind trajectories.xlsx

Appendix 1 WORKFORCE DATA

Baseline position within the LAs is within the original Transformation Plans
National Benchmarking report (2015) staff breakdown by discipline-



BHFT staff attending CYP IAPT training
15/16- 3 BHFT staff undertaking the transformational leadership programme; 2 undertaking CBT and 1 undertaking EEBP
October 2017- additional team leader on Transformational Leadership programme. A ll team leaders have been trained in Transformational Leadership 4 BHFT staff on Recruit to Train- parenting trainees
1 Wokingham LA and 1 West Berkshire LA- Evidence Based Practice

BHFT Staffing baseline 15/16. This includes vacancy and is inclusive of the Eating Disorders service and Berkshire West Urgent Response pilot.

Note that some staff have more than one role so the headcount looks higher than it actually is as staff will be counted more than once. WTE is accurate.
Note also that some staff have more than one qualification. These have only been counted once.

Job role- employer BHFT	**Band 2**		**Band 3**		**Band 4**		**Band 5**		**Band 6**		**Band 7**		**Band 8a**		**Band 8b**		**Band 8c & d**		**Total Tier3**	
	H/C	WTE	H/C	WTE	H/C	WTE	H/C	WTE	H/C	WTE	H/C	WTE	H/C	WTE	H/C	WTE	H/C	WTE	H/C	WTE
Admin and clerical	3	2.57	9	6.23	5	3.80	1	0.43											18	13.03
N&M mental illness/nursing							1	0.53	15	10.1	15	10.64	3	1.18					34	22.45
Psychology					9	4.81			2	1.00	6	3.50	11	6.29	3	0.87	1	0.77	32	17.24
Psychotherapists incl family therapy									3	1.50	1	0.53	5	2.18	3	0.77			12	4.98
Art and Music therapists									1	0.50	1	0.16							2	0.66
Dieticians									1	0.53									1	0.53
Speech Therapy									1	0.60	3	1.56	2	0.80					6	2.96
Senior managers															6	4.21	2	0.86	8	5.07
Consultants																			9	6.63
Speciality doctor																			2	0.68
TOTAL																			**124**	**74.23**
Tier 2- psychology*											2	1.4	3	1.4	1	1.0			6	3.8
Tier 2 nursing*											1	1.0							1	1.0
Tier 2* Psychotherapist											1	0.5							1	0.5

Wokingham BC Tier 2 staff are employed by BHFT and are included in the table above. H/C= headcount WTE= whole time equivalent *LA commissioned

Local authority staffing West Berkshire Emotional Health Academy 2017-

EHA Operational Manager

Role	FTE 15/16	FTE 16/17	FTE 17/18	Total
Educational psychologists	7.1	7.3	Yes 2.2	9.5
Primary Mental Health Workers	3.5	4.5 (1 via School Link Project)	The additional 1 via SLP will continue if funding is in place.	4.5
Portage workers Options team- Team assistant manager Clinical psychologist Family Therapist Creative therapist	5.6	5.6 0.25 0.5 0.5 0.5	No 0.25 0.5 0.5 on maternity leave January 2018- no cover provided	5.6 0.25 0.5 0.5

Wokingham Borough Council staffing 17/18

2.4 FTE assigned to PCAMHs and employed by BHFT
0.6FTE assigned to school link project
Plus ASSIST team workers and educational psychologists

2017/18 Standard	30%
2018/19 Standard	32%

Improve Access Rate to CYPMH

E.H.9	16/17 Estimate*	16/17 CCG Revised Estimate*	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17 / 18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
1a - The number of new children and young people aged 0-18 receiving treatment from NHS funded community services in the reporting period.	100	100	26	26	27	28	28	28	29	30

	16/17 Final Estimate	17/18 Plan	18/19 Plan	16/17 to 17/18 change	17/18 to 18/19 change
Annual change for 1a - The number of new young people receiving treatment from NHS funded community services	100	107	115	7.0%	7.5%

	16/17 Estimates**	16/17 CCG Revised Estimate**	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17 / 18	17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	18/19
2a - Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.	275	558	151	151	151	152	605	161	161	161	162	645
2b - Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.	2,011	2,011					2,011					2,011
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.	13.7%	27.7%					30.1%					32.1%

*For indicators 1a and 2a, please note that the indicator has recently been requested to be added to the MHSDS monthly publication. Due to the experimental nature of these indicators the underlying data will be published as part of NHS Digital's Supplementary Information pages (http://content.digital.nhs.uk/suppinfofiles). Please refer to the footnotes of the publication for more details on construction and caveats. Initial analysis of this management information data suggests that coverage, issues associated with this being only the second cut of data from a data collection established in January 2016 and problems with data completeness exists. Therefore the baseline estimates contained in G104 and G110 are very crude and basic:

1a 16/17 Estimate = 4 * The number of new children and young people aged 0-18 receiving treatment from NHS funded community services in the reporting period. (Q1 16/17)
2a 16/17 Estimate = Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period (Q1 16/17) + 3* The number of new children and young people aged 0-18 receiving treatment from NHS funded community services in the reporting period.

Given the issues CCGs have therefore been provided with an opportunity in cell H98 for measure 1a and cell H104 for measure 2a to submit alternatives values which will be validated based on local intelligence and additional information.

**For indicator 2b, there is limited recent data available on the estimated prevalence. In the absence of recent data an estimate has been created by applying the 5-16 year old estimates as provided in the PHE fingertip tool (https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data) to 0-17 ONS 2014- based population projections (https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/clinicalcommissioninggroupsinenglandz2). Please note that where CCG data wasn't available a regional estimate was used.

As with indicators 1a and 2a, CCGs have therefore been provided with an opportunity to use local intelligence and additional information on prevalence to improve the estimates in cell H105. These estimates will be validated.

Standard (to be achieved by 2020)	95%
Diff. Tolerance	25%

Waiting Times for Routine Referrals to CYP Eating Disorder Services - Within 4 Weeks

	E.H.10	Q1	Q2	Q3	Q4
2017/18 Plan	Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral	1	1	1	1
	Number of CYP with a suspected ED (routine cases) that start treatment	1	1	1	1
	%	**100.0%**	**100.0%**	**100.0%**	**100.0%**
2018/19 Plan	Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral	1	1	1	1
	Number of CYP with a suspected ED (routine cases) that start treatment	1	1	1	1
	%	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Standard (to be achieved by 2020)	95%
Diff. Tolerance	25%

Waiting Times for Urgent Referrals to CYP Eating Disorder Services - Within 1 Week

	E.H.11	Q1	Q2	Q3	Q4
2017/18 Plan	Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	1	1	1	1
	Number of CYP with a suspected ED (urgent cases) that start treatment	1	1	1	1
	%	**100.0%**	**100.0%**	**100.0%**	**100.0%**
2018/19 Plan	Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	1	1	1	1
	Number of CYP with a suspected ED (urgent cases) that start treatment	1	1	1	1
	%	**100.0%**	**100.0%**	**100.0%**	**100.0%**

		E.H.9	16/17 Estimate*	16/17 CCG Revised Estimate*	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17 / 18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
2017/18 Standard	30%											
2018/19 Standard	32%											
Improve Access Rate to CYPMH		1a - The number of new children and young people aged 0-18 receiving treatment from NHS funded community services in the reporting period.	120	120	32	32	32	33	34	35	35	35

	16/17 Final Estimate	17/18 Plan	18/19 Plan	16/17 to 17/18 change	17/18 to 18/19 change
Annual change for 1a - The number of new young people receiving treatment from NHS funded community services	120	129	139	7.5%	7.8%

	16/17 Estimates**	16/17 CCG Revised Estimate**	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17 / 18	17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	18/19
2a - Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.	275	474	143	143	144	144	574	153	153	153	154	613
2b - Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.	1,907	1,907					1,907					1,907
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.	14.4%	24.9%					30.1%					32.1%

*For indicators 1a and 2a, please note that the indicator has recently been requested to be added to the MHSDS monthly publication. Due to the experimental nature of these indicators the underlying data will be published as part of NHS Digital's Supplementary Information pages (http://content.digital.nhs.uk/suppinfofiles). Please refer to the footnotes of the publication for more details on construction and caveats. Initial analysis of this management information data suggests that coverage, issues associated with this being only the second cut of data from a data collection established in January 2016 and problems with data completeness exists. Therefore the baseline estimates contained in G104 and G110 are very crude and basic:

1a 16/17 Estimate = 4 * The number of new children and young people aged 0-18 receiving treatment from NHS funded community services in the reporting period. (Q1 16/17)
2a 16/17 Estimate = Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period (Q1 16/17) + 3* The number of new children and young people aged 0-18 receiving treatment from NHS funded community services in the reporting period.

Given the issues CCGs have therefore been provided with an opportunity in cell H98 for measure 1a and cell H104 for measure 2a to submit alternatives values which will be validated based on local intelligence and additional information.

**For indicator 2b, there is limited recent data available on the estimated prevalence. In the absence of recent data an estimate has been created by applying the 5-16 year old estimates as provided in the PHE fingertip tool (https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data) to 0-17 ONS 2014- based population projections (https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/clinicalcommissioninggroupsinenglandz2). Please note that where CCG data wasn't available a regional estimate was used.

As with indicators 1a and 2a, CCGs have therefore been provided with an opportunity to use local intelligence and additional information on prevalence to improve the estimates in cell H105. These estimates will be validated.

		E.H.10	Q1	Q2	Q3	Q4
Standard (to be achieved by 2020)	95%					
Diff. Tolerance	25%					
Waiting Times for Routine Referrals to CYP Eating Disorder Services - Within 4 Weeks	2017/18 Plan	Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral	1	1	1	1
		Number of CYP with a suspected ED (routine cases) that start treatment	1	1	1	1
		%	100.0%	100.0%	100.0%	100.0%
	2018/19 Plan	Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral	1	1	1	1
		Number of CYP with a suspected ED (routine cases) that start treatment	1	1	1	1
		%	100.0%	100.0%	100.0%	100.0%

		E.H.11	Q1	Q2	Q3	Q4
Standard (to be achieved by 2020)	95%					
Diff. Tolerance	25%					
Waiting Times for Urgent Referrals to CYP Eating Disorder Services - Within 1 Week	2017/18 Plan	Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	1	1	1	1
		Number of CYP with a suspected ED (urgent cases) that start treatment	1	1	1	1
		%	100.0%	100.0%	100.0%	100.0%
	2018/19 Plan	Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	1	1	1	1
		Number of CYP with a suspected ED (urgent cases) that start treatment	1	1	1	1
		%	100.0%	100.0%	100.0%	100.0%

2017/18 Standard	30%
2018/19 Standard	32%

Improve Access Rate to CYPMH

E.H.9	16/17 Estimate*	16/17 CCG Revised Estimate*	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17 / 18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
1a - The number of new children and young people aged 0-18 receiving treatment from NHS funded community services in the reporting period.	120	120	32	32	32	33	34	35	35	35

	16/17 Final Estimate	17/18 Plan	18/19 Plan	16/17 to 17/18 change	17/18 to 18/19 change
Annual change for 1a - The number of new young people receiving treatment from NHS funded community services	120	129	139	7.5%	7.8%

	16/17 Estimates**	16/17 CCG Revised Estimate**	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17 / 18	17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	18/19
2a - Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.	280	547	175	176	176	176	703	187	187	188	188	750
2b - Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.	2,337	2,337					2,337					2,337
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.	12.0%	23.4%					30.1%					32.1%

*For indicators 1a and 2a, please note that the indicator has recently been requested to be added to the MHSDS monthly publication. Due to the experimental nature of these indicators the underlying data will be published as part of NHS Digital's Supplementary Information pages (http://content.digital.nhs.uk/suppinfofiles). Please refer to the footnotes of the publication for more details on construction and caveats. Initial analysis of this management information data suggests that coverage, issues associated with this being only the second cut of data from a data collection established in January 2016 and problems with data completeness exists. Therefore the baseline estimates contained in G104 and G110 are very crude and basic:

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**For indicator 2b, there is limited recent data available on the estimated prevalence. In the absence of recent data an estimate has been created by applying the 5-16 year old estimates as provided in the PHE fingertip tool (https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data) to 0-17 ONS 2014- based population projections (https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/clinicalcommissioninggroupsinenglandz2). Please note that where CCG data wasn't available a regional estimate was used.

As with indicators 1a and 2a, CCGs have therefore been provided with an opportunity to use local intelligence and additional information on prevalence to improve the estimates in cell H105. These estimates will be validated.

Standard (to be achieved by 2020)	95%
Diff. Tolerance	25%

Waiting Times for Routine Referrals to CYP Eating Disorder Services - Within 4 Weeks

	E.H.10	Q1	Q2	Q3	Q4
2017/18 Plan	Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral	1	1	1	1
	Number of CYP with a suspected ED (routine cases) that start treatment	1	1	1	1
	%	**100.0%**	**100.0%**	**100.0%**	**100.0%**
2018/19 Plan	Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral	1	1	1	1
	Number of CYP with a suspected ED (routine cases) that start treatment	1	1	1	1
	%	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Standard (to be achieved by 2020)	95%
Diff. Tolerance	25%

Waiting Times for Urgent Referrals to CYP Eating Disorder Services - Within 1 Week

	E.H.11	Q1	Q2	Q3	Q4
2017/18 Plan	Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	1	1	1	1
	Number of CYP with a suspected ED (urgent cases) that start treatment	1	1	1	1
	%	**100.0%**	**100.0%**	**100.0%**	**100.0%**
2018/19 Plan	Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	1	1	1	1
	Number of CYP with a suspected ED (urgent cases) that start treatment	1	1	1	1
	%	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Improve Access Rate to CYPMH

2017/18 Standard	30%
2018/19 Standard	32%

E.H.9	16/17 Estimate*	16/17 CCG Revised Estimate*	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17 / 18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
1a - The number of new children and young people aged 0-18 receiving treatment from NHS funded community services in the reporting period.	140	140	37	37	38	38	39	40	41	41

	16/17 Final Estimate	17/18 Plan	18/19 Plan	16/17 to 17/18 change	17/18 to 18/19 change
Annual change for 1a - The number of new young people receiving treatment from NHS funded community services	140	150	161	7.1%	7.3%

	16/17 Estimates**	16/17 CCG Revised Estimate**	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17 / 18	17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	18/19
2a - Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.	365	810	206	207	207	207	827	220	220	221	221	882
2b - Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.	2,749	2,749					2,749					2,749
Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.	13.3%	29.5%					30.1%					32.1%

*For indicators 1a and 2a, please note that the indicator has recently been requested to be added to the MHSDS monthly publication. Due to the experimental nature of these indicators the underlying data will be published as part of NHS Digital's Supplementary Information pages (http://content.digital.nhs.uk/suppinfofiles). Please refer to the footnotes of the publication for more details on construction and caveats. Initial analysis of this management information data suggests that coverage, issues associated with this being only the second cut of data from a data collection established in January 2016 and problems with data completeness exists. Therefore the baseline estimates contained in G104 and G110 are very crude and basic:

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Given the issues CCGs have therefore been provided with an opportunity in cell H98 for measure 1a and cell H104 for measure 2a to submit alternatives values which will be validated based on local intelligence and additional information.

**For indicator 2b, there is limited recent data available on the estimated prevalence. In the absence of recent data an estimate has been created by applying the 5-16 year old estimates as provided in the PHE fingertip tool (https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data) to 0-17 ONS 2014- based population projections (https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/clinicalcommissioninggroupsinenglandz2). Please note that where CCG data wasn't available a regional estimate was used.

As with indicators 1a and 2a, CCGs have therefore been provided with an opportunity to use local intelligence and additional information on prevalence to improve the estimates in cell H105. These estimates will be validated.

Waiting Times for Routine Referrals to CYP Eating Disorder Services - Within 4 Weeks

Standard (to be achieved by 2020)	95%
Diff. Tolerance	25%

	E.H.10	Q1	Q2	Q3	Q4
2017/18 Plan	Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral	2	2	2	2
	Number of CYP with a suspected ED (routine cases) that start treatment	2	2	2	2
	%	**100.0%**	**100.0%**	**100.0%**	**100.0%**
2018/19 Plan	Number of CYP with ED (routine cases) referred with a suspected ED that start treatment within 4 weeks of referral	2	2	2	2
	Number of CYP with a suspected ED (routine cases) that start treatment	2	2	2	2
	%	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Waiting Times for Urgent Referrals to CYP Eating Disorder Services - Within 1 Week

Standard (to be achieved by 2020)	95%
Diff. Tolerance	25%

	E.H.11	Q1	Q2	Q3	Q4
2017/18 Plan	Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	1	1	1	1
	Number of CYP with a suspected ED (urgent cases) that start treatment	1	1	1	1
	%	**100.0%**	**100.0%**	**100.0%**	**100.0%**
2018/19 Plan	Number of CYP with ED (urgent cases) referred with a suspected ED that start treatment within 1 week of referral	1	1	1	1
	Number of CYP with a suspected ED (urgent cases) that start treatment	1	1	1	1
	%	**100.0%**	**100.0%**	**100.0%**	**100.0%**

NHS
South Reading
Clinical Commissioning Group

READING HEALTH AND WELLBEING BOARD

REPORT BY DIRECTOR OF CHILDREN, EDUCATION AND EARLY HELP SERVICES

DATE:	19th January 2018	AGENDA ITEM:	9
TITLE:	Special Educational Needs and Disability (SEND) Strategy		
LEAD OFFICER:	Helen Redding	TEL:	74109
JOB TITLE:	SEND Improvement Adviser	E-MAIL:	helen.redding@reading.gov.uk
ORGANISATION:	Reading Borough Council		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This report and its appendices set out the SEND Strategy for Reading Borough which was approved by ACE Committee in July 2017 (Appendix 1) and the progress made to date on its delivery.

1.2 The SEND Strategy provides a framework for SEND improvement, and the delivery of the provision and support required across key agencies to deliver the SEND Code of Practice (2015) in a coordinated way, ensuring that children and young people's needs are met at the right time, making best use of the resources available.

1.3 It sets out the framework for addressing the key areas for improvement and development that will support universal and specialist provision across a range of agencies in meeting the needs of children and young people with SEND and their families now and into the future.

1.4 The SEND Strategy consists of 4 strands.

- Analysis of data and information to inform future provision and joint commissioning.
- Early Identification of needs and early intervention.
- Using specialist services and identified best practice to increase local capacity.
- Transition to adulthood

1.5 The strategy provides a framework for a coordinated approach that will support all stakeholders and partners to:

- understand the profile of children and young people's needs with special educational needs and / or disabilities (SEND) 0-25 within Reading borough and how that compares to other local authorities;
- have clarity regarding their responsibilities and their role in identifying and meeting the needs of children and young people with SEND;
- ensure that there is a continuum of provision to meet the range of needs of children and young people with SEND and their families which is flexible to the changing profile in Reading;

- understand the pathways to accessing more specialist support when required;
- have confidence that high needs spending and resources are targeted effectively and support improved outcomes for children and young people;
- understand what needs to be commissioned, recommissioned and decommissioned to meet the changing profile of needs across Reading borough both now and into the future.

1.6 Appendix 1: SEND Strategy 2017 – 2022
Appendix 2: Terms of Reference of SEND Strategy Board
Appendix 3: Schools Forum High Needs Block report October 2017

2. RECOMMENDED ACTION

2.1 *To note the SEND Strategy and required contribution of key agencies for its delivery.*

2.2 For all partners to sign up to support the delivery of the SEND Strategy.

2.3 *To comment on the progress made and additional actions to be considered for its successful delivery.*

3. CONTEXT

3.1 The profile of needs on children and young people with SEND in Reading has changed over the last few years, along with the national changes which support provision being made to young people with the most complex needs up to the age of 25.

3.2 The current pattern of provision and services across Reading does not meet the needs of as many young people as we would like, which has resulted in a significant number of children and young people accessing provision outside of Reading Borough.

3.3 The Children and Families Act (2014) requires local authorities to keep the provision for children and young people with SEND under review (including its sufficiency), working with parents, young people and providers.

3.4 The Act is clear that when considering any reorganisation of provision, decision makers must be clear that they are satisfied that the proposed alternative arrangements will lead to improvements in the standard, quality and/or range of educational provision for children with SEND.

4. PROGRESS TO DATE

4.1 A SEND Strategy Board has been set up with representatives from all key partners, including Reading Families Forum (Reading's Parent Carer Forum). It is monitoring the implementation of the strategy, and will ensure progress is made. Terms of Reference are attached as Appendix 2.

4.2 The involvement of parents/carers from the start in developing and then implementing plans and strategies that may impact on children and young people with additional needs is essential and at the heart of the Children and Families Act.

Reading Borough Council has been working closely with Reading Families Forum and the impact has been very positive to date. They bring a valuable perspective and constructive challenge to the future planning of services.

4.3 The Forum have expressed concerns regarding progress in the past and is keen to see actions being taken so that families experience a positive difference.

4.4 The involvement of young people in the development and implementation of the strategy is key to its success. This engagement is currently less developed than that with parents / carers, but there is now a Young People's Forum who have named themselves 'Special United'.

4.5 Multi agency strand groups which all include members of Reading Families Forum have been established with Terms of Reference for each, and meetings have been held for 3 of the 4 strands.

4.6 A comprehensive draft SEND data report has been developed to support strategic planning and commissioning decisions, including any changes in provision that may be required.

4.7 In line with national trends, there has been an increase the numbers of children with additional needs, and in a change in the profile of needs, in particular those diagnosed with an Autistic Spectrum Condition (ASC) and those identified with social, emotional and mental health difficulties (SEMH). A needs gap analysis is being undertaken to identify the support required by schools in relation to children with ASC and SEMH. This analysis will be used to develop proposals to improve outcomes for children building upon existing good practice.

4.8 A detailed graduated response guide is being co-produced to support early years professionals and settings, schools and colleges and partner agencies in identifying and meeting the needs of children and young people as early as possible, as well as mapping of provision and services available to support early intervention. There will be 4 Graduated Response documents (Pre-school, 5-11 years, secondary and post 16), with the 5-11y due to be piloted.

4.9 The range of services and provision, including support for universal services to identify and meet the needs of children at the earliest stage, are being reviewed to ensure that the majority of current and future children can have their needs met within the local area. This includes targeting outreach support from settings/schools with best practice.

4.10 Audits are underway of the following:
(i) the Exceptional Needs Funding Panels for pre-school children to identify types of need that pre-school settings are requesting additional support for, outcomes, and numbers that go onto have an EHCP;
(ii) Portage Home Visiting Service to identify the types of need, outcomes, and numbers that have an EHCP as a pre-schooler and those that go onto have an EHCP at primary school;
(iii) the Sensory Integration Massage Service to identify the needs of the children that access this service and their outcomes.

4.11 An Early Years audit and training programme for pre-school settings will be evaluated.

4.12 There is currently a significant overspend in the High Needs Block (HNB) of the Dedicated Schools Grant (DSG). A detailed report on High Needs Block spend has been presented to and discussed at Schools Forum and next steps agreed to ensure that allocation is appropriate and based on evidenced need, is targeted where it needs to be, and is supporting improving outcomes for children and young people. The Schools Forum High Needs Block report is attached (Appendix 3).

4.13 Progress has been made with converting the previous statements of SEND to Education Health and Care Plans (EHCPs), and additional capacity has been put in place to meet the March 2018 deadline for the conversion of all statements to EHCPs.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The proposals contained in this report meet support the following Corporate Plan priorities:

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

5.2 The decision contributes to the following Council strategic aims:

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

5.3 The SEND Strategy supports Reading's 2017-20 Health and Wellbeing Strategy by:

- Focussing on children and young people with special educational needs and disability and identifying actions which will lead to improved provision and outcomes for them and their families.
- Working alongside parents/carers and young people to develop and implement the strategy, listening to their views and feedback and using this to inform next steps.
- Ensuring that the Local Offer is of high quality and information is coordinated and clear and supports knowledge and understanding of the services available to support families.

5.4 The SEND Strategy involves a range of partners including health partners, and its delivery will support improving health outcomes for children and young people.

5.5 Once the element of work on deeper interrogation and analysis of the range of data and information on the range and profile of needs and forecast future needs is complete, a plan will be developed that ensures sustainability of provision.

6. COMMUNITY ENGAGEMENT AND INFORMATION

6.1 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".

6.2 Co-production with parents / carers and young people is at the heart of the Children and Families Act (2014) and SEND Code of Practice (2015).

6.3 Co-production is not the same as consultation, although consultation can form a part of an overall co-production process. Co-production happens when service providers and service users recognise the benefits of working in true partnership with each other. This process is adopted 'from the start', when planning, developing, implementing or reviewing a service. It means that all the right people are around the table right from the beginning of an idea, and that they are involved equally to:

- shape, design, develop, implement, and review services
- make recommendations, plans, actions, and develop materials
- work together right from the start of the process, through to the end.

6.4 As set out in paragraph 3.4, any reorganisation of provision will require an impact assessment that satisfies decision makers that the proposed alternative arrangements will lead to improvements in the standard, quality and/or range of educational provision for children with SEND. Statutory processes are required for any significant change in designated specialist provision in schools which include a full process of formal consultation with all interested parties.

7. EQUALITY IMPACT ASSESSMENT

7.1 Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to—

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

7.2 All elements of the work involved in delivery of the strategy will support improving outcomes for children and young people with SEND and their families.

7.2.1 Involving children, young people and their families in the development of services and support is key to the delivery of our equalities duty.

8. LEGAL IMPLICATIONS

8.1 The following Acts are central to the delivery of the SEND Strategy.

8.2 The Children and Families Act, 2014

8.2.1 The Children and Families Act placed a duty on local authorities to ensure integration between education, training and health and social care provision.

8.2.2 Local authorities and clinical commissioning groups (CCGs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEND, both with and without education, health and care plans.

8.2.3 In carrying out the functions in the Children and Families Act, all agencies must have regard to:

- the views, wishes and feelings of children, their parents and young people;
- the importance of the child or young person and the child's parents, participating as fully as possible in decisions, and being provided with the information and support necessary to enable participation in those decisions; and
- the need to support the child or young person, and the child's parents, in order to facilitate the development of the child and young person and to help them achieve the best possible educational, health and broader outcomes, preparing them effectively for adulthood.

8.3 The Care Act, 2014

8.3.1 The Care Act requires local authorities to ensure co-operation between children and adult services to plan for meeting the future needs of young people as they move into adulthood and become more independent, along with achieving continuity of support between services to enable young people to access timely and appropriate support.

8.4 The Equalities Act, 2010

8.4.1 This defines the equality duties and includes SEN and disability. These duties are the statutory duty to promote equality of opportunity, eliminate unlawful discrimination, harassment and victimisation and foster good relations in respect of nine protected characteristics; age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

9. FINANCIAL IMPLICATIONS

9.1 This proposal will ensure that there is clear information on spend and forecast spend and that high needs budgets are targeted appropriately. It will also seek alternative forms of income where possible. Once detailed analysis of need has been completed, any statutory consultation required to change provision or any requirement to consider capital development would be subject to a further committee report.

9.2 The Council has received grant from the Department for Education (DfE) in 2017 to support review of SEND and an additional grant to support a small amount of capital development. The grants can support implementation of the strategy. Once firm proposals of options for change are established that require capital investment these will be fully costed to inform decision making.

10 BACKGROUND PAPERS

10.1 None

Appendix 1

Reading Borough Council
Special Educational Needs and Disability (SEND) Strategy
2017 – 2022

Safeguarding and protecting those that are most vulnerable
Providing the best life through education, early help and healthy living

1 Introduction

1.1 Special educational needs and disability (SEND) is a complex area with a wide range of agencies and professionals involved. While there is evidence of some good practice in the local area, there is a need for a more co-ordinated approach to identifying and meeting needs.

1.2 It is expected that the vast majority of children and young people's needs will be able to be met locally, with most in the context of universal services that are able to identify needs early, and are inclusive and responsive to meeting needs within their context whenever possible.

1.3 Clear pathways are required that set out expectations of what should be provided by universal services and at what point more specialist services might be required to provide further assessment, advice and support, and/or more specialist provision.

1.4 This strategy draws on an overview of relevant and comparative data and information, and proposes a number of key strands which will provide a focus for its delivery. The strategy and action plans that prescribe its delivery will, at a minimum, set out:

- the actions the authority and its partners are taking to ensure all duties under relevant legislation, statutory guidance and regulations are carried out (see attachment one to this document for a list of relevant legislation);
- the numbers of pupils who have SEND and the specialist educational provision required in the planning period (see attachment two for pupil data);
- the projected costs of the provision, and how this is to be contained within budget (see attachment three for tables setting out current dedicated schools grant (DSG) expenditure, including the high needs block (HNB)).

2 Aims

2.1 To provide a framework for a coordinated approach that will support all stakeholders and partners to:

- understand the profile of children and young people's needs with special educational needs and / or disabilities (SEND) 0-25 within Reading borough and how that compares to other local authorities;
- have clarity regarding their responsibilities and their role in identifying and meeting the needs of children and young people with SEND;
- ensure that there is a continuum of provision to meet the range of needs of children and young people with SEND and their families which is flexible to the changing profile in Reading;
- understand the pathways to accessing more specialist support when required;
- have confidence that high needs spending and resources are targeted effectively and support improved outcomes for children and young people;
- understand what needs to be commissioned, recommissioned and decommissioned to meet the changing profile of needs across Reading borough both now and into the future.

3 Anticipated Outcomes

3.1 We will know our key strengths, gaps and areas for improvement, and will ensure these are addressed strategically.

3.2 Children and young people's SEND will be identified and addressed early, preventing escalation to more specialist services where possible.

3.3 Children and young people, and their parents and carers will feel engaged in the process of assessing their needs and informing decisions about their support

3.4 Children and young people, and their parents or carers, will be clear about the identification and assessment processes and the criteria used to make decisions.

3.5 Children and young people and their parents and carers will feel confident in what is provided through being involved from the start in the strategic commissioning of services.

3.6 All agencies will work together to collectively improve outcomes for children, young people and their families.

4 Principles

4.1 The strategy will deliver the principles set out in the Children and Families Act, 2014 through delivering and ensuring systems and procedures for:

- the participation of children, their parents and young people in decision making;
- the early identification of children and young people's needs and joined up early intervention across education, health (universal and specialist) early help and social care services as appropriate to need to support them
- greater choice and control for young people and parents over support;
- collaboration between education, health and social care services to provide support, including development of jointly commissioned services;
- high quality provision to meet the needs of children and young people with SEN;
- a focus on inclusive practice and removing barriers to learning; and
- successful preparation for adulthood, including independent living and employment.

(SEND Code of Practice, 2015, sections 1.1 and 1.2)

4.2 In Reading these principles are further defined:

- co-production with families through the parent carer forum will be central to delivery of the strategy;
- the overall approach to decision making regarding SEND Provision will be linked to the overarching strategy and approved through the strategy Board and Governance Structure;
- there will be clear expectations of universal services, including early year's settings, health visitors and health services, schools and colleges, and clear pathways to early help and early intervention support across all relevant services;

- universal services will be equipped to provide the right support at the right time to prevent unnecessary escalation to more specialist services;
- the approach will support multi-agency working, breaking down barriers and ensuring a joined up approach for children, young people and families;
- changes to provision should be sustainable and based on detailed analysis of needs and evidence;
- provision will be made locally that can meet needs, and reduce out of area placements where appropriate and possible; and
- developments will take account of preparing for adulthood, working with adult services at the appropriate time to support transition and planning for adult skills and adult services.

5 Delivery

5.1 These principles will be delivered through the key strands set out in the strategic framework set out in Section 10, each of which will set out specific actions and intended outcomes in more detailed plans which will be kept under regular review.

- strand 1: analysis of data and information to inform future provision and joint commissioning;
- strand 2: early Identification of needs and early intervention;
- strand 3: using specialist services and identified best practice to increase local capacity; and
- strand 4: transition to adulthood.

5.2 Reading's transforming care programme (TCP) supports delivery of the strategy by developing and strengthening local service provision for children, young people and adults. It will have a significant impact on the planning and delivery of support services to children and young people with learning disabilities and /or autism, including those with mental health conditions. It includes:

- health care;
- preventative services;
- advocacy;
- carer support universal welfare; and
- education and training.

6 High needs block funding

6.1 Actions need to be taken to review high needs block spend alongside schools block, early years block and the new central services block, benchmarking with other local authorities and ensuring that it is targeted where it should be, that it is not being used to fund costs that should be funded from elsewhere, and that it supports positive outcomes for children and young people.

6.2 All commissioned projects and services should have a contract or service level agreement (SLA) in place that is regularly monitored. These will be reviewed to ensure that all high needs block spend can be accurately reported on how it is supporting children and their outcomes and providing value for money.

7 Progress to date

7.1 A brief summary of work undertaken to date to implement the SEND Reforms is summarised in attachment four to this document. This includes examples of work undertaken with the parent carer forum.

8 Governance

8.1 As Reading borough council is the lead agency for delivery of the Children and Families Act, 2014, the ACE committee is responsible for approving the final strategy.

8.2 In order to ensure clear governance and accountability a SEND strategy Group will be set up, chaired by the director of children services with membership from all key agencies including parent carer forum.

8.3 The SEND strategy group will secure engagement of all key partners and lead on the monitoring of the implementation of the strategy, providing a framework for reporting progress to key stakeholders and partners, and specifically the ACE committee and health and wellbeing board.

8.4 The SEND strategy group will monitor progress towards fully implementing the SEND reforms.

8.5 The recent commencement of a cross Berkshire directors of children services group and a service Manager for the joint implementation group in the west of Berkshire will support any required strategic regional commissioning.

9 A strategic framework for SEND

Strand 1: analysis of data and information to inform future provision and joint commissioning

9.1 A framework for regular analysis of needs will be developed to support the joint strategic needs assessment (JSNA) and ensure that capacity can be planned in special education provision and services, care provision (including short breaks), school nursing, including special school nursing, and therapy services to manage growing demand in terms of volume and complexity of need within a locality.

9.2 Analysis will be used to identify better ways of using resources early to meet needs and supporting improving outcomes for children and young people without the need for an EHC assessment and plan.

9.3 A framework will be agreed for production and analysis of data reports and how it will inform future planning and delivery of the strategy.

9.4 A review all high needs block spend alongside all other DSG blocks and other council and partner spend on high needs will be carried out to ensure compliance with regulations, efficient use of resources, further benchmark with other Local authorities and inform focus of future priorities for spend and future commissioning.

9.5 A methodology for planning special school and specialist provision places will be developed and included in the school organisation plan which will be updated annually. This will enable the local authority to forecast growth in high needs pupils and support place planning in schools and college provision, as well as the development of an accommodation strategy. This should take account of young people up to the age of 25.

9.6 A robust plan will be developed to interrogate the issues leading to low attendance and high exclusions of children and young people with SEND. These will be collectively addressed by all partners linking to early help / intervention.

9.7 A joint commissioning strategy will be developed with partners that will develop better services that support the earlier identification of need, remove barriers in providing the services needed, and ensure that we know the impact of the services we deliver and commission.

9.8 We will review all opportunities for arranging how services work together, across education, health and social care which will help to deliver more personalised and integrated support resulting in better outcomes for children, young people and their families.

Strand 2: Early Identification of needs and early intervention

9.9 Guidance and professional development opportunities will be reviewed to enable early identification of needs and joined up support by all agencies involved with children and young people.

9.10 Universal services will have clear information on expectations of what they can provide, as well as pathways to more specialist support when needs cannot be met through universal services.

9.11 Expertise in SEND in Reading will be further developed and drawn upon so that all providers have access to and have opportunities to share high quality practice.

9.12 School to school support for SEND will be further developed from identified best practice to build capacity and ensure that specialist skills and knowledge are available across the widest range of settings.

9.13 Outcomes will be carefully monitored and benchmarked against the best national standards whatever the setting with consistently high expectations.

9.14 Opportunities for extending Early Help Services will be explored, enabling better integration of more specialist services.

9.15 There will be earlier intervention in teenage years to enable sufficient time for the young person, and their parents/carers to be actively and meaningfully engaged in identifying the support and resources required to prepare for adulthood.

Strand 3: Using specialist services and identified best practice to increase local capacity

9.16 Specifications / service level agreements will be developed to provide a framework for specialist services, identified best practice, and schools with specialist provision to formally contribute to improved capacity for early intervention through the improvement in knowledge and skills of providers.

9.17 Referral pathways will be developed that provide clear information on what to expect from universal services prior to referral to specialist services and how to access specialist support services and the Early Help offer.

9.18 There will be a clear framework for the quality assurance of providers that gives confidence to families as well as commissioners that outcomes for children and young people will improve and there will be value for money.

9.19 Working with the clinical commissioning group (CCG) and local authority commissioners we will ensure that there is clear information on the role of health providers such as school nursing, including special school nursing, therapy and other services to support children and young people with medical needs/conditions.

9.20 Working with the CCG we will clarify the role of all partners in the education, health and care assessment and plans and annual review.

Strand 4: Transition to adulthood

9.21 We will work with families to develop a transition to adulthood plan (14-25) that outlines how young people with SEND will be supported into adulthood, recognising the extra help that may need to build their independence and clarifying pathways for accessing more specialist support and funding.

9.22 Everyone who is involved in supporting young people as they approach adulthood will work together to have positive aspirations for them and support them in a way that helps young people to be as independent as possible and achieve their goals.

9.23 Young people and their parents/carers will have clear and accessible information about what to expect in the future as they move along the pathway and prepare to become an adult living a healthy and fulfilling life in their community.

9.24 From the age of 14 young people will be supported to consider options for training, volunteering or opportunities for paid employment. They will be encouraged to aim for the maximum achievable independence and including, where possible, meaningful engagement in the world of work. The council will work with businesses and charities to provide better opportunities for paid work, training and volunteering.

SEND Strategy Group
Proposed Terms of Reference
July 2017

1. Introduction

1.1 The SEND Strategy was approved by ACE Committee on 12th July 2017

2. Role of Strategy Group

2.1 The role of the SEND Strategy Group is to:

- be the key mechanism by which partners come together to oversee the implementation of the SEND Strategy in Reading;
- secure engagement of all key partners;
- be responsible for the delivery of the strategic and operational functions of the SEND Strategy and associated strands of work;
- lead on the monitoring of the implementation of the strategy, providing a framework for reporting progress to key stakeholders and partners.
- work in association with the Health and Wellbeing Board governance arrangements and report regularly to the ACE Committee on progress and provide reports to other Boards on request e.g. LSCB, Schools Forum.
- agree the communication from the group to partners.
- consider how the work can be integrated within the broader area in economies of scale
- improve outcomes for children and families

3. Aims

3.1 To provide strategic leadership and direction in the development, implementation and monitoring of the SEND Strategy 2017 - 2022 and take corrective actions required to keep delivery on track.

3.2 To monitor and evaluate the effectiveness of the delivery of the planned work and to recommend actions as appropriate.

3.3 To ensure all agencies work together in order to successfully deliver the SEND Strategy.

3.4 To oversee the effectiveness of Reading Local Area in identifying and meeting the needs of children and young people who have special educational needs and/or disabilities.

3.5 To ensure the SEND Strategy aligns strategic and operational priorities in the Council's existing plans /strategies and with other agencies as necessary:

- Reading's Early Intervention and Prevention Strategy 2017 – 2019 (amend once updated and approved)
- Reading's Autism Strategy for Children, Young People and Adults 2015-2018
- Reading Local Safeguarding Children's Board Business Plan 2017 - 2019
- Reading's Health and Wellbeing Strategy 2016-2019
- Children and Young People's Plan 2015-2018
- Joint Implementation Group (JIG) and Area SEND Group
- Transforming care board
- Future in mind (sub group together with children for autism group)

3.6 To provide challenge and support to work strand leads to support delivery of action plans.

3.7 To receive regular reports from strand leads detailing progress and highlighting risks and issues. (Appendix 1 is the proposed Highlight Report format).

4. Membership

4.1 The SEND Strategy Group will be chaired by the Director of Children's Services or her nominated representative.

4.2 The SEND Strategy Group has a core membership but there will be times when the Group may co-opt other agencies to participate as appropriate.

4.3 Core Members can nominate a representative from their agency/service area who will attend on their behalf. If the nominated representative cannot attend a meeting they should identify another person to represent their sector. The nominated person must be able to make key decisions and take responsibility for communicating with the sector they represent.

- Reading Families Forum x 2
- Special United Representative (or key person who is able to liaise with them regularly)
- Primary School Representative
- Secondary School Representative
- Special School Representative
- FE Representative
- Voluntary Sector Representative

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- Head of Education
- CCG Designated Clinical Officer
- Head of Wellbeing, Commissioning and Improvement
- Children's Social Care
- Adults Social Care
- Early Help Services
- Health – Provider
- RBC Commissioning
- Continuing Care
- Other?

5. Meetings

5.1 The Strategy Group will meet on a quarterly/termly basis. Dates have been set until July 2018

5.2 Meetings will always take place at a time between 10am and 2pm to support attendance of Reading Families Forum.

5.3 Agendas and papers for meetings will be circulated at least 1 week prior to the meeting.

5.4 Minutes and action log from each meeting will be circulated within 2 weeks of the meeting and will be resent with the agenda and papers for the following meeting.

5.5 Strand Leads will be responsible for arranging strand meetings and any task and finish groups.

6. Work Strands

6.1 A lead agency and officer will be appointed and accountable for each Work strand. Work strands identified below:
- Strand 1 – analysis of data and information to inform future provision and joint commissioning;
- Strand 2 – early identification of needs and early intervention;
- Strand 3 – using specialist services and identified best practice to increase local capacity; and
- Strand 4 – transition to adulthood

6.2 Work strand leads will identify key membership of their groups and develop an action plan that delivers the priorities in each area. They will ensure there is connectivity between areas of work.

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READING BOROUGH COUNCIL

REPORT BY CHILDREN, EDUCATION AND EARLY HELP SERVICES

TO:	**Reading Schools Forum**		
DATE:	**19th October 2017**	**AGENDA ITEM:**	**6**
TITLE:	Breakdown of High Needs Block function and spend		
SERVICE:	**Children, Education & Early Help Services**	**WARDS:**	**All**
AUTHOR:	**Helen Redding**	**TEL:**	0118 937 4109
JOB TITLE:	**SEND Improvement Adviser**	**E-MAIL:**	helen.redding@reading.gov.uk

1. PURPOSE AND SUMMARY OF REPORT

1.1 This report provides:

- a breakdown of the actual and forecast spend against each line of the High Needs Block (HNB);
- the detail of the numbers of pupils supported by each element where available;
- key issues;
- next steps.

2. RECOMMENDED ACTION FOR SCHOOLS FORUM

2.1 To note the detail of functions currently funded through the High Needs Block.
2.2 To note the spend and forecast spend from the High Needs Block for 2017/2018.
2.3 To comment on and agree next steps

3 POLICY CONTEXT

3.1 The Council has strategic aims to establish Reading as a learning city and a stimulating and rewarding place to live and visit, to promote equality, social inclusion and a safe and healthy environment for all. Education and the funding of education is a key factor in the achievement of this aim.

4 BACKGROUND

4.1 At the May 2017 Schools Forum Meeting the Forum received a report summarizing the issues surrounding the HNB and the comparisons with other Local Authorities. It was agreed that a working group would be established to examine further the level of expenditure on the high needs block of the dedicated schools grant (DSG) and report back to the Schools Forum proposals for a strategic plan to reduce the structural overspend over time.

4.2 In July 2017 Reading Borough Council's ACE Committee approved a 5 year Special Educational Needs and Disability (SEND) Strategy. Strand 1 of this Strategy incorporates the analysis of data and information, including financial information, to inform future provision and joint commissioning. In order to avoid duplication it has been agreed that this group will have the nominated Schools Forum representatives on it as well as other key representatives, and report back to Schools Forum as recommended. Terms of Reference (TOR) for this group are attached as Appendix 1.

4.3 HNB allocation to LAs for 17/18 was announced in December 2016 which includes:

- HNB baseline for 2017/2018;
- additional top up allocated on the basis of the 2 – 19 population forecasts for 2017/2018.

High Needs Block	2017/2018 allocation
Base line (which includes £839,100 from Schools Block 16/17 to fund the deficit)	£17,670,000
Top Sliced for Academies for EFSA to pay direct	(£1,766,000)
Uplift growth	£525,000
Total indicative DSG including the £839,100	£16,429,000

Total indicative DSG excluding the £839,100	£15,589,900

4.4 The table below shows the summary of how this has been allocated in 2017/2018

High Needs Block allocation	£15,589,900
Centrally retained forecast costs	£891,100
Hospital & Medical	£181,000
Central Contracts (Sensory and Speech)	£539,000
Post 16 (Colleges and PRU)	£820,000
Maintained Base Funding (includes Manor project)	£2,470,000
Cluster Funding	£250,000
Other Alternative	£822,000
Maintained mainstream schools EHCP top up allocation	£1,036,800
Special school allocation	£5,400,000
Independent	£2,900,000
Early Years allocation	£280,000
Total	£15,589,900

4.5 This table shows the current forecast deficit position if no action is taken

Deficit situation	£m
16-17 Deficit B/forward	3.397
Budget From Schools Block 16-17	0.839
Budget from Schools block 17-18	0.920
Start of 17-18 Deficit variance	1.638
Current Estimated 17-18 in year forecast	2.584
Estimated Deficit at 31st March 2018	4.222

4.6 It is recognized that a significant amount of work was done by Schools Forum members with Reading Families Forum which led to reports in May 2015 and January 2016. A review of the updated data and identification of key actions following review of finance and data will ensure that this work is built on.

4.7 The report has been considered by a sub group of the SEND Strategy and their feedback has been incorporated into this report.

5 CURRENT AND FORECAST SPEND FROM HIGH NEEDS BLOCK

	Description	17-18 Budget	17-18 Estimated end of year forecast based on current/past activity and forecasts for remainder of year	Variance
6	**Centrally retained forecast costs**	**891,100**	**851,100**	**(40,000)**
6.1	Strategy	336,900	311,900	(25,000)
6.2	ASC Support Service + Outreach	105,000	90,000	(15,000)
6.3	Hard to Place Fund	50,000	50,000	-
6.4	Travellers Education	35,000	35,000	-
6.5	Personal Education Allowance	38,200	38,200	-
6.6	Central costs for Cranbury + other Departments	226,000	226,000	-
6.7	Transport Contribution	100,000	100,000	-
7	**Hospital and Medical**	**181,000**	**157,500**	**(23,500)**
7.1	Cranbury Hospital Funding	147,500	147,500	-
7.2	Medical Hospital Tuition (Tier 4)	33,500	10,000	(23,500)
8	**Central Contracts**	**539,000**	**549,000**	**10,000**
8.1	Sensory Consortium	300,000	310,000	10,000
8.2	S&L + Occupational (RBC Main Contract)	239,000	239,000	-
9	**Post 16**	**820,000**	**860,000**	**40,000**
9.1	Post 16 Colleges	500,000	540,000	40,000
9.2	Cranbury Base Funding post 16 (32 Places)	320,000	320,000	-
10	**Maintained Base Funding**	**2,470,000**	**2,470,000**	-
10.1	Cranbury Base Funding (100 Places)	1,000,000	1,000,000	-
10.2	E P Collier Base (12 Places)	120,000	120,000	-
10.3	Holybrook Base (32 Places)	320,000	320,000	-
10.4	Phoenix Base (56 Places)	560,000	560,000	-
10.5	Blessed Hugh Farringdon Base (16 Places)	160,000	160,000	-
10.6	Christ The King Base (21 Places)	210,000	210,000	-
10.7	Manor (project funded as 10 places)	100,000	100,000	-

	Academy Base Funding		**90,000**	**90,000**
10.8	Prospect (30 places)	£1,650,000 funded from £1,766,000 EFSA top slice. Increase required for Avenue place expansion	-	-
10.9	Highdown (10 places)		-	-
10.10	Avenue (125 places)		£90,000	90,000
10.11	Thames Valley Free School (50 places not part of top slice)		-	-
11	**Cluster Funding**	**250,000**		
11.1	Cluster funding	250,000	263,267	-
12	**Other Alternative**	**822,000**	**772,000**	**-**
12.1	Cranbury additional Funding lump sum (Non Statement)	652,000	652,000	-
12.2	Haven – Reading Girls' School	170,000	170,000	-
13	**Maintained mainstream schools EHCP top up**	**1,036,800**	**1,160,300**	**123,500**
13.1	EHCP top up - Mainstream Provision	1,036,800	1,160,300	123,500
14	**Special School Allocation**	**5,400,000**	**7,423,900**	**2,023,900**
14.1	Special Schools	4,600,000	6,842,900	2,242,900
14.2	Resource Units	800,000	581,000	(219,000)
15	**Independent Placements**	**2,900,000**	**3,247,000**	**347,000**
15.1	Specialist placements in independent and non-maintained special schools	2,900,000	2,900,000	-
15.2	Other independent alternative placements	-	347,000	347,000
16	**Early Years**	**280,000**	**280,000**	**-**
16.1	Snowflakes	100,000	100,000	-
16.2	Early Years – Portage	120,000	120,000	-
16.3	Early Years Inclusion Funding	60,000	60,000	-
	TOTAL of High Needs Block Overall	**15,589,900**	**18,174,067**	**2,584,167**
	Previous years' deficit	**1,759,400**	**3,397,133**	**1,637,733**
	Total of HNB overall plus deficit	**17,349,300**	**21,571,200**	**4,221,900**

6. CENTRALLY RETAINED COSTS

6.1 Strategy (£336,900)

6.1.2 This budget contributes towards the salaries of 4 posts retained by the Local Authority. 1 post is currently vacant. This element of the budget needs further review as part of the SEND Strategy work in order to determine next steps.

6.2 Autistic Spectrum Condition (ASC) Support Service and Outreach (£105,000)

6.2.1 The 2 part time teachers in the ASC support service retired in August 2016. It was agreed to consider other options for this function.

6.2.2 The headteacher of Christ the King Catholic Primary School and lead officers met in the summer term 2017 to consider ways of supporting mainstream schools in better meeting the needs of children with ASC. The headteacher proposed that the school's ASC resource manager could be backfilled and released to fulfil the ASC advisory role at a cost of £40k. He was asked to consult with other headteachers regarding this proposal.

6.2.3 The Reading Primary Heads Association (RPHA) was consulted and all headteachers at this meeting supported this proposal. Other headteachers were consulted by email, and all of those that responded were supportive of this proposal (19 in total).

6.2.4 Part of this work will include setting up geographical support networks across Reading to offer support to all RBC schools.

6.2.5 The retained service is managed through the Educational Psychology Service and consists of a term time only support worker and 2 part time massage therapists. The 2 therapists are fully funded by other income.

6.2.6 No decisions have yet been taken regarding the use of the balance in this budget. The SEND Strategy work will help determine next steps.

6.3 Hard to Place (HTP) (£50,000)

6.3.1 Where appropriate to a pupil's needs, schools can request up to £1,900 for each child admitted under this category either as a Managed Move from another school or re-integration from the PRU (Cranbury College).

6.3.2 Some in-year admissions are brought retrospectively to the Pupil Admission Meeting (PAM) which administers the secondary Fair Access Protocol (FAP) or requested by primary schools for pupils who move into the area and are found to be a H2P category and schools need to put in additional short term support.

6.3.3 Sometimes PAM agrees to fund packages of support which may include individual tuition and Alternative Provision (usually outdoor learning or auto skills) to re-engage pupils who have been out of school or who need short-term support to avoid permanent exclusion. 2 secondary pupils and 1 primary pupil were funded in the last financial year (2016-17)

6.3.4 22 pupils were placed through the FAP in 2015/2016, 3 primary aged and 19 secondary aged.

6.3.5 24 pupils were placed through the FAP in 2016/2017, 4 primary aged and 20 secondary aged.

6.3.6 £13,300k has been spent to date this financial year on 7 H2P claims. Historically most of the spend is from September to March.

6.4.1 **Traveler Education (£35,000)**

6.4.1 The service provides a strategic overview of all known Gypsy Roma Traveller (GRT) pupils in mainstream education in Reading. They visit all known schools with GRT pupils at least twice a year to:

- ensure school is familiar with GRT culture;
- discuss GRT pupil's behaviour, social integration, parental support;
- monitor attendance;
- discuss interventions/strategies if required;
- monitor pupil progress.

6.4.2 The service supported 37 schools in 2015/2016 and 40 schools in 2016/2017.

6.4.3 The service supports the assessment of GRT pupil's needs and offer regular support when needed with priority given to:

- new GRT arrivals to Reading/returning to Reading;
- pupils struggling to access curriculum;
- pupils with poor attendance who need to catch up.

6.4.4 The service worked with 29 pupils in 2015/2016 (6 in KS1 and 23 in Key Stage 2) and 41 pupils in 2016/2017 (22 in Key Stage1, 18 in Key stage 2 and 1 in Key Stage 3).

6.4.5 The service makes home/site visits with the Education Welfare officer to:

- encourage improved attendance;
- discuss any issues/problems raised by school;
- assist parents who need it with school applications.

6.4.6 The service also meets with other agencies involved with the GRT community, and delivers workshops to schools, university students and other agencies.

6.5 Personal Education Allowance (Virtual School) - £38,200

6.5.1 This contributes towards the 136k from schools block (combined services) for the Virtual school (previously named Care Matters team)

6.5.2 Pupil premium (£368k) and additional High needs Block funding goes towards those pupils with statements / EHC plans.

6.6 Central overheads

6.6.1 This covers the cost of council overheads, including overheads for Cranbury College.

6.7 SEND transport contribution (£100k)

6.7.1 This contributes to the total SEND transport spend which was £1,945,088 in 2016/2017. In 2016/2017 these were attributed as set out in the table below:

Independent Day Placement	340,490	17.5%
Independent Residential	7,768	0.4%
Special - Reading	572,214	29.4%
Special - Non Reading	624,371	32.1%
Resource - Reading	151,971	7.8%
Resource - Non Reading	134,249	6.9%
Mainstream - Reading	14,191	0.7%
Mainstream - Non Reading	29,793	1.5%
College	20,993	1.1%
Other	49,050	2.5%
Total	**1,945,088**	100.0%

7. Hospital and Medical

7.1 Hospital Education - £147,500

7.1.2 This budget funds a teaching team at the Royal Berkshire Hospital. This service is hosted by Cranbury College and works with the pupil's host school to provide education for children in hospital. It is funded to support pupils from any Local Authority area who are in hospital.

7.2 Other hospital funding - £33,500

7.2.1 This budget funds the cost of pupils' education while they attend tier 4 specialist independent mental health hospital provision. Pupils are referred by CAMHs and this is commissioned by NHS England. The Council is not always made aware of admissions and discharges. The independent hospital invoices the Council.

7.2.2 All of the pupils accessing this provision were Key Stage 4 or Post 16 and charges relate to 2 hospitals. Pupils accessed 163.5 days of education provision in 2015/2016 at a cost of £28,213 and 208.5 days of education in 2016/2017 at a cost of £31,963.

7.2.3 There have not been any invoices received to date this financial year. Consideration is being given to processes that can be put in place to ensure that the Council is made aware of all admissions and discharges. This will enable the budget to be monitored and managed more effectively.

7.2.4 The hospitals should liaise with the pupil's school to ensure they are able to continue with their courses and can successfully reintegrate back into their school on discharge.

8. Central Contracts

8.1 Sensory Consortium - £300,000

8.1.1 Sensory Consortium is a joint arrangement with Windsor and Maidenhead and Berkshire Local Authorities. This contract is currently under review.

8.1.2 The tables below shows the case load numbers for academic year 2016/2017 by SEND Stage and level of need for both the Visual Impairment (VI) service (including MSI) and the Hearing Impairment (HI) Service.

8.1.3

VI/MSI						
	Mild	Moderate	Severe	Profound	Unclassified	**TOTAL**
Pre-School	5	4	5	2	6	22
SEND Support	13	3	1	1	0	18
Statement/EHC Plan	1	8	6	4	1	20
TOTAL	19	15	12	7	7	60

8.1.4 Of those identified at SEND Support, 9 are primary-aged and 9 are secondary aged.

8.1.5 Of those with a statement or EHC Plan, 15 are primary-aged and 5 are secondary aged.

8.1.6

HI						
	Mild	Moderate	Severe	Profound	Unilateral	**TOTAL**
Pre-School	7	7	1	7	-	22
SEND Support	26	13	1	-	18	58
Statement/EHC Plan	10	8	0	2	-	20
TOTAL	43	28	2	9	18	100

8.1.7 3 of the pre-school children moved out of the area in year (1 with a severe loss and 2 with a profound loss).

8.1.8 Of those identified at SEND Support, 40 are primary-aged and 18 are secondary aged.

8.1.9 Of those with a statement or EHC Plan, 12 are primary-aged and 8 are secondary aged. 1 of the secondary aged pupils is at an Independent School.

8.1.10 5 pre-school, 4 primary and 4 secondary pupils were seen and did not require further monitoring/support.

8.1.11 3 further students were at college, 2 with a mild hearing loss and 1 with a severe hearing loss.

8.1.12 The level of visual and hearing loss will determine the nature and regularity of visits.

8.2 Speech and Language (SALT) and Occupational Therapy (OT) Contract - £239,000

8.2.1 The contract value is £350k. High Needs Block funds £239k towards the contract (68% of the contract value).

8.2.2 The services provide universal, targeted and individualised support.
UNIVERSAL – empowering those people around the children to be better able to identify speech, language and communication needs (SLCN) and to feel confident to know how to support these children and promote their language development.
TARGETED – support to schools to establish targeted groups for children with identified needs who will benefit from group intervention. These may be set up by the therapist, run jointly with a member of school staff and then passed to the member of school staff to take forward.
INDIVIDUALISED – work with individual pupils to assess their level of need, provide individualised therapy plans and/or programmes. Therapy may be delivered by the therapist, the Learning Support Assistant (LSA), or a therapy assistant (often alongside class-based strategies and training).

8.2.3 The SALT case load figures reported below do not reflect the children and young people who receive universal and targeted intervention.

8.2.4 The figures below also do not reflect the following:

- Training to school and setting staff to enable them to support access to the curriculum and functioning within the school/early years environment;
- The internal transfers between settings and school services;
- Support in triage, the online CYPIT toolkit or integrated assessments.
- Time spent on supporting tribunal related work.
- Time spent on assessments of children attending out of area placements.

8.2.5 Please note the data below is as provided as it is received. It is anticipated that data will be provided in a different way in future.

1 JANUARY 2016 - 31 MARCH 2016 (3 months)			
	SALT - Mainstream, special and resources	OT Services	Physiotherapy (PT) Services
Children on the active caseload	852	88	52
New users entering service	31	5	2
Users discharged	92	4	2
1 APRIL 2016 - 30 JUNE 2016 (3 months)			
Children on the active caseload	818	86	52
New users entering service	17	3	0
Users discharged	70	4	1
1 JULY 2016 - 31 OCT 2016 (4 months)			
Children on the active caseload	885	84	51
New users entering service	22	5	4
Users discharged	99	20	7
1 November 2016 - 28 Feb 2017 (4 months)			
Children on the active caseload	840	81	53
New users entering service	41	9	2
Users discharged	86	7	0
1 March 2017 - 30 April 2017 (2 months)			
Children on the active caseload	858	75	55
New users entering service	42	4	1

Total Users discharged	55	9	2
1 May 2017 - 31 July 2017 (3 months)			
Children on the active caseload	797	65	53
New users entering service	34	12	2
Users discharged	95	22	6

9. Post 16 - £500,000

9.1 Post 16 colleges

9.1.2 The number of SEND pupils supported by high needs funding in colleges rose from 40.3 FTE in 2015/2016 to 99.7 FTE in 2016/2017.

9.1.3 The costs rose from £375,127 in 2015/2016 to £436,541 in 2016/2017. This increase is mainly attributable to the changes in funding for high needs in post 16 and the transition of Learning Disability Assessment to EHCps.

9.1.4 The majority of students attend Reading College (74.1 FTE)

9.1.5 Officers are in the process of confirming with the colleges the numbers on roll. Once confirmed this will enable forecasts to be made for this budget.

9.2 Cranbury Base Funding Post 16

9.2.1 Cranbury College is funded for 32 places in their Post 16 provision (Called "vision") - £320,000

10. Maintained school base funding (Pre 16)

10.1 The table below reflects the numbers on roll at **January Census** of each year and the number on roll in each school/provision at end of July 2017. Special schools admit children throughout an academic year and pupils so some places may have filled later in the academic year. Schools receive £10k per place for each place regardless of how many pupils are on roll.

10.2 – 10.7

	Funded Places 2015	Vacant places	Funded places 2016	Vacant places	Funded places 2017	Number on roll Jan 17	Number on roll July 17
Maintained Schools (£2,470,000)							
Cranbury (PRU Pre-16)	100		100		100		96
E.P. Collier Primary (SpLD)	12	3	12	0	12	11	10
The Holy Brook School (SEMH)	32	3	32	4	32	26	32
Phoenix College (SEMH)	64	10	64	13	64	50	56
Blessed Hugh Faringdon Catholic Secondary (ASC)	16	2	16	1	16	19	18
Christ the King Catholic Primary (ASC)	21	2	21	1	21	22	21
Manor Primary	10	5	10	9	10	1	1

10.8 – 10.10 £1,766,000 EFSA top slice is apportioned as set out in the table below. Some of this is received back through the Post 16 grant.

School	Pre-16	Post 16	Funding
Avenue	116	9	1,250,000
Phoenix	-	8	80,000
Prospect	30	-	300,000
Highdown	7	3	88,000
John Madejski	-	1	6,000
Reading Boys	-	2	12,000
Blessed Hugh	-	3	18,000
Reading Girls	-	2	12,000
	153	28	1,766,000

10.8.1 The place and occupancy levels at January 2017 Census are set out below. Required academy places are sent to the EFSA on an annual return.

Academies (places funded by EFSA from top slice and Thames Valley Free School funded directly by EFSA)							
	Funded Places 2015	Vacant places	Funded places 2016	Vacant places	Funded places 2017	Number on roll Jan 17	Number on roll July 17
Prospect School (MLD)	30	5	30	4	30	25	24
Highdown (VI)	10	2	10	3	10	5	5
The Avenue School (Special School)	122	7	125	6	125	128	129
Thames Valley School (ASC)	35	5	36	-10	50	0	0

11. Cluster Funding - £250,000

11.1 Cluster Funding is aimed at enabling schools to agree local spending to support pupils within their area so that their needs can be met at SEND support.

12. Other alternative provision

12.1 **Cranbury additional funding (£652,000)** is currently paid as a lump sum. Cranbury should be funded in the same way as a school and work needs to be undertaken to properly calculate the budget for each element, benchmark with other PRUs and set up a service level agreement and reporting mechanism.

12.1.2 Over the academic year 2016/2017 Cranbury supported 201 pupils who were either excluded or a managed move, the largest proportion of who were in years 10 and 11.

12.1.3 In addition Cranbury supports pupils through in reach and outreach in partnership with the pupil's host school. Schools are charged directly for this element of their work.

12.1.4 Schools fund the support for pupils who are unable to access education because of their medical needs. This is delivered by Cranbury College's teaching team.

12.1.5 As part of the SEND Strategy, work will be undertaken with schools and other partners to review options for future models of delivery.

12.2 Haven Reading Girl's School (£170,000)

12.2.1 The Haven Centre (based at The Reading Girl's School and as of 1 September 2017 part of the Baylis Trust) provides time-limited specialist social and emotional support to girls from year 5 to year 9 who have social, emotional and mental health (SEMH) difficulties and who need support to build resilience and develop the right skills to successfully access mainstream education.

12.2.2 In the autumn term of the academic year 2016/2017 The Haven supported 3 year 6 pupils from Reading maintained primary schools and 4 year 8 pupils from out of borough schools.

12.2.3 In the spring term of the academic year 2016/2017 The Haven supported 3 year 6 pupils and 1 year 7 pupil from Reading maintained primary schools, and 4 year 8 and 1 year 5 pupils from out of borough schools.

12.2.4 In the summer term of the academic year 2016/2017 The Haven supported 4 year 6 pupils from reading maintained primary schools and 22 pupils in transition in Reading. They also supported 1 year 5 pupil and 2 year 8 pupils from out of borough schools as well as 5 out of borough pupils in transition to secondary.

12.2.5 Due to the low numbers of Reading pupils accessing this provision and the fact that Cranbury College can also provide support for girls with additional needs, the Council is in discussion with Baylis Trust regarding terminating the agreement. Steps will be taken to ensure that provision is in place for any girls currently accessing the provsiion.

13. EHCPs/STATEMENTS IN MAINSTREAM SCHOOL - £1,036,800

13.1 £1,083,246 was spent on top ups in Reading and other authority mainstream schools in 2015/2016 and £1,151,825.

13.2 £6,694 was allocated to Reading Nurseries in 2015/2016 and £11,575 in 2016/2017

13.3 £774,124 was allocated to primary schools in 2015/2016, £649,820 to Reading schools and £124,304 to schools outside of Reading. £795,656 was allocated to primary schools in 2016/2017, £644,630 to Reading primary schools and £151,026 to schools outside of Reading.

13.4 £302,427 was allocated to secondary schools in 2015/2016, £177,966 to Reading schools and £124,462 to schools outside of Reading. £344,595 was allocated to secondary schools in 2016/2017, £182,079 to Reading secondary schools and £162,516 to schools outside of Reading.

13.5 This budget has been forecast using information on new starters and placement moves, and allowed some costs for plans made final between now and 1 April.

14. SPECIAL SCHOOL AND SPECIALIST PROVISION TOP UP - £5,400,000

14.1.1 The budget allocated to special school top up is £4,600,000 and is forecasted to overspend by £2,242,900. This is mainly due to top up at Thames Valley School now being correctly coded to this area as a special academy. In previous years it had been funded through the independent and non-maintained budget, which was not the correct line.

14.1.2 The table below shows the top up spend in Reading special schools in 2015/2016 and 2016/2017.

Reading Special	Spend 15-16	Spend 16-17	Pupil FTE 15-16	Pupils FTE 16-17
Avenue	2,089,829	2,166,285	107.1	107.3
Holybrook	421,688	402,249	24.8	23.7
Phoenix	405,141	413,646	31.4	34.3
TVS	513,103	548,820	16.9	20.3
Total	3,429,761	3,531,000	180.2	185.5

14.1.3 The table below shows the top up spend in the special schools outside of Reading in 2015/2016 and 2016/2017 where significant numbers of pupils are placed

Non-Reading Special	Spend 15-16	Spend 16-17	Pupil Days 15-16	Pupil Days 16-17
Brookfields	1,833,166	1,663,866	134.8	129.1
Addington	358,400	283,132	27.2	25.2
Northern House	254,498	158,497	11.8	9.7
Bishopswood	94,000	118,000	7.7	8.3
Total	2,540,064	2,223,495	181.5	172.3

14.1.4 The table below sets out the top up values and ranges for special schools in Reading (cost above £10k place funding)

School	Top up
Holy Brook	**£17k**
Phoenix	**£13k**
Thames Valley	**£22,560 - £38,000**
The Avenue (22 Bands)	**£3,199 - £24,000**

14.1.5 The table below sets out the top up values and ranges for special schools outside of Reading where Reading pupils are placed, the largest number being placed at Brookfields.

School	Top up
Brookfields (22 Bands)	**£2,199 - £21,474**
Addington (4 bands)	**£2,213 - £37,779**
Northern House (was Southfields)	**£10,000**
Bishopswood	**£12,000**

14.2.1 The budget allocated to specialist provision top up is £800,000 and is forecasted to underspend by £219,000. This is mainly due to empty places in some provisions.

14.2.2 The table below sets out the top up values for specialist provisions in Reading mainstream schools.

School	Top up
Blessed Hugh Faringdon Secondary	**£5,146**
Christ The King	**£6,727**
E.P Collier Primary	**£1,718**
Highdown Secondary	**£11,534**
Manor Primary	**£1,800**
Prospect Secondary	**£2,722**

15. Out of Authority (OOA) independent and non-maintained special schools (NMSS) - £2,900,000

15.1 The table below sets out the number and types of placements in independent and non-maintained special schools, and the estimated 17/18 financial year costs. Allowance has been made for an additional £106,715 of cost on possible future placements. Further placements will increase this forecast cost. All new requests for placements are scrutinized by senior leaders, and managers are required to provide evidence of all of the options considered with costings. The profile and costs are monitored by senior leaders on a monthly basis. The FTE is calculated based on start dates. The majority of pupils placed in OOA and NMSS are in day placements.

Placement type	Total FTE	Day FTE	38W Weekly boarder FTE	38w termly boarder FTE	52 week FTE	Estimated 17/18 cost
Independent	33.0	23.6	2.7	0.5	6.3	£ 1,864,329
NMSS	22.3	16.3	3.0	-	3.0	£ 928,956
Total	55.3	39.9	5.7	0.5	9.3	£ 2,793,285

15.2 There is a further £347,000 forecast costs against other independent providers, including tuition packages.

16. Early Years - £280,000

16.1 The Snowflake Centre - £100k is based at New Bridge Nursery School and supports children with high functioning ASC.

16.2 Early Tears Portage Team - £120k This amount contributes to the costs of a team of 6 staff (4 full time and 2 part time) and is based within the Educational Psychology Service. The team provides advice and support to children with SEND and their families from identification until transition to school.

16.3 Early Years Inclusion Fund - £60k This is managed through applications and funds support for children to be included in early years' settings.

17. KEY ISSUES

- Continued overspend in High Needs Block

- Funded vacant places in some specialist provisions
- Low use of some funded services
- Lack of service level agreements and structured reporting mechanisms on a number of services
- Numbers of children accessing out of authority placements (maintained and independent schools) would suggest that Reading does not have the right pattern of provision locally to meet the needs of Reading children and young people.

18. NEXT STEPS

- Consider whether early years functions should be funded from early years block.
- Review possible additional sources of income to support High Needs Block functions and ensure all elements meet requirements of School Funding Regulations.
- Review specialist provisions including funded projects taking into account occupancy, and alternative models of delivery.
- Using developed templates, write SLAs and monitoring frameworks for all provisions and commissioned services.
- Strand 3 of the SEND Strategy are focusing on operational models for outreach and school to school support, starting with ASC and SEMH, taking account of current gaps, including those identified in secondary.
- Carry out benchmarking review with other Local Authorities of top up funding for specialist places, to include banding descriptors/admissions guidance.
- Using data report identify which elements we need to consider stopping, reducing or increasing and where we need to focus resources.
- Review all external placements and consider development/changes to Reading provision to meet needs more locally.
- Seek clarification on SALT contract.
- Write SLAs for all commissioned services and specialist provision which include clear reporting mechanisms.
- All new contracts and retendered contracts will ensure tight clear specification, service level agreements and contract monitoring, including financial monitoring.

North and West Reading Clinical Commissioning Group

South Reading Clinical Commissioning Group

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	19 January 2018	AGENDA ITEM:	10
REPORT TITLE:	Reading Local Safeguarding Children Board (LSCB) Annual Report 2016/2017		
REPORT AUTHOR:	Esther Blake	TEL:	X73269
JOB TITLE:	Business Manager	E-MAIL:	Esther.blake@reading.gov.uk
ORGANISATION:	Reading LSCB		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The Reading Local Safeguarding Children Board is the key statutory partnership whose role is to oversee how the relevant organisations co-operate to safeguard and promote the welfare of children in Reading and to ensure the effectiveness of the arrangements. (Working Together To Safeguard Children 2015).

1.2 This Annual Report is being presented to the Health and Wellbeing Board to ensure members are informed about the work of and achievements of the LSCB for the 2016/2017 financial year. The Annual Report has a wide distribution and is sent to key stakeholders and partners so that they can be informed about the work and use the information in planning within their own organisations to keep children and young people safe.

2. RECOMMENDED ACTION

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

3. POLICY CONTEXT

3.1 As required by Working Together 2015, the LSCB Chair is required to publish an annual report on the effectiveness of child safeguarding arrangements and promotion of the welfare of children in Reading. The report must be presented to the Health and Wellbeing Board, the CEO of the Local Authority and the Police and Crime Commissioner.

3.2 In line with this statutory guidance the report is presented to the Health and Wellbeing Board for information. It was also be presented to the Adult Social Care, Children's Services and Education Committee in December 2017.

4. THE REPORT

4.1 Partnership working underpins an effective LSCB and this report contains information on some of the activities and achievements which have taken place that demonstrate this and the impact this has on practice. Board members both champion and lead the safeguarding agenda within their agency and bring to the LSCB issues regarding safeguarding that relate primarily to their own agency, but which have implications for the co-operation between agencies and the monitoring role of the Board.

4.2 **Priority areas for 2016/2017:**
The report focusses on the achievements and ongoing challenges for the LSCB and partners specifically against the priorities identified for the 2016/17 year. These were:

Priority 1. Children's Emotional Health and Wellbeing – there are increasing numbers of children and young people presenting with emotional health and wellbeing issues, both locally and nationally.
Priority 2. Strengthening the Child's Journey and Voice – we need to evaluate the effectiveness of different aspects of the child's journey into help and services, the quality of the decisions made by individual agencies and the quality of multi-agency processes.
Priority 3. Child Sexual Exploitation – we must ensure that all children and young people who are vulnerable to exploitation are identified and protected through the co-ordination and provision of effective multi-agency service provision.
Priority 4. Neglect - neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect is the highest category for children and young people in Reading on a Child Protection Plan (53.8% in 2016/17) and has been for some time.
Priority 5. Improving Cultural Confidence and Competence in our Workforce to meet Children's Needs - Reading is hugely diverse made up of many cultures and ethnicities. We need to ensure all children and young people are protected, no matter what their ethnic group.

4.3 The LSCB achievements and progress for 2016/17 are listed within the annual report under the priority headings. Also specified are the ongoing concerns which the LSCB will continue to challenge in 2017/18, and associated actions, all of which are included within the LSCB Business Plan or via other partnership groups.

4.4 **Ofsted Inspection in May 2016**
In May and June 2016 Ofsted undertook a review of the effectiveness of Reading LSCB as part of the inspection of services for children in need of help and protection, children looked after and care leavers in Reading. The inspection determined that Reading LSCB requires improvement and made five recommendations which were incorporated into an action plan. More information can be found on page 13 of the report.

4.5 The Ofsted inspection found that RBC Children's Services were inadequate and the recommendations made were incorporated into the Children's Learning and Improvement Plan. The LSCB Chairs sits on the Children's Services Improvement Board, and the LSCB is actively involved in the improvement journey, especially with regards to threshold application and early help services. The LSCBs role is to engage and bring together partners to progress solutions and changes in practice and to monitor improvements.

4.6 **Board Structure:**
The Board has nine sub-groups that drive forward the business of the Board. These sub-groups report directly into the Reading LSCB, although six work across either the west of Berkshire or pan Berkshire to ensure consistency and efficiencies with our neighbouring LSCBs. Two LSCB sub groups have significantly improved their review processes during the year. The revised cases for consideration process for the West of Berkshire Case Review Group has ensured clear and timely documentation has been presented to the group for review and decide if a formal case review (or Serious Case Review) is required. The Pan Berkshire Policy and Procedures Sub Group have taken a pro-active role in identifying chapters of the child protection procedures that require review and ensuing updates are agreed and key local issues addressed.

4.7 **Progress since April 2017:**
The Annual Report relates specifically to the 2016/17 year; however there have been a range of developments since April. These include:
- The appointment of a new LSCB Chair from September 2017, Alex Walters.

- The Children's Single Point of Access continues to improve with new pathways including CSE, missing children and domestic abuse. Partner involvement with this service is vital to ensure success.
- Briefings are taking place regularly to encourage partners to find out more about Children's Single Point of Access, who works there, what they do and how to make contact.
- Thames Valley Police have implemented a fortnightly disruption meeting to identify and plan all CSE related disruption activity
- LSCB Forum sessions have continued to be organised and well attended from across the partnership. These free two hour sessions have included topics on disguised compliance, Fabricated and Induced Illness and CSE.
- Training sessions are organised for the Graded Care Profile. This is an assessment tool that helps professionals measure the quality of care being given to a child and helps them to spot anything that's putting that child at risk of harm.
- A pilot multi-agency reflective case meeting for families where long term neglect is an issue is being organised.
- Use of a multi-agency chronology will be piloted on a few selected cases of neglect to assess how this can be used and identify improvements in decision making.
- The Reading Special Educational Needs and/or Disabilities Strategy has been written. There is a strategy group chaired by the RBC Director with 4 work strands (and associated working groups) - Data/needs analysis, early intervention, utilising specialist resources and transition to adulthood.

4.8 The future of the LSCB:
National: Consultation is currently underway on the new version of Working Together 18, the statutory guidance for children's services and LSCBs. It contains a range of changes for LSCBs, including the requirement for the three Safeguarding partners (Local Authority, Clinical Commissioning Groups and Police) to agree and publish arrangements to safeguard children and LSCBs will no longer be a statutory requirement. The establishment of a new national Child Safeguarding Practice Review Panel to undertake reviews of serious cases and the transfer of responsibility for child death reviews from LSCBs to new Child Death Review Partners under the governance of the Department of Health. The three safeguarding partners will be expected to jointly ensure safeguarding practices are maintained, monitored and improved. The changes will be considered by the Reading LSCB when it meets on 7th December.

4.9 Local: In line with recommendations made by partners involved in the three West of Berkshire LSCBs (Reading, West Berkshire and Wokingham), the new LSCB Chair is developing and proposing plans to merge the three Boards into one Berkshire West Safeguarding Children Board. Initial discussions are taking place with the Directors of Children's Services in each Local Authority, and leads in the key partner agencies. Proposals will initially be discussed at the LSCB meeting in January 2018.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The work of the LSCB aligns with the Health and Wellbeing Strategy by contributing to the Strategy's priority to 'Promoting positive mental health and wellbeing in children and young people'.

5.2 The report also supports the fact that Reading's 2017-20 Health and Wellbeing Strategy is be built on three foundations - safeguarding vulnerable adults and children, recognising and supporting all carers, and high quality co-ordinated information to support wellbeing. The LSCB specifically addresses the first statement in all the work that it does.

6. COMMUNITY & STAKEHOLDER ENGAGEMENT

6.1 The Annual report has been written with contributions from all LSCB partners and circulated to the Board. It will be disseminated to all partners.

7. EQUALITY IMPACT ASSESSMENT

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

8. LEGAL IMPLICATIONS

8.1 There are no legal implications with this report. Working Together to Safeguard Children 2015 requires that the LSCB to produce an annual report.

9. FINANCIAL IMPLICATIONS

9.1 None

10. BACKGROUND PAPERS

- Reading LSCB Annual Report 2016/17

Reading Local Safeguarding Children Board

Annual Report 2016-2017

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Foreword

Welcome to the Annual Report of Reading Local Safeguarding Children Board (LSCB) which covers the period from April 2016-March 2017. The Independent Chair of the LSCB during the period of this Annual Report, Fran Gosling Thomas resigned from this role in May 2017. I was appointed LSCB Chair and took up the position in September 2017 and I am therefore providing the foreword for the Annual Report. The LSCB Vice Chair, Debbie Simmons has provided leadership to the LSCB in the interim period and the LSCB is grateful for her support and that of the LSCB Team and would also wish to acknowledge the contribution of the previous Independent LSCB Chair over the last three years.

During the period of this Annual Report, Ofsted inspected both the Local Authority and the LSCB under its Single Inspection Framework in May and June 2016. The outcome for the LSCB was that it "Requires Improvement" and the LSCB has responded positively to the five recommendations for improvement. The Local Authority was however judged Inadequate and the Children's Services Improvement Board which is independently chaired and includes multi-agency partners has provided oversight of the responses to the 18 recommendations. In addition the DfE appointed a Commissioner to oversee the improvement journey and Ofsted have carried out two monitoring visits in this timeframe – November 2016 and February 2017.

It has become increasingly clear that there is a need to align some of the areas for improvement identified during the inspection process for both the Local Authority and the LSCB where the LSCB has a clear role in leadership and oversight. This work to join up and ensure synergy is currently underway and includes the recommendations around Early Help and Thresholds, Child Sexual Exploitation and Missing Children and Domestic Abuse. The LSCB will also continue to provide oversight, support and challenge to the Local Authority's Improvement journey and the LSCB Chair is a member of the Children's Improvement Board.

This Annual Report 2016/17 sets out the progress made by the LSCB in 2016/17 which has been significant in a number of priority areas identified in the LSCB Business Plan. Some key examples include:

- All secondary schools have received training in Psychological Perspectives in Education and Primary Care to help staff recognise and understand mental health difficulties in children and young people and offer appropriate support and guidance.
- Development and launch of the Female Genital Mutilation Risk Assessment Toolkit which includes risk factors, guidance and pathways. Plus free online training module to support staff using the tool.
- Development and roll out of free online Safer Recruitment Training.
- Delivering new free two hour 'forum' sessions, open to all staff across the West of Berkshire.
- Review of the LSCB Learning and Improvement Framework and delivery of a range of audits included within this report.

Whilst recording my thanks to members of the Board and those supporting the work of its sub groups, I would like to of course state my gratitude to all those staff and volunteers within the local workforce for their commitment, to safeguarding children and young people in Reading. I am looking forward to the opportunity provided by this role as Independent Chair to support and maximise the collective responsibility we all share to secure improvement for the effective safeguarding of children.

A. Walters

Alex Walters
Independent Chair of Reading LSCB

Local context

Our Board

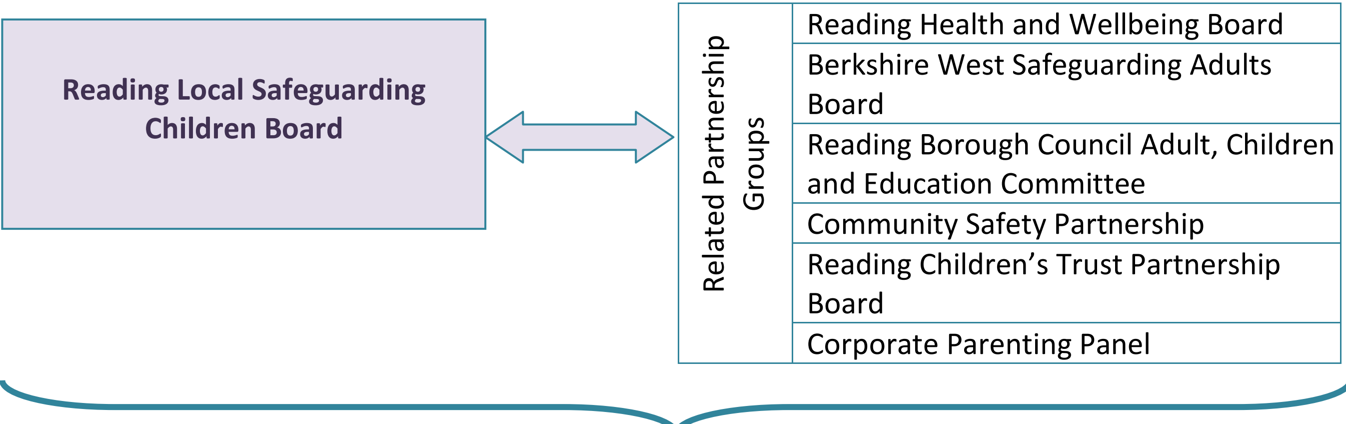
Reading Local Safeguarding Children Board (LSCB) is the key statutory body overseeing multi-agency child safeguarding arrangements across Reading. The work of the Board is governed by statutory guidance Working Together to Safeguard Children 2015.

Section 14 of the Children Act 2004 sets out the statutory objectives of LSCBs which are:

- to co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in their area; and
- to ensure the effectiveness of what is done by each such person or body for those purposes.

Reading LSCB has an independent chair and members who are senior representatives from a range of agencies. The Board is collectively responsible for the strategic oversight of local safeguarding arrangements. It does this by leading, co-ordinating, challenging and monitoring the delivery of safeguarding practice by all agencies across Reading. Our current membership is listed in the appendices.

Structure of Reading LSCB in 2016/17



SUB GROUPS

READING SUB GROUPS	WEST OF BERKSHIRE SUB GROUPS	PAN BERKSHIRE SUB GROUPS
Quality Assurance and Performance Sub Group	**Case Review Group**	**Section 11 Panel**
Child Sexual Exploitation (CSE) and Children who go Missing Sub Group	**Learning and Development Sub Group**	**Policy and Procedures Sub Group**
Neglect Task & Finish Group	**Female Genital Mutilation Task & Finish Group**	**Child Death Overview Panel**
		LSCB Child Sexual Exploitation Sub Group

Day to day, the LSCB:

- Undertakes multi-agency audits to review the effectiveness of services and make recommendations. Details of the audits from 2016/17 are given throughout this report.
- Reviews and analyses partnership data to ensure the LSCB understands the needs of the local population.
- Provides a multi-agency safeguarding training programme based on the needs of our local workforce.
- Ensures partners are fulfilling their statutory obligations in relation to safeguarding and promoting the welfare of children within their organisations.
- Undertakes serious case reviews or partnership reviews of cases to ensure that we learn and improve services as a result.

Reading LSCB meets up to six times per year for standard Board meetings, where evidence on the delivery of work streams against priorities by the sub-groups is considered; performance and audit information is reviewed and emerging issues discussed.

Joint working:

Reading is one of six unitary authorities and LSCBs in Berkshire and the Board works collaboratively with our neighbours to ensure a more joined up approach to safeguarding. This is particularly important where agencies deliver services across, and are represented on, a number of LSCB areas and in agreeing a common approach and response to specific safeguarding and child protection issues such as child sexual exploitation and female genital mutilation.

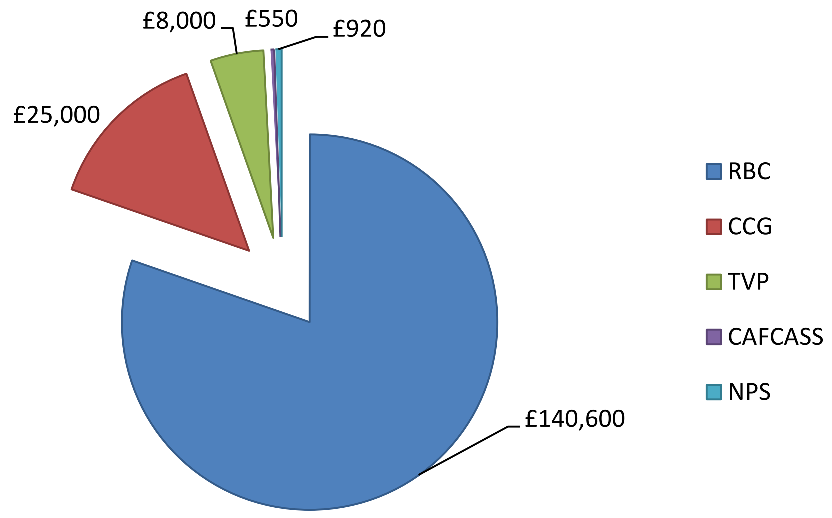
To ensure the best use of resources there are shared sub-groups operating either across the whole of the county or the west of Berkshire. Sub groups for quality assurance and performance, child sexual exploitation and neglect are Reading specific to maintain a local focus on current issues.

LSCB Business Managers and Chairs from across Berkshire meet regularly to share and discuss specific issues, protocols and developments, along with examples of good practice. Reading LSCB also works closely with a number of partnership boards in the area including the Health and Wellbeing Board, Reading Children's Trust and the Berkshire West Adult Safeguarding Board.

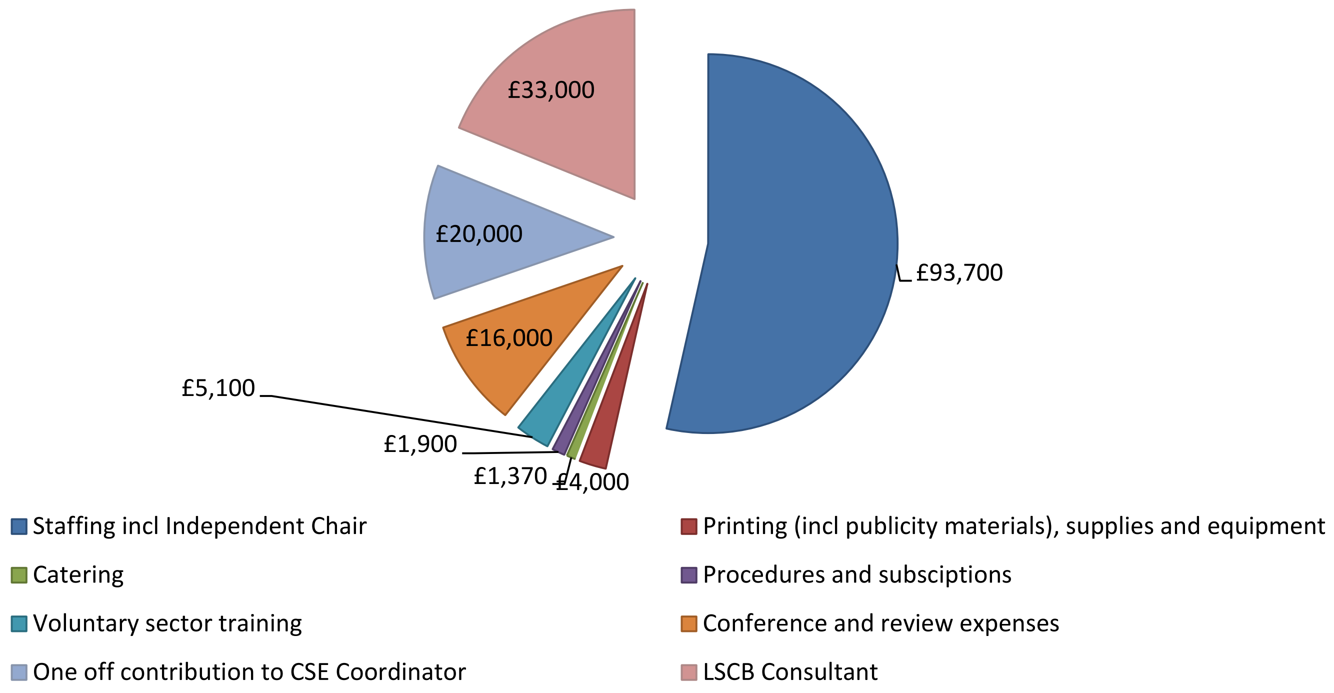
Finance:

Partners in the Board financially contribute specifically to the LSCB to enable it to operate and undertake work against the priorities. The budget for Reading LSCB in 2016/17 was £175,070.

Contribution:



Expenditure:



There were no serious case reviews undertaken in 2016/17, and therefore no costs represented above. The LSCB budget has a separate contingency fund allocated for potential serious case reviews or partnership reviews.

In 2015 the LSCB Chair raised a clear concern that the current budget is not in line with similar authorities and does not allow the LSCB to address its key priorities. As a result, for the 2016/17 year additional contributions were received from Thames Valley Police and Reading Borough Council. This allowed for marketing campaigns and materials, and funding to launch the Female Genital Mutilation risk assessment toolkit. However, the Reading Borough Council contribution has since been reviewed and reduced significantly for 2017/18. This is an ongoing challenge for the LSCB and whether it can meet its statutory duties.

Ongoing Challenge/Actions:

- The agreed budget for 2017/18 is significantly lower than previous years and has been highlighted as a risk.

Summary of Key Events

Ofsted Inspection in May 2016

In May and June 2016 Ofsted undertook a review of the effectiveness of Reading LSCB as part of the inspection of services for children in need of help and protection, children looked after and care leavers in Reading. The inspection determined that Reading LSCB requires improvement and made five recommendations which were incorporated into an action plan. More information can be found on page 13.

The Ofsted inspection found that RBC Children's Services were inadequate. 18 recommendations were made which have been incorporated into the Children's Learning and Improvement Plan. An independently Chaired Children's Services Improvement Board, which includes senior members of partner agencies alongside Children's Services management, meets monthly to review and challenge progress against the Improvement Plan.

As a result of the inspection, the Minister of State for Children and Families appointed a Commissioner for Children's Services to oversee the improvement journey. Alongside this, Ofsted have carried out regular monitoring visits (November 2016, February and May 2017), each one focussing on a different area of the child's journey through services. A further visit is scheduled for October 2017.

Children's Single Point of Access

Throughout the 2016/2017 year, evidence through audits and inspections found that the existing referral pathways hindered appropriate referrals into Children's Services. As a result, in June 2017 the new Children's Single Point of Access was launched, with the full support of LSCB partners. Monitoring of this service, appropriateness of referrals and application of thresholds will continue to be scrutinised by the LSCB through data reporting and audits.

Female Genital Mutilation Risk Assessment Tool and Pathways

In 2015 and 2016 LSCB partners audited the prevalence of this issue within Reading, tested existing referral pathways and developed a risk assessment toolkit for practitioners to use, alongside clear pathways for dealing with concerns. In June 2016 the toolkit was launched, shortly after an online training module was developed to support practitioners to identify risk factors and complete the toolkit. Partners have also been able to secure funding to provide a Rose Centre (from September 2017) for any woman who has experienced female genital mutilation and requires support, guidance, or medical help. See page 25 for more information.

Sub Group Process Improvements

Two LSCB sub groups have significantly improved their review processes during the year. The revised cases for consideration process for the West of Berkshire Case Review Group has ensured clear and timely documentation has been presented to the group for review. See page 34 for more information. The Pan Berkshire Policy and Procedures Sub Group have taken a pro-active role in identifying chapters that require review and ensuing updates are agreed and key local issues addressed. See page 27 for more information.

Local context

Lay Member Perspective

One of our Lay Members, Anderson Connell, writes:
'As lay members and full members of the board, we have had an important role to play in the work of the Board in setting and delivering on its key priorities for safeguarding Reading's children and young people over the past year. Our contribution in this work covered a number of dimensions that included, but was not limited to;

- Providing oversight, scrutinising and challenging decisions and policies made by the Board and partnering agencies, ensuring they are having the desired impact on our children and young people
- Providing an alternative professional and community based perspective outside of the local authority or partnering agency's professional position to ensure a community and public view is observed in our decision making.

Although Ofsted's outcome on their review of the Board's effectiveness is, 'requires improvement' around the services for children in need of help and protection, children looked after and care leavers in Reading was disappointing, it was encouraging that our own self-assessment was in-line with this outcome. It was also encouraging to see Ofsted highlighting a number of positive comments on the Board's effectiveness and that all recommendations were embedded in our Improvement and Development Plan for 2016/17.

We are particularly pleased that as lay members, we are developing a stronger and more challenging voice within the Board and able to contribute positively in making improvements in safeguarding of children and young people in Reading.

Over the coming year, we must continue to scrutinise and challenge all our actions and policies, where necessary, keeping at the forefront their impact on children. We must strive to ensure continuing improvement in the process of measuring this impact on children through enhanced data collation and reporting.'

Local context

Our Town

Reading is a vibrant multi-cultural town: the second most ethnically diverse in the South East outside London. Reading is home to approximately 35,850 children and young people under the age of 18 years. This is 22% of the total population in the area. (ONS Mid-Year Population Estimates 2014).

What are the needs? (Figures as at 31st March 2017)

Approx. 18% of children in Reading lived in low income families

192 children and young people were living with their families in

352 children and young people subject to Child Protection Plan (March 2016)

265 Looked After Children

1232 children and young people identified as 'Children in Need' by Children's Services

661 identified Young Carers

6 Cases of Female Genital Mutilation were identified in the Reading locality (Q4 16/17)

182 Victims were referred to Berkshire Women's Aid (Q4 16/17)

56 families were accepted as homeless (Q4 16/17)

23 Looked After Children had a Disability (Q4 16/17)

57 Looked After Children have a Statement of Education, Health and Care Plan (March 2017)

32% of Looked after Children were placed 20 miles + from home

121 children were reported missing in Q4 16/17, 55 received a Return Interview within 72 hours of returning home

Between April 2016 and March 2017, 334 children were in the households discussed at MARAC

15 young people identified as at risk of Child Sexual Exploitation (March 2017)

143 Children were referred to Tier 3 CAMHS Services with 75 of them being referred to the Specialist Team (Q4 16/17)

73 Police Domestic Violence notifications sent to Multi-Agency Safeguarding Hub led to a referral (March 2017)

28 children had been subject to a Child Protection Plan for 18 months or longer (Q4 16/17)

70% of Looked After Children were in stable placements

There were 3 Child on Adult Domestic Abuse Incidents in Q4 16/17

Out of the 746 Children and Young People reported missing (TVP Data 2016/2017) 298 were female, 446were male and 2 were gender unknown

88 referrals to Children's Social Care from the Royal Berkshire Hospital Emergency Department, 43 of them being CAMHS related (Q4 16/17)

3 known Privately Fostered Children

65 (28%) of cases referred to the MARAC were repeat cases

Out of the 23 open CSE & Missing Cases 12 are White British, 5 are Dual Heritage, 2 are Asian/Asian British and 4 are Black or Black/British (March 2017)

3 CP Cases and 186 CIN Cases had a disability (Q4 16/17)

16 Looked After Children and 57 Child Protection Cases are involved with the CAMHS Service (Q4 16/17)

Of the 352 children and young people subject to a Child Protection Plan 184 are under the category Neglect

Journey through Children's Services

Early Help:

There are well-established Early Help Services across Reading which include 5 children's centre hubs delivering services to families across the area. These children's centres have good attendance rates across the clusters, particularly from targeted groups. 9847 children have used the Children's Centres.

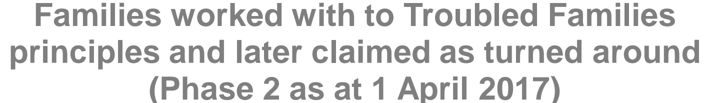
Early Help referrals and the number of Common Assessments (CAF) completed in 2016/17 totalled 637. All CAFs continue to be quality assured at point of submission to ensure that the importance of the Voice of Child, multi-agency contributions and clear analysis leading to a plan of support is in place.

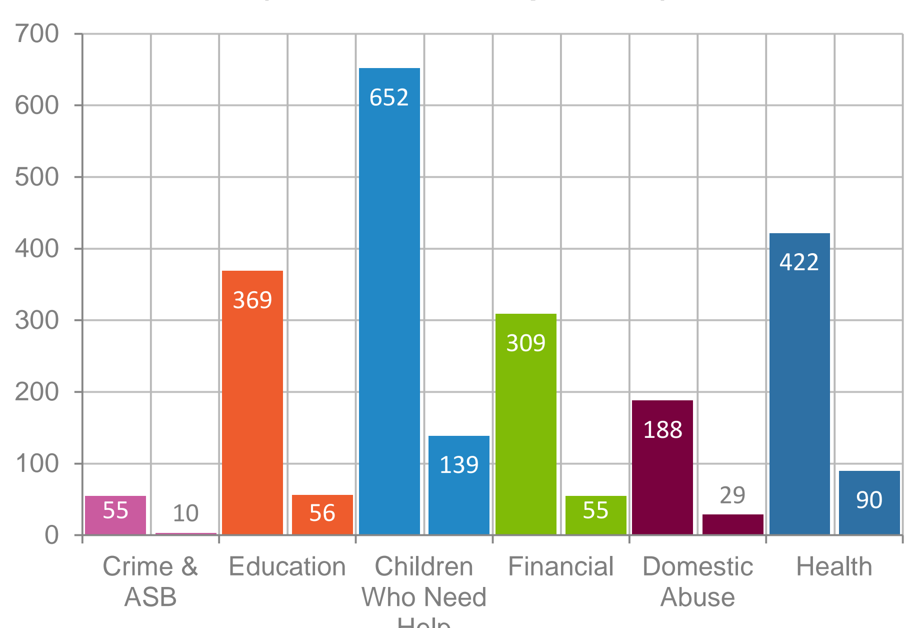
Cases are 'stepped up' to RBC children's social work services where required, with all 'step up' referrals submitted through the Multi Agency Safeguarding Hub (MASH) to ensure a consistency of thresholds and decision making

A revised Early Help pathway was implemented in July 2017 which saw children's services providing the community and partners with a single point of access (CSPOA). Phase two of the CSPOA will be launched on the 29th September, this phase will see greater integration of partners into the CSPOA, supporting the multi – agency safeguarding hub, decision making and clarifying pathways for CSE and Domestic Abuse.

The Children's Action Teams (CATs) are multi-professional teams that link into existing local resources to provide holistic family support, early intervention and prevention services for children 0 to 19 year old and their families. Alongside the CATs, Specialist Youth Services provide more targeted support to the most vulnerable young people, such as those at risk of teenage pregnancy or sexual exploitation, young people with drug and alcohol misuse issues, young parents, young carers and LGBT young people.
For more vulnerable families where children are close to social care involvement, services and interventions such as the Edge of Care team and Multi Systemic Therapy Team work with families and provide more intensive, high-level support alongside other agencies.

Troubled Families



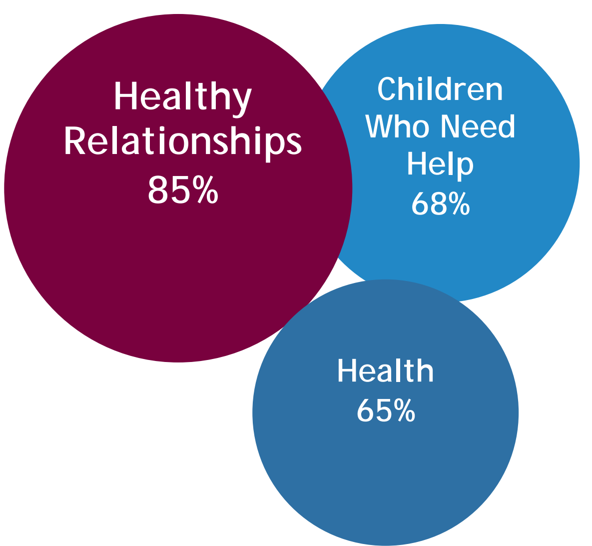


Of 652 families we worked with, 139 have achieved significant progress and sustainable change.

90 families have improved health outcomes and attendance was improved to 90% over three consecutive terms for 56 families.

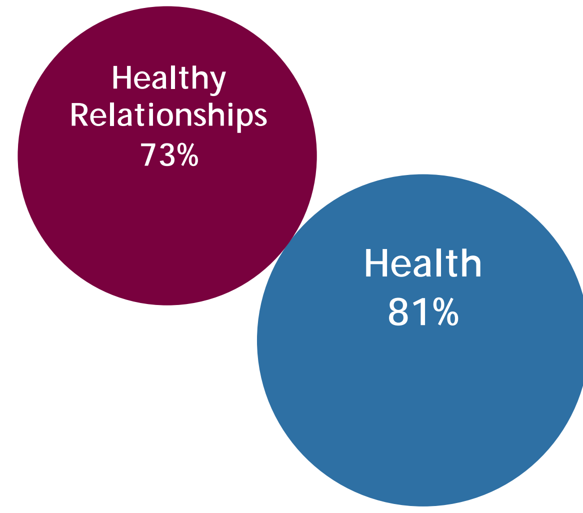
44 families have moved off out-of-work benefits and have sustained work.

Percentage of parents who have made positive changes after attending Triple P Courses (for families with school age children)



Triple P is a flexible, practical way to help parents develop skills, strategies and gain confidence to handle any parenting situation. The courses have shown many positive effects on families including building on healthy relationships, improving health and overall outcomes for children. The Troubled Families Employment Advisor has adapted similar techniques to engage parents and assist families back to work.

Percentage of parents who have made positive changes after attending Webster Stratton Courses (for families with children under 5)



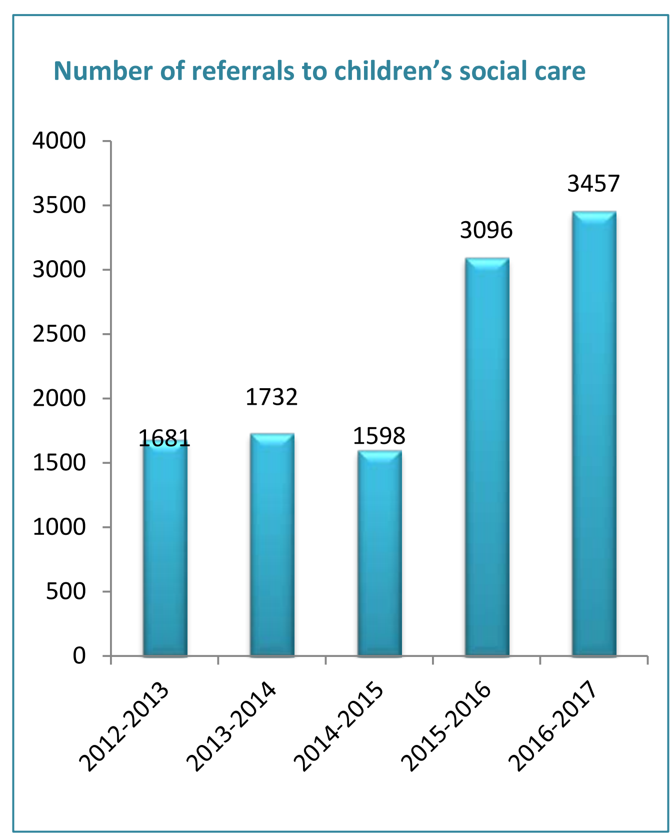
Webster Stratton is a research-based program aimed at reducing children's aggression and behaviour problems and increasing social competence at home and at school. This course for parents with children aged 0-5 has shown positive effects on the family unit including building on healthy relationships and targeting specific health outcomes such as anxiety, stress and depression.

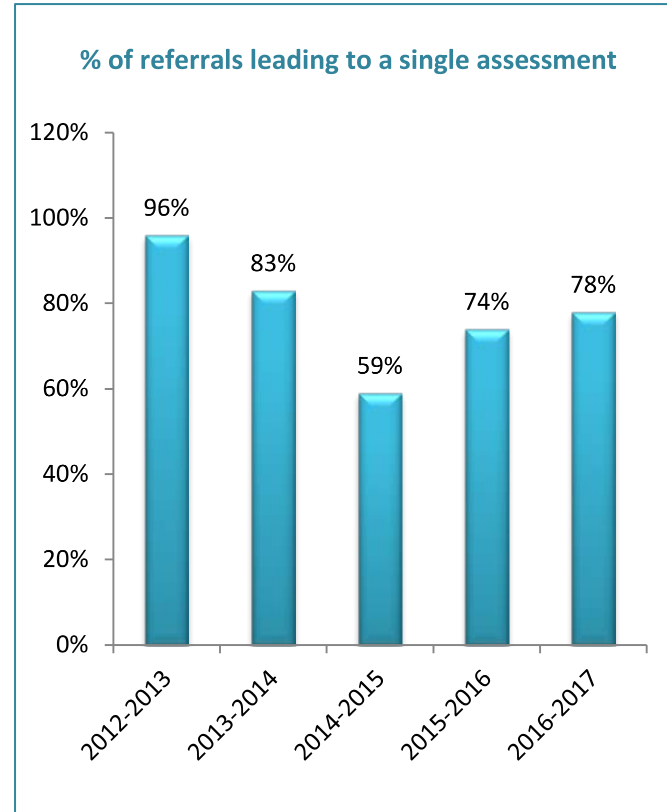
85% of referrals to Early Help access a service or intervention depending on the presenting need. As at March 2017, only 7% of closed CAT cases were referred back to social care within 3 months of closure.

Children's Social Care:

The MASH team provides the entry point to Children's Social Care. Between 1st April 2016 and 31st March 2017 there was 8625 contacts into Children's Social Care of which 3457 led to a referral. 2697 (78%) progressed to a single assessment

There was on average 288 referrals a month, with this figure remaining quite steady during the middle and latter parts of the financial year. There was a peak in referrals in quarter 1 of 2016 with 304, 338 and 325 referrals respectively. The volume of referral resulted in a rate per 10,000 of 844.8 for Reading with our Statistical Neighbours figure being 528.6 and National figure being 532.2 for 2015/16.





35% of referrals originated from the Police (1208 during 2016-2017) with Education being the second highest referrer at 16% (561 during 2016-2017), closely followed by Health Services with 14% (485 during 2016-2017).

Domestic Violence has remained the highest reason for referral with 25.86%, Physical Abuse being the second highest reason with 15.4%, which has increased slightly from 2015-2016. Referrals concerning Neglect (8.3%) have dropped slightly from the 2015-2016 data reported.

The number of strategy discussions held within the period April 2016 to March 2017 was 1374, during this period 1066 section 47 enquiries (undertaken where there is reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm) were initiated. In the same period in 2015/2016 973 Section 47 enquiries were initiated.

The number of Initial Child Protection Case Conferences increased further in 2016-2017 with 472 children and young people considered.

The total number of child protection plans and breakdown of category as of 31st March 2017 are:

Category	Total
Emotional Abuse	148
Neglect	184
Physical Abuse	7
Sexual Abuse	13
Total	352

As at 31st March 2017, there were 1232 children categorised as In Need (rate per 10,000 child population is 513; Statistical Neighbours is 392.7 for 2015/2016). At the end of March 2016 68% of Reading children had CIN plans and 59% received CIN visits on time.

At 31st March 2017, there were 265 children and young people Looked After, an increase of 45 compared to the same point in 2016. This number represents 60 children per 10,000 population, identical to the National Average but lower than our Statistical Neighbour average rate of 65 per 10,000. 62 of Readings Looked After Children have Statements or Education, Health and Care Plans

The shortage of local placements in the Reading Borough Council area means that 32% of our Looked After Children are placed more than 20 miles away from their home address. While this may be for a positive reason such as children in adoptive placements or in specialist residential settings, we are working to reduce this figure to retain further stability in education provision, receive local health services and remain in contact with their family and community when safe to do so. It should be noted that placement stability for these young people remains high.

Since April 2016 there have been 15 adoptions and 7 children became subject of special guardianship orders.

At the end of March 2017 there were 137 young people open to Leaving Care Services. 86% had a Pathway Plan which sees an increase of 6% in from March 2016. 94% were in suitable accommodation which is higher than the National Average at 82% and our Statistical Neighbour average at 81%.

44% were not in suitable employment, education or training which is slightly higher than the National Average of 40% but lower that our Statistical Neighbour average of 51%. All care leavers had a Personal Advisor and 86% of care pathway plans were up to date.

Our Performance

Ofsted Inspection – May/June 2016

In May and June 2016 Ofsted undertook a review of the effectiveness of Reading LSCB as part of the inspection of services for children in need of help and protection, children looked after and care leavers in Reading. The inspection determined that Reading LSCB requires improvement.

Ofsted made five recommendations in relation to the LSCB:

- Develop an overarching process to ensure that learning from quality assurance activity is properly shared, tracked and reviewed. This should include clear and relevant actions from single and multi-agency case audits.
- Implement a clear and transparent process for referring serious incidents to the case review sub-group for detailed consideration of whether a serious case review is needed.
- Ensure that the work of the learning and development sub-group has a sharper focus on the particular learning and training needs of Reading professionals, including overseeing and, where appropriate, influencing the provision of single agency training.
- Undertake a review of local safeguarding thresholds, including the effectiveness of the early help pathway, and the understanding and application of thresholds at all the key points in a child's journey.
- Secure regular and consistent attendance and engagement at the Board and sub-groups by Children's Social Care, to increase the Board's ability to contribute to improvements in core social work practice.

All five recommendations were in line with the self-assessment that had been carried out by Board members. The LSCB Ofsted Improvement Plan was written to ensure actions were identified and tracked and these actions were also captured within the Business Plan for 2016/2017.

As at June 2017, of the 15 specific actions identified, 11 were recorded as complete. Two recorded as red relate to actions which could not be progressed until the Children's Single Point of Access was established and embedded. Two were recorded as amber, one refers to the need for adequate budget to ensure flexible Reading focussed LSCB training is provided. The remaining amber action relates to the requirement for consistent Children's Social Care attendance at LSCB Sub Group Meetings. Changes in staff meant securing attendance had to be re-addressed and as at June 2017 we could not evidence improvement.

It is recognised that further work is required to ensure consistency in the work of the Board, for example with regards to the learning and dissemination of learning from audits and case reviews. The QA&P Sub Group recognise this needs to improve, however a period without a permanent Chair for this group delayed progress in this area.

There remains a key issue for the LSCB in the assertion by Ofsted that 'partner agencies remain uncertain about referral thresholds, and that statutory social work with many children at risk is still not effective in reducing serious concerns about their safety and well-being.' The LSCB has a critical role in supporting and challenging improvements in Children's Services going forward.

Ongoing Challenge:

- The understanding and application of Thresholds continue to be raised as a concern. This issue needs to be understood and LSCB partners work together to resolve the problem.
- RBC have agreed that the Children's Services Quality and Improvement Lead will chair the Quality Assurance sub group to enable this key function of the Board to be effective, provide clear learning and impact positively on practice. This will start from September 2017.
- A re-fresh of the Ofsted Improvement Plan is required to move past the establishment of processes into a phase of robust challenge, where impact and partnership support can be evidenced.

Actions:

- An audit of the Children's Single Point of Access has been identified for September 2017.
- LSCB Ofsted Action Plan will be reviewed with the incoming LSCB Chair alongside the Children's Learning and Improvement Plan.

Priority 1: Children's Emotional Health and Wellbeing

A survey completed by 2,343 young people in Reading in 2015 stated that mental health issues are the 'biggest risk to stopping young people achieving the life they want'. This is within a context of growing concerns about the increasing number of children and young people presenting with emotional health and wellbeing issues, both locally and nationally. The 'Future in Mind' Government paper recommended the establishment of a local Transformation Plan in each area to deliver a local offer in line with the national ambition. The West of Berkshire Future in Mind Group includes key members of Reading LSCB and was the key delivery vehicle for priority 1.

Future in Mind

Future in Mind challenges all partners to focus on improving a number of key areas:

- How quickly and easily service can be accessed when they are needed
- The quality of services
- Better coordination between services and
- Providing services to meet needs regardless of the background of the children/ young person.

What has been delivered:

Offer in Schools

- Reading set up a Schools Link project in 2016/17 that aims to build the knowledge and skills of teachers and associated school staff in identifying and responding to early mental health concerns. As at March 2017 9 participating schools (8 primary, 1 secondary) were trained in the regional PPEPCare approach. Psychological Perspectives in Education and Primary Care (PPEPCare) helps staff in primary care and education to recognise and understand mental health difficulties in children and young people and offer appropriate support and guidance to children, young people and their families using psycho-education and relevant psychological techniques. (By the end of the academic year all secondary schools had received training). In addition there has been a push to provide information into schools.
- Mental Health has been identified as one of the 4 key issues that School Nurses need to spend more time working on. The recommissioned School Nurses service (from Oct 2017 onwards) will enable School Nurses to provide more PHSE (Personal, Health, Social and Economic) sessions with pupils, consult with colleagues in Schools about emerging Mental Health cases, to provide direct work interventions as a Nurse that meets low level mental health needs or escalate/ signpost where necessary.

Offer in tier 2 (prevention and early identification).

- Reading continues to offer a good Primary Mental Health Worker (PMHW) and Education Psychology (EP) service. Reading young people have access to counselling services in the town and the majority of secondary schools offer on-site access to trained counsellors.

- Co-working with the University of Reading, the Local Authority has provided 4 Webster Stratton parenting programmes for parents of 3 – 11 year olds. This has been added to the Triple P parenting offer already in place and the University is researching the impact of this project on children with emerging challenging behaviour.

Offer in tier 3 (Specialist CAMHs offer from BHFT)

- There has been a reduction in waiting times with more children and young people receiving timely, evidence based treatment across all care pathways.
- The Common Point of Entry (CPE) is now open 8am until 8pm Monday to Friday which has positively impacted on waiting times for referrals which are 4 weeks (currently the national average waiting time for a first CAMHs appointment is 9 weeks.)
- The CCGs have commissioned additional short term capacity for the Anxiety and Depression pathway to reduce the number of children waiting for treatment, following receipt of short term funding from NHS England. This low intensity psychological therapy intervention pilot is being delivered on a stepped care basis mirroring adult IAPT services.
- Waiting times on the autism assessment pathway have reduced but remain the most challenging to improve. Currently lower than the national average but longer than we would like locally. Additional funding has been made available to expedite reduction in autism assessment waiting times for children under the age of 5 years by running additional weekend clinics. A multiagency working group has started to map current care pathways in each local area, identify what a good service looks like, identifying gaps and possible areas that need to improve practice.
- The CAMHs Urgent Response Pilot, integrated with Royal Berkshire Hospital, has a full rota in place, providing timely mental health assessments and care. Short term intensive interventions in the community are provided to young people who have experienced a mental health crisis. The service also provides wrap around support when there are delays in sourcing a Tier 4 CAMHS inpatient bed.
- Closer links between partners will enable swifter assessment and discharge of young people requiring social care support and interventions.

Offer in Tier 4

- Berkshire Adolescent Unit is now a 7 day, 24 hour a day service that is now a registered tier 4 provision in Berkshire. The number of beds has also now increased from 7 to 9.

What has been the impact:

Offer in Schools **–** Following whole school training, the pre and post feedback evaluations have been very positive with significant gains in knowledge and skills reported.
Offer in tier 3 (Specialist CAMHs offer from BHFT):

- The reduction in waiting times enables more children and young people to receive a timely evidence based treatment across all care pathways.
- The current average waiting time for referrals to CPE is 4 weeks, compared to the national average waiting time for a first CAMHs appointment of 9 weeks. More children are being assessed more quickly.
- The CAMHs Urgent Response Pilot has meant the response time to assessment has reduced and length of stay in both A&E and the paediatric wards has reduced with improved facilitation of admission to Tier 4 units.

Learning from audits – THRIVE Audit (February 2017)

West Berkshire, Reading and Wokingham LSCBs agreed with leaders within Berkshire Healthcare Foundation Trust (BHFT) and Berkshire West Clinical Commissioning (CCG) Future in Mind group, to undertake an audit of children and young people with significant emotional health needs, requiring the support of other statutory partner agencies.

The purpose of the audit was to:

1) explore how well we identify emotional wellbeing and mental health difficulties, as individual services and collectively across multiple-agencies
2) evaluate how effectively partner agencies identified need and risk
3) assess the impact and effectiveness of single and multi-agency planning and impact on outcomes for children
4) test the applicability of the THRIVE model in supporting enhanced inter-agency early identification and intervention, assessment and planning; to improve outcomes for children

Learning:

- There were examples of significant inter-agency discussion of need and risk; and evidence of joint contribution to assessment activity across the partnership, to triangulate analysis of need and risk. Where this did not happen, there were significant delays in assessment with potential negative impact on the child.
- There was clear evidence of the impact of parents' wishes influencing and in some cases, overshadowing the voice of the child. The audit group all agreed that in these cases, the parents dominance of risk planning diverted attention from what was in the best interest of the child.
- The THRIVE model could have particular benefit in early help and targeted prevention services, with specific reference to:
    - Improving a shared understanding of levels of emotional health need
    - Improving shared language in the description of emotional health need
    - Improving the effectiveness of identification and planning.

The theme of the 2017 Joint Annual Conference is Mental Health. The first LSCB Forum focussed on Disguised Compliance, including understanding the issue (with Serious Case Review examples) and how to work with the issue. The presentation from the session is available on the LSCB website: www.readinglscb.org.uk/readinglscb-training/

Ongoing Challenge:

- How to improve the collaboration and collective action to prevent the escalation of a small cohort of young people that are often accessing RBH on the back of a mental health episode
- Ensure that more School Nursing time can be protected to deliver more PHSE, consultation and direct delivery in schools around Mental Health.
- The number of referrals into CAMHs Year to date have increased by 4.5% since the 2014/15 baseline. The service is also seeing an increase in complexity of cases.

Actions

The LSCB have agreed that Children's Emotional Health and Wellbeing will no longer be a key priority for the Board, although remains a vital area of work. All actions will continue to be monitored and delivered through the Berkshire West Future in Mind group and reported into the Health and Wellbeing Board. Any issues regarding safeguarding concerns will be fed into and discussed by the LSCB as required.

Priority 2: Strengthening the Child's Journey and Voice

Purpose: To evaluate the effectiveness of different aspects of the child's journey into help and services, the quality of the decisions made by individual agencies and the quality of multi-agency processes.

Young Carers

The Reading LSCB Business Plan identified that Young Carers should be identified quickly and offered support.

To enable partners to identify young carers, understand their needs and its impact on their long term wellbeing, in January 2017 the LSCB produced and disseminated a clear fact sheet. Partners have also received information on the changes in legislation. The fact sheet is available on the Reading LSCB website: www.readinglscb.org.uk/lscb-fact-sheets/

The Young Carers legislative guidance is also now detailed on the pan Berkshire online procedures.

The Youth Service has reported that professionals from a range of backgrounds are completing the tool and more whole family assessments are taking place. Over the year, the number of known young carers increased from 589 in quarter 1 to 661 in quarter 4.

Evaluation of Thresholds

Over the summer 2016 the Thresholds were reviewed in LSCB sub-group meetings including Neglect and Child Sexual Exploitation. Meetings took place with Domestic Abuse and Housing colleagues, plus key Children's services staff with responsibility for the MASH and Early Help front doors. The risk factors were specifically reviewed for priority issues of Female Genital Mutilation, Child Sexual Exploitation, Prevent and Neglect. Partners who were not represented at sub-groups were individually emailed asking for input/ comments.

As a result, updated documentation was presented and agreed by the Board in September 2016. The updated Thresholds poster and Guidance booklet (which includes the threshold risk factors, as well as the protective factors that can sit alongside them) was disseminated and can be found on the LSCB website: www.readinglscb.org.uk/information-professionals/threshold-criteria/.

Following the Thresholds review, two audits were carried out to review effectiveness:

Learning from audits – Multi-Agency Effectiveness of MASH and Early Help Pathways (June 2016)

The purpose of the audit was to explore the effectiveness of the MASH and Early Help Pathways. In particular the effectiveness of the initial point of contact into children's services, the impact of thresholds and the effectiveness of the response to previous referrals.

What we learnt:

- Approximately half of the contacts into MASH were deemed not to require a Children's Social Care assessment and whilst some of those were information requests, it poses the question of whether individuals really understand the threshold document.

- Of those contacts deemed to be inappropriate by the auditors the majority were from the Police and schools.
- The vast majority of referrals had sufficient information in the initial contact for a decision to be made.
- For all cases looked at, the decision made by the MASH Manager in relation to the threshold decision was correct and there were no cases in which it was felt the decision by MASH was inappropriate.
- The number of referrals sent to Early Help from MASH appears low; however there were valid reasons for this relating to the 24hr deadline in MASH and the need for gaining consent which parents are not always willing to give over the phone.

Learning from audits – Inappropriate referrals to MASH (October 2016)

The purpose of the audit was to evidence the concerns in regards to the number of contacts being made into the MASH Service with the expectation that they meet "level 3 or 4" of the Reading Threshold Guidance. However, a significant number of these do not proceed to the referral stage and passed to Access and Assessment; instead they are stepped down to Early Help Services.

What we learnt:
In October 2016, contacts and referrals into MASH were reviewed with the following findings.

- 210 contacts were received by MASH from the Police, 65 contacts were received from Health Services, Schools/Education Services made a total of 137 contacts.
- Of these 412, 257 (62%) were signposted to Universal Services, Early Help or Information Request.
- Of the 257, 158 were signposted following MASH screening;
- Over 60% of contacts received into the MASH Service from the Police, Health Services and Schools/Education do not meet level 3 or 4 of the Reading Threshold Guidance.

Key recommendations from both audits:

- Introduce a single front door for both safeguarding and early help services, so that universal services or members of the public do not need to make the decision whether the concern is for MASH or Early Help.
- Professionals working with children in the community need to be skilled and have a sound understanding of the entry into the MASH Service as well as Universal Services and Early Help.
- Review the messages being given in safeguarding training
- Ensure professionals within the front door have the right skills to support colleagues making referrals.

What has been done:

The recommendations from the audit were taken into consideration and on 30th June 2017 Reading Children's Services moved to the Single Point of Access. This is the front door service for reporting any new concerns in relation to child protection or requests for additional support needs. All Universal Safeguarding Training and other Safeguarding courses as relevant have been updated in line with the new process.

The Thresholds documentation was updated in June 2017 to reflect the process for the Children's Single Point of Access. Communication with partners focussed on the new process and how thresholds can support colleagues with decision making and expected outcomes when making a referral.

Ongoing Challenge:

- Ofsted continues to raise the correct application of thresholds across the partnership as an area of weakness. Partners report that this is not an issue with neighbouring authorities however the LSCB must work alongside the Children's Single Point of Access to understand why this issue has not yet been resolved. (See also 'Our Performance, Ofsted Inspection May/June 2016, page 13).

Actions:

- Phase 2 of the Children's Single Point of Access was implemented in June 2017. Improvements will continue to be made as Phase 2 is progressed.

Private Fostering

Private fostering numbers continue to remain low (3 as at March 2017). In June 2016 a webpage on the Reading LSCB website was created and a Private Fostering factsheet produced and disseminated to all partners with the Reading Borough Council leaflet.

Safeguarding courses trainers have been informed to emphasise private fostering and the leaflet is sent as post course material for all delegates who attend.

In February 2017 the Service Manager with responsibility for fostering wrote to all GPs and schools via the Looked After Children (LAC) Nurse and Virtual Head, to remind them of the regulatory requirements around private fostering. The link to the LSCB website was provided and the RBC guide for professionals included.

In September 2017 the LSCB will receive further reports in relation to Private Fostering to discuss this issue further and to seek guarantees from partners that they have disseminated the information.

Ongoing Challenge:

- Private Fostering numbers remain low. We need to better identify these vulnerable young people and ensure front line staff understand what constitutes a private fostering arrangement, and what to do if they suspect an arrangement is in place.

Action:

- The LSCB to discuss the Private Fostering annual report when received in September 2017 and agree how to better identify these vulnerable children.
- This is recorded as an action in the Children's Learning and Improvement Plan to progress joint working with partners.

Priority 3: Child Sexual Exploitation (CSE)

The sexual exploitation of children is sexual abuse. Reading LSCB seeks to ensure that all children and young people who are vulnerable to exploitation are identified and protected through the co-ordination and provision of effective multi-agency service provision.

Multi-agency approach to CSE

This year the focus has been to improve:

- The comprehensive SEMRAC data dashboard to provide a profile of CSE in Reading and enable us to more effectively target interventions
- Use of CSE Risk Indicator (screening) Tool
- Support and recovery pathway for all victims of CSE
- Structure and process in place for responding appropriately to all CSE cases

What has been delivered:

- The LSCB has continued to fund the Chelsea's Choice drama production in Reading secondary schools, delivered to all 9 secondary schools in March 2017. The production is aimed at Year 8 pupils and was shown to the entire year group in each school. Reading's pupil referral unit, due to the low number of pupils and the vulnerability of these pupils showed the production to the whole school.
- Implementation of SEMRAC (Sexual Exploitation & Missing Risk Assessment Conference) triage, escalation policy and audit process
- The CSE Champions group meet bi-monthly. This group includes members from across partner agencies and voluntary sector and enables key staff to be kept update with the latest information and best practice.
- Development of CSE Strategy action plan for 2016/2017
- The Pan Berkshire CSE Risk Indicator Tool was reviewed, updated, implemented and included on the online pan Berkshire Procedures
- Expansion of the training pathway to include offer to night-time and other economies, including taxi drivers, bus drivers, internet cafes and hotels.

What is the evidence:

- Minutes of SEMRAC meetings evidence attendance, referral numbers and actions/safety planning for children
- The SEMRAC data dashboard is reported to CSE & missing strategic group and the Children's Services Improvement Board
- There has been a consistent number of referrals to SEMRAC as knowledge of indicators and process improves
- Training figures and the offer from all partner agencies are reported to the CSE & Missing strategic group. In 2016-2017 we ran 6 courses and a total of 112 delegates attending.

What has been the impact:

- SEMRAC is running more efficiently enabling professionals to better identify and protect children
- Data produced for SEMRAC is helping with understanding risk and reduction
- Improved quality and quantity of CSE Risk Indicator Tools being completed. We now have 91% of cases presented at SEMRAC with a completed risk indicator tool.

Learning from audits - Missing Children, Return Interview Quality Audit (August 2016)

The purpose of the audit was to assess the quality of the interviews being carried out. The audit was looking for key areas that the interviewer would be asking the young person in order to gather information which can help to assess ongoing risk.

What we learnt:

- A new interview form was needed that asks more direct questions in order to obtain basic information more consistently. Training to support interviewers in the use of the new form was required to ensure consistency.
- Without gaining a holistic assessment of the current situation for each missing episode from a variety of sources, the analysis of risk and need may be insufficient.
- The national guidance states that the interview should be conducted within 72 hours of being returned home. This is not the case for 77% of interviews audited.
- Escalation procedure is required to ensure that workers are aware of the process that will take place if the standard of expectations is not met without reason.

What have we done:
A new interview form and training on how to use this was implemented in September 2016. A new standard of expectations has been written and delivered and since this the timeliness of interviews has improved. Since the audit was completed the timeliness of completion of interviews within 72 hours has increased to 70%. An escalation policy has been written should the standards of service not be met. The Missing Coordinator has met with Long Term Team Managers to discuss how recommendations from interviews can form part of assessment and planning.

Ongoing Challenge:

Child Sexual Exploitation

- Requirement of a robust problem profile for Reading to enable us to better understand the local issues and development of disruption dataset
- Ongoing analysis of data through newly revised dashboard
- Development of direct work resources and good practice guidance for children's social care staff and targeted youth workers for use with all children identified with vulnerabilities and/or identified as level one risk at SEMRAC
- Improve uptake from schools in CSE training and preventative education programme
- Increase intelligence reports submitted to TVP to identify and disrupt perpetrators

Local CSE and Missing Group:
Following business planning discussions the LSCB has revised the priority for 2017/18 to encompass wider issues of exploitation. There is a challenge around whether the existing group can accommodate this wider remit, and whether the membership is still appropriate. Chairing of this group will pass to Thames Valley Police, who will progress this discussion.

Action:

- Develop a Reading problem profile
- Develop a CSE hub within the Children's Single Point of Access, alongside a review of the CSE pathways

Priority 4: Neglect

The number of children with a child protection plan for neglect out of the four categories (neglect; physical; sexual and emotional abuse) has been routinely above 50% for the last three years, which is above the national figure of 43%. Research has shown the negative impact of living with neglect can have on children and young people's emotional and physical development and has lifelong consequences in terms of poor outcomes in educational achievement; mental health; employment etc.

It was recognised by the Board that there had been a lack of progress and pace in relation to neglect in 2015/16. To ensure progress in 2016/17 the Independent LSCB Chair agreed for a task and finish group to be set up, following a partnership workshop that took place in March 2016.

What has been delivered:
The Neglect strategy was written and agreed by the Board in July 2016. The strategy and action plan have been reviewed at each task and finish group meeting with actions assigned to group members

The focus during the year has been work to raise awareness of neglect. This has included:

- The Thresholds document has been specifically reviewed to ensure neglect signs and symptoms are clear. These updates were part of the revised documentation for 2016/17 and in line with the recommendation made by Ofsted as part of their inspection.
- Consistent chronology guidance has been written and reviewed by members of the task and finish group. The document is available on the LSCB website, and will be used as part of the neglect audit learning events to further raise awareness.
- Neglect leaflet has been updated and available on the website. Partners from the task and finish group have disseminated to their organisations.
- A specific Neglect webpage for professionals was developed on the LSCB website in May 2016.
- A Neglect briefing session has been delivered to designated safeguarding leads in Schools, which highlighted the resources on the LSCB website.
- Neglect is included in all universal safeguarding training.
- The sub group has supported preparation for the roll out of the Graded Care Profile 2. This is an assessment tool that helps professionals measure the quality of care being given to a child and helps them to spot anything that's putting that child at risk of harm. A Graded Care Profile plan is written and this action will continue into the 2017/18 year. This has been captured within the 2017/18 LSCB Business Plan.

Ongoing Challenge:

- Clear links required between the Neglect Task and Finish Group and the Learning and Development Sub Group to ensure progress with key actions around learning opportunities and raising staff awareness.
- Implementation of the Graded care Profile in Reading to support key practitioners to identify and work with families where neglect is an issue.
- Enabling staff across the partnership to hold anxiety and feel confident enough to have difficult conversations with families.

Actions:

- Share learning from the joint neglect audit with West Berkshire and Wokingham (reporting in September 2017) to staff across the partnership.
- Learning from the audit to specifically reference the LSCB chronology guidance.
- Review membership of the Neglect Task and Finish Group to ensure representation from Workforce Development.

Learning from audits – Ofsted Recommendation 8 (an audit of all cases where neglect or domestic abuse was a key factor - quarter 3 2016)

The Ofsted inspection of Reading Borough Council's Children's Services published in August 2016 recommended that 'Reading review all cases where children are exposed to domestic abuse and neglect, to ensure that their needs have been thoroughly assessed and that they are safeguarded, where appropriate'.

In response between September and December 2016, RBC commissioned independent consultants to audit 718 cases, ranging from cases in assessment through to those on a child protection plan. The executive summary of the findings stated that there was some good practice, often where social work staff had been consistent and were known to the families. However, there were a range of significant concerns raised about the quality and consistency of social work practice, frequent changes in social workers and team managers, as well as the absence on social work files of challenge and contribution from other agencies.

The LSCB Quality Assurance and Performance Group received these reports in February and April 2017 and raised a number of challenges with RBC. The Director of Children's Services acknowledged the concerns raised and provided assurance that all recommendations have been included within the Children's Learning and Improvement Plan, and that all cases where immediate concerns were raised were swiftly acted upon. In addition, the Chair of the Children's Services Improvement Board has attended an LSCB Board meeting to provide assurances to the LSCB that the Improvement Plan is being robustly monitored and challenged.

Ongoing challenge as identified in the audit recommendations:

- All partners must continue to work together to improve front line practice across the workforce. It is vital that the focus remains on ensuring positive impact on children's lives, rather than the process of improvement itself.
- Partners must support, and challenge, social work practice to enable improved outcomes for children. Partners must actively participate in, report to and attend core groups and child protection conferences.
- Staff at all levels, from Board members to front line practitioners must keep lines of communication between agencies open. Colleagues must have the courage to initiate, and be willing to accept, honest and challenging conversations.

Actions:

- RBC to develop, with LSCB partners, local protocols for assessment to improve the quality and timeliness of Early Help Assessments, statutory Social Work Single Assessments and Education, Health & Care Assessments (from pre-birth to 18 years/25 years for young people with SEND). This activity will ensure that all assessments address referral issues and concerns and include a comprehensive analysis of the child's needs, risks and circumstances, set out the desired outcomes to be achieved and routinely take full account of the: Child's individual characteristics; Family background and relationships; Chronology of significant events; Child's views, wishes and feelings and their day to day lived experience; parenting skills and capacity to change, including consideration of any additional needs; Multi-agency checks and assessment.
- RBC Children's Learning and Improvement Plan includes a range of actions to improve practice and outcomes for children, with the support and challenge from partners.

Priority 5: Improving Cultural Confidence and Competence in our Workforce to meet Children's Needs

Reading is hugely diverse made up of many cultures and ethnicities, it is the second most ethnically diverse in the South East outside London. 49.4% of school population belongs to an ethnic group other than White British.

Female Genital Mutilation (FGM)

The population profile of Reading indicates that female genital mutilation could be an issue for certain groups of girls in the town. The LSCB recognised that a co-ordinated strategic direction was required to progress local developments to ensure girls who might be at risk are identified and protected. A west of Berkshire LSCBs task and finish group was established and a strategy and action plan was developed.

Key areas of progress:

- **Understanding local prevalence –** initially the LSCB had very little information to confirm if female genital mutilation was an issue and if the hospital and Children's Services at Reading Borough Council were responding appropriately to concerns. An audit by Public Health (detailed below) confirmed our understanding and directly influenced the production of local guidance.
- **Guidance –** There was a need to create shared pathways for all staff to be able to follow, plus a risk assessment toolkit to allow staff to make informed safeguarding decisions. This detailed guidance document and associated risk assessment toolkit was completed in June 2016 and launched at an event to 70 managers and practitioners from across the west of Berkshire. Feedback from the event was overwhelmingly positive with all feedback sheets recording the session as 'good' or 'excellent'. This documentation is available on the Reading LSCB website on a new page set up specifically to provide information on this subject. All local FGM training links to this web page: http://www.readinglscb.org.uk/information-professionals/fgm/
- **Policies and procedures -** The Berkshire online policies and procedures were updated to reflect our guidance and new legislation. In addition, it was important that the information sharing framework allowed staff to confidently share concerns and information. The revised Information Sharing Agreement has been signed off by all six LSCBs and will be uploaded to the online procedures in July 2017.
- **Training -** The LSCB training Programme continues to offer half day training sessions on FGM. This has been supplemented with the information from the launch event, access to the Home office online training and most recently we have developed an online package to support practitioners when completing the risk assessment toolkit. In addition we have spoken, and continue to speak regularly on this topic with School Designated Safeguarding Leads.
- **Numbers of referrals -** This continues to be a highly hidden form of abuse, but we are confident that the training and resources are now available and accessible to front line practitioners. This is evidenced in the increased numbers of referrals where FGM has been ticked on the contact. By calendar year, in 2015 in Reading the number was 18 referrals, which increased to 114 in 2016.

Learning from audits - Multi-Agency Female Genital Mutilation Audit (June 2016)

The purpose of the audit was to assess the Royal Berkshire Hospital Safeguarding Service's and Reading Social Care Services teams' adherence to the 2015 LSCB Guidelines on female genital mutilation. To assess the need for additional training, support for staff regarding FGM to ensure the guidelines are being met.

What we learnt:

- The nationality of the women concerned, and the types of female genital mutilation they have been subjected to, are in line with national statistics.

- All cases identified were appropriately referred to the hospital safeguarding team for scrutiny and referrals to Children's Social Care for assessment were made when appropriate.
- All cases of female genital mutilation were self-reported cases apart from one.
- None of the cases involved women who were born in the UK.
- Based on the estimated figures the 24 Reading cases are about half of what would be expected.
- Procedures are being followed.

What have we done:
The findings from this audit informed the Female Genital Mutilation Action Plan and the formulation of the West of Berkshire FGM Pathways and Risk Assessment Toolkit launched in July 2016, this can be found on the LSCB Website: www.readinglscb.org.uk/information-professionals/fgm/ where you can also find an FGM Factsheet. New local online training in relation to female genital mutilation was commissioned and details on how to access this can also be found on the above web page.

Actions:

- The challenge will be to maintain the momentum achieved by the launch in 2016, but we will continue to raise this issue at the School Designated Safeguarding Leads meetings, and will send round emails to school and other LSCB colleagues before main holiday periods.
- The main area of outstanding work is the establishment of the Rose Project that would include a FGM clinic within it. A business plan has been created by the CCG that identifies the full scope and funding requirements for a centre of excellence Rose Project. A working group between statutory partners and ACRE, will meet again in 2017/2018 to continue to review progress together.
- With the majority of work completed on the action plan the LSCB agreed in May 2017 to close the FGM task and finish group. Annual updates for the LSCB will be provided through the governance of the Rose Clinic when established, but if this is not set up then for the 3 LSCBs to meet in January 2018 to review the:
    - use and impact of the training
    - numbers of both adults and children being flagged up for concern due to FGM
    - ensure guidance in the tool kit and training is up to date and agree changes from partners' recommendations.

Prevent

Reading LSCB agreed that we needed to support schools to understand their responsibilities towards the assessment and prevention of radicalisation.

As a result we have:

- Delivered a detailed session to School Designated Safeguarding Leads in July 2016 including tools and risk assessment forms. This session provided clarity on the statutory responsibilities on schools from government Prevent guidance and Keeping Children Safe in Education 2015.
- Created a 'Prevent' page on the LSCB website populated with information from the presentation to Designated Safeguarding Leads.
- Produced a 'Prevent' factsheet which has been disseminated to the Board and through the Designated Safeguarding Leads network.

The School safeguarding audits 2016 reflect that staff have been trained in Prevent and schools are confident in their responsibilities.

A report from the Channel Panel will be presented to the Reading LSCB in September 2017.

Statutory Legislation

Section 13 of the Children Act 2004 requires each local authority to establish a Local Safeguarding Children Board (LSCB) for their area and specifies the organisations and individuals (other than the local authority) that should be represented on LSCBs. Our current membership is listed in the appendices.

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

a) to co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area,

b) to ensure the effectiveness of what is done by each such person or body for that purpose.

The role and function of the LSCB is defined by Working Together to Safeguard Children 2015, and key extracts can be found in the appendices.

Policies and Procedures Sub Group (Pan Berkshire)

The purpose of the Pan-Berkshire Policy and Procedures subgroup is to ensure that:

- The six Berkshire LSCBs develop and maintain high quality safeguarding and child protection policies and procedures.
- Safeguarding and child protection policies and procedures remain in line with key national policy and legislative changes.

Issues:

- The forward work programme and expectations on group members were not always clear.
- The relationship with the procedure provider had not been consistent, leading to difficulties in maintaining a cumbersome set of procedures and the sub group feeling disempowered.

Summary of activity/achievements:

- The new online format for practitioners across Berkshire with a set of agreed core policies and procedures has been received positively.
- A sub group that is structured and contributes effectively to the ongoing plan to maintain and update the policies and procedures for child protection.
- Safeguarding and child protection policies and procedures remain in line with key national policy and legislative changes.
- A consistent relationship with the provider has enabled a more robust process for agreeing recommended changes and understanding of responsibilities.
- A Policy and Procedures Newsletter has been created for circulation following each procedure update, for onward dissemination to staff via all six LSCB Boards.

Specific updates agreed within the 2016/2017 year include:

- Information Sharing Agreement - All six LSCBs signed off a revised Information Sharing Agreement. This will provide a clear framework for information sharing between agencies across Berkshire.
- Escalation Policy – A recent serious case review within Berkshire led to the creation of the pan Berkshire Escalation Policy.

- Wording changes with key chapters such as female genital mutilation, domestic abuse, child protection enquiries and management of allegations.

Ongoing Challenge:
- Ensuring sub group members are able to give the time and resource to review changes to policies and procedures prior to the meetings.
- Although there has been an escalation policy in place in Reading since May 2016 it has not been used.

Action:
- Pan Berkshire Escalation Policy will be recirculated to all Board members.

Section 11 Panel (Pan Berkshire)

Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

Pan Berkshire Approach

The six Berkshire LSCBs work together through the Section 11 (S11) Panel. Its purpose is to:
- To oversee the S11 process for all pan Berkshire organisations and to support improvement. This currently involves Berkshire wide statutory and voluntary organisations of which there are 9 of a significant size and scope.
- To set clear expectations with the LSCBs and those organisations about the timeframe and process for submission of a self-assessment section 11 audit, and ongoing development towards compliance.
- Review and evaluate S 11 returns of the full three yearly audit (including a mid-term review) of s11 Children Act 2004 for pan Berkshire organisations, in order to make an assessment of agencies' compliance with the duty to safeguard. New round of assessments commenced from May 2015.

Summary of activity/achievements:
- There is a strong core membership of experienced individuals who have been in the group for some time so this provides consistency. Other organisations continue to support and continuity of attendance has been good. We have had an additional lay member join with a voluntary sector background. This provides additional experience and challenge.
- The panel have questioned how robust the process is in seeking further evidence and assurances about the information being provided. As a result it has been agreed to test out some of the links embedded in submissions in our preparation and to seek further evidence if it is not sufficient.
- The feedback from presenters from the organisations has been generally positive and the panel members feel that the format and audit tool is robust.
- In an effort to strengthen the tool further, we have revised the guidance notes on the tool to be more explicit and have asked organisations to list at the beginning who has conducted the audit and for LAs we have asked them to indicate which directorates were involved.

The activity and output of the panel is set out below.
At six S11 panel meetings between March 2016 and March 2017 the audits from the following organisations have been reviewed:

South Central Ambulance Service	Calcot Services for Children Residential Provision
British Transport Police	SWAAY – Residential provision
Berkshire Healthcare Foundation Trust	West Berkshire Council
Royal Berkshire Hospital Foundation Trust	Bracknell Forest Council
Berkshire West Clinical Commissioning Groups	Royal Borough of Windsor and Maidenhead Council
Berkshire East Clinical Commissioning Groups	Reading Borough Council
Care UK-Sexual Health Referral Centre	Wokingham Borough Council
Frimley Health Foundation Trust	

Themes:
- The general quality of audit returns has been good and the model of supplementing the written submission with a verbal presentation works well and allows more in depth questioning.
- There is a challenge for large organisations to ensure the audit is completed by all departments and directorates and then collated in advance of being presented to the panel. The strongest submissions have been able to evidence how the audit was completed and which departments contributed. The most comprehensive audit was provided by Reading Borough Council who presented a very honest assessment and the presentation included data about compliance which was a helpful addition.
- In all local authority (LA) submissions, safer recruitment seems to be well embedded with employees but the knowledge about the safer recruitment and training of volunteers within LAs was less assured. This theme will be revisited in the review cycle.
- Some very good practice was noted in relation to evidence of the child's voice being central to processes.
- As this Panel only considers Berkshire wide organisations, we would like some assurance that S11 audits are being done locally and that LSCBs have a process in place for monitoring this.

Ongoing Challenge/Actions:
- Maintaining robust challenge. The panel has received a challenge in relation to one organisation's S11 audit which the panel judged to be good but was later judged not to be compliant in another process. In order to strengthen the scrutiny of the S11 process, the panel will be requesting evidence of compliance in each area of safeguarding and sample checking the evidence provided.
- To start the mid-term review cycle in September 2017.
- To seek and collate more detailed feedback from agencies on their experience when they submit S 11 audits to the panel.

Local Approach
Reading LSCB is responsible for the undertaking S11 returns for local organisations not included in the S11 Panel above. In 2016 all academies and maintained schools were asked to complete an annual safeguarding audit and by July 2017 90% of returns had been received. These have all been monitored by the Virtual Head for Children Missing out on Education and feedback has been given to each school on their audit. Themes were raised via the Designated Safeguarding Leads meeting and findings were considered at the Quality Assurance and Performance sub group in June 2017. In 2017 the audit will be strengthened by ensuring the questions ask 'how do you implement…' rather than 'the schools has a policy for…'

Early Years providers, including playgroups, are required to complete an annual safeguarding and welfare requirement audit as part of the EYFS (Early Years Foundation Stage) requirements. A worker in the early years team reviews these audits to ensure all safeguarding requirements are met.

Ongoing Challenge/Actions:

- Improve the questions within the school safeguarding audit to provide greater evidence of compliance.

Action:

- Compliance with safeguarding training requirements for school staff to be queried with all schools where this was not clear.

Child Death Overview Panel (Pan Berkshire)

In 2008, Child Death Overview Panels (CDOPs) were statutorily established in England under the aegis of Local Safeguarding Children Board (LSCBs) with the responsibility of reviewing the deaths of all children (0 to <18 years) in their resident population.

Within Berkshire there is a shared child death overview panel that works jointly for the 6 Unitary Authority Local Safeguarding Boards and is made up of a range of representatives from a range of organisations and professional areas of expertise. This process is undertaken locally for all children who are normally resident in Berkshire.

The purpose of the CDOP, (as required by the Local Safeguarding Children Boards Regulations 2006) is to collect and analyse information about each child death with a view to:

- Identifying any changes that we can make or actions we can take that might help to prevent similar deaths in the future.
- Sharing this learning with colleagues regionally and nationally so that the findings will have a wider impact.

CDOP activity:

The group has met regularly throughout the year with good partnership representation. There were 46 deaths within 2016/17, which reflects a downward trend since April 2011. In 2016/17 CDOP has reviewed 53 cases, including some deaths notified in the previous year but not reviewed until this year. Nationally 76% of cases are reviewed within 12 months; however, locally we have achieved closure on 92% of cases within 12 months.

In 2016-17 68.8% of actual deaths in year were in children under 1 year which is broadly consistent with the national figure (66%).

Neonatal deaths - In response to the high proportion of neonatal deaths among the overall numbers of child deaths reviewed, the Berkshire CDOP established a specialist panel to better enable the CDOP to consolidate the possible learning. Most deaths are due to congenital anomalies and/or perinatal medical problems, particularly complications of prematurity and low birth weight. The findings were fed back to the CDOP panel with the focus on themes and trends rather than individual cases and were well received.

Modifiable factors - defined as 'those, where, if actions could be taken through national or local interventions, the risk of future child deaths could be reduced'. Nationally the proportion of deaths which were assessed as having modifiable factors has remained unchanged at 27% in the most recent year. Locally in 2016/17 of the cases reviewed there were 7 cases that had modifiable factors (11%).

The modifiable factors included co-sleeping with an infant, alcohol consumption, consanguinity, untreated UTI in mother before delivery and missed opportunity.

Unexpected death - defined as 'the death of an infant or child which was not anticipated as a significant possibility.' In 2016/17, 11 cases where there were unexpected deaths were reviewed. All have documented rapid response reviews. During the last six years the number of unexpected deaths continues to show a downward trend. Over 90% of all deaths now occur within the hospital setting.

Learning

Learning from the other deaths reviewed led to procedural changes for health services (particularly hospitals or ambulance services). These were:

- A consultant and anaesthetist should always be called for a second opinion following a sudden deterioration.
- A member of staff should be appointed to take notes e.g. junior nurse, A & E nurse or junior doctor to ensure case documentation is accurate.
- All second presentations at A&E should have a senior review
- A review of the Sepsis triage tool and a collaboration of practice over the county.
- Training for health care professionals should include recognition of shockable heart rhythms and defibrillation.

Other learning included:

- A recommendation that if a general pathologist carries out a post mortem on an adolescent in circumstances of a medical death they should consider seeking the opinion of a paediatric pathologist.
- Complete agreement with Police advice to never use a mobile phone while driving.

The full annual report will be published on the CDOP website:
http://www.westberkslscb.org.uk/professionals-volunteers/cdop/

Priorities for 2017/18

- The 2ND annual multi-agency CDOP training day will take place on Wednesday 07/03/2018 at Easthampstead Park Conference Centre, Wokingham.
- The CDOP will continue to build on our successful work to date in supporting a reduction in mortality from SUDI and accidents.
- We will look to reduce risk factors for preterm and low birth weight deaths and to continue our work with families and communities to reduce risk of congenital / genetic abnormality.

For 2017/2018 we will be carrying out thematic reviews on the following:

- Sepsis management/effectiveness of paediatric early warning and sepsis tools
- Knife crime (because nationally there is a rise)
- Children with life limiting conditions and deteriorating neurological conditions – now the largest group we review other than neonatal
- Better community understanding of Safe Sleeping
- Home educated children, as they can become invisible.

Learning and Development Sub Group (West of Berkshire)

In order to fulfil its statutory functions under Regulation 5 an LSCB should monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children.

Reading, Wokingham and West Berkshire LSCBs share a Learning and Development sub group whose purpose is to lead the strategic planning and oversee the operational delivery of Learning and Development (L&D). The aim of the group is to coordinate the provision of sufficient high-quality learning and development opportunities that are appropriate to local needs and have a positive impact on safeguarding outcomes; holding partner organisations to account for operational delivery and uptake.

Summary of activity/achievements:

- **Training Needs -** the annual West of Berkshire LSCB training programme has not always been needs led, offering the same courses for a number of years and likely contributing to low attendance on some courses. In November 2016 a Training Needs Analysis (TNA) form was completed by Local Authorities, Health, Probation, Education and Voluntary sector partners with the results influencing the 2017/18 programme. In addition to some new subjects, the 2017/18 programme will include more short courses and workshops, making it more accessible to members of the workforce that may previously not have utilised the programme on offer.
- **Attendance and Evaluation**

  Figures for 2016/17
    - 20 Courses ran – two were cancelled early in the year due to low numbers
    - 274 Staff attended
    - 1611 staff completed the Universal safeguarding children online course
    - 437 staff completed the Introduction to CSE e-learning – across West of Berkshire.

  Attendees at face-to-face courses are asked to self assess their understanding before and after training to provide us with some immediate impact. 70% reported significant improvement in their understanding, 27% reported some improvement and 3% reported a very significant improvement.

  The L&D group have agreed a standard Impact Evaluation template. This will be emailed out to all delegates 3 months after attending an LSCB course. Questions on the evaluation form aim to identify the difference that attending the course has made to professional practice, whilst also identifying any organisational barriers to implementing learning. From July 2017 (3 months after the launch of the 2017/2018 programme) these impact evaluations will be imbedded in to the L&D process for all LSCB courses.
- **LSCB Forum -** In January 2017 we ran the first LSCB forum. These 2 hour events will take place quarterly and will be hosted by each LA and Royal Berkshire Hospital. The January event theme was Disguised Compliance, as suggested by Business Managers. The Forum was hosted in Reading and facilitated by Reading LSCB Business Manager and Chair of the L&D sub group. 74 staff attended including a number of GP's, who historically have found it impractical to access the LSCB training programme. Feedback has been extremely positive.
- **Training Audit -** In November 2016, partners completed a Training Audit which provided assurance that adequate and appropriate safeguarding training is provided to staff and volunteers across the partnership.
- **Training Pathway –** In January 2017 the L&D sub group agreed a Training Pathway document. This provides clear guidance on what staff should be completing what level of safeguarding training, and also highlights any refresher requirements. By having this in one document it provides a consistent

message across the West of Berkshire and enables the annual training programme to be pitched at the correct level.

- **Safer Recruitment -** Safer Recruitment training was identified as a gap as a result of Section 11 audits in 2015, particularly for non-school settings. Therefore Reading Borough Council developed an online Safer Recruitment course which was reviewed and signed off by members of the L&D group. This online course was launched in October 2016 and to April 2017 has been completed by 66 staff (RBC, Hospital, RBHFT, CCG, PVI, other Local Authorities). The Reading Local Authority Designated Officer will monitor and progress any Reading focussed issues.
- **Sub Group Induction -** an induction pack has been developed to clarify to new (and existing) members of the group how the L&D fits within the LSCB structure and its role and accountability to the Boards.

Ongoing Challenge:

- Post course evaluation – this process needs to be strengthened to provide assurance to the sub group and Board that courses have improved professional practice and are appropriate for Reading.
- It is apparent that there are still professionals across the workforce that are unaware of the Safeguarding training offer provided by the LSCBs. This is evidenced by the results of the recent Training Needs Assessment and reflected in LSCB course delegate numbers.

Actions:

- In 2017/18 information from the new post course evaluations will be scrutinised at each sub group meeting and reports provided to the Board.
- All Board members are to promote the annual LSCB programme across their agencies. This can be via email distribution and should be included in newsletters, bulletins, reference to courses in meetings and uploading the programme on their websites.

Learning from audits - Multi-Agency Safer Recruitment Audit (May 2016)

Audit Purpose:
In 2015 the Pan-Berkshire Section 11 Panel identified via agency audits that safer recruitment training was not easily accessible and nor was it always clear to agencies what constituted safer recruitment or that it was being consistently being taken up. It was agreed to undertake an audit to measure LSCB agencies awareness of and completion of safer recruitment training to ensure compliance with the s11 requirement.

What we learnt:

- Agencies themselves do not seem to have fully understood the requirement for safer recruitment training as part of the recruitment process for those in regular contact with children.
- LSCB members needed to ensure that managers are identified and signposted to the training and ensure their staffs attend.

What we have done:
The West of Berkshire Learning and Development Sub Group ensured that further Allegations Management and Safer Working Practices courses were commissioned in the 2017/2018 LSCB Training Programme. New online training in relation to Safer Recruitment was identified and details on how to access this training can be found on the Reading LSCB website, along with further information and guidance: www.readinglscb.org.uk/safer-recruitment-safer-working-practices/

Action:
- A re-audit of partners will be undertaken in late 2017/2018 to ensure that the additional training opportunities and awareness raising have improved the understanding of safer recruitment.

Training for the Voluntary and Community Sector (VCS):

Reading LSCB have worked in partnership with Reading Children's and Voluntary Youth Services (RCVYS) to implement and embed a programme which meets the safeguarding training needs of the local Voluntary Sector. Reading LSCB funds RCVYS to provide additional safeguarding training opportunities to the VCS. The programme started as a trial in 2015, but its success has enabled continued funding for 2016 and 2017.

This programme was focussed around Universal Safeguarding Children Training and other courses which have a strong demand from the local Voluntary Sector, as well as working in partnership with more specialist groups to deliver introductory and specialist courses.

The following courses/workshops were delivered as part of the programme this year:

Universal Safeguarding Children Training - 6x courses	Safeguarding for Trustees - 1x course
Designated Persons Training - 2x courses	Are they Safe? - 1x course
Disclosure & Barring Service Workshop - 3x courses	Safer Recruitment Training - 2x courses

What has been the impact:
- **Keep children safe by training front line workers in safeguarding awareness -** In total, 168 different people from 77 different Voluntary Sector organisations received safeguarding training to help them improve the way they keep children safe in Reading.
- **Ensure that more Voluntary Sector organisations can refer appropriately into MASH or the Early Help Hub, and to the Local Authority Designated Officer (LADO) -** 139 people from 64 different organisations attended a training course which provided them with the tools and information to refer safeguarding concerns appropriately.
- **Increase Voluntary Sector organisations' ability to manage safeguarding in their organisation. -** Representatives from 85 different organisations attended a training course which helped to increase their ability to manage safeguarding in their organisation.
- **Increase Voluntary Sector organisations' ability to recruit their staff and volunteers more safely -** Representatives from 46 different organisations attended a training course which helped to increase their ability to manage safeguarding in their organisation.
- **Increase trustees' awareness of their safeguarding responsibilities -** 12 people representing 11 different organisations attended, and after the course, all of them reported feeling confident about actively promoting good practice in safeguarding children in their organisations.

This year reflected an increase in attendance in all RCVYS safeguarding training, and a number of organisations booking courses in advance in 2017. 2017 will be a period where we move towards endeavouring to make the Safeguarding Training Programme as self-sustainable as possible, with an expectation that LSCB funding may be reduced in the near future. We have also decided to provide more 'fixed date' Universal Safeguarding Children Training courses, to reduce the maximum number of attendees. This will hopefully increase the take up of the training over the year, but make the courses a little more manageable for the trainers.

The collecting of the '6 months on' follow up feedback has remained the most challenging element of this programme, and a careful balance has had to be managed between expending time, effort and costs to gather this information. However the overwhelmingly positive feedback and real examples of impact provides invaluable evidence.

For more information please visit the RCVYS website:www.rcvys.org.uk/services/training/safeguarding.

Case Review Group (West of Berkshire)

The Case Review Group (CRG) receives and reviews all cases referred to the group where staff from any partner agency of the Safeguarding Children Boards in the West of Berkshire have identified potential learning. Recommendations are made to the LSCB Chair when the group agrees that the criteria has been met to undertake a serious case review (SCR) as defined in Working Together (2015).

Summary of activity/achievements:
The group has met regularly, with generally good representation. Membership has been regularly reviewed to try to ensure appropriate representation and commitment from all agencies.

The group has continued to review those cases referred in as potentially requiring either formal serious case review or other form of multiagency consideration. In 2016/2017 six cases were submitted, all from Reading. These included two cases of sexual abuse, two cases where a baby had sustained head injuries, one case which was eventually recorded as sudden infant death syndrome and one case of a sexual assault. Of these cases, one has been referred to the Child Death Overview Panel to include in an audit of similar deaths, to establish local learning, and one case was recommended for a serious case review. The SCR was initiated in December 2016 and is ongoing at the time of writing this report.

As can be expected in this challenging area, several of the cases discussed were complex, with differing professional views either about whether the threshold was met for serious case review, or regarding what type of review would be appropriate. The group took external advice from the LSCB chair and legal team where appropriate.

The process for referring cases in for group discussion has been strengthened to ensure that any case causing concern regarding multi-agency working to a partner agency is able to be discussed by the group, with an emphasis on an open approach to enable cases to be discussed in a supportive manner.

The group has taken an oversight on monitoring action plans from previous reviews to ensure that they have been fully implemented.

The group has undertaken regular review of national SCRs to extract learning and action points to incorporate into local training. Opportunities to link work plans with other subgroups should continue to be developed. Following discussions within this sub group, the Learning and Development Sub Group agreed that the first West of Berkshire LSCBs forum should focus on disguised compliance.

Ongoing Challenge:

- Many of the themes in national SCRs, such as the vulnerability of infants, poor mental health in teenagers, impact of neglect and drift in multiagency management of child protection cases continue unchanged, and it is a challenge to all case review groups to try to extract relevant learning points, and disseminate them to the children's workforce in a way which supports professionals to protect and make effective change for children at risk of harm.
- Any cases to be reviewed by independent authors require significant funding and partners should be aware that this request could be made retrospectively. The group is clear that cases must and will be undertaken when SCR criteria are met or significant learning is apparent, but all partners must be aware of the cost implications.

Action:

- The group will focus on identifying themes and concerns in national SCRs that resonate with local issues and challenge partners to provide assurances, or actions to improve local practice.

Quality Assurance and Performance Sub Group (Reading)

Working Together states that in order to fulfil its statutory functions under regulation 5 an LSCB should use data and, as a minimum, should:

- assess the effectiveness of the help being provided to children and families, including early help;
- quality assure practice, including through joint audits of case files involving practitioners and identifying lessons to be learned;

The role of the Reading LSCB Quality Assurance and Performance Subgroup is to ensure there are sound mechanisms for monitoring, evaluating and auditing safeguarding activity in place, particularly in relation to front line services, and ensuring that improvements are made to deliver better outcomes for children. Also, its role is to demonstrate that the LSCB is a 'learning partnership' that has a strong focus on impact and effectiveness, and when necessary, escalate any identified risk in order to provide assurance to the Board to enable them to carry out their statutory responsibilities. This requires LSCB partners to challenge and scrutinise their peers and where assurances are not robust, to hold those partners to account. This is achieved through a supportive environment and a committed core group of QA partners, however in order to have a wider and stronger impact, there needs to be significant representation from all key players.

The QA group undertakes multi-agency auditing and encourages partners to bring their single agency audits to share with the partnership for learning and assurance.

The key audits undertaken and reviewed by the group have been incorporated throughout this report and learning has been shared with Board members. These audits include:

- Multi-agency effectiveness of MASH and Early Help pathways
- Inappropriate referrals to MASH
- Missing children, return interview quality audit
- Multi-agency Female Genital Mutilation audit
- Multi-agency Safer Recruitment Audit

Recommendations from these audits have directly led to improved support for practitioners such as online training in safer recruitment and female genital mutilation (FGM), the FGM risk assessment toolkit and children's services single point of access. However, the auditing process is not yet robust

enough to evidence positive improvements in front line practice. A process that better enables multi and single agency audit learning as a combined programme, that learns from each other and influences each other, is required to drive improvements in practice.

The group has continued to meet with core membership remaining stable, however representation has not been consistent from key services and this has had a detrimental impact on the effectiveness of the group.

Ongoing Challenge:

- From December 2016 the group was without a permanent chair, hampering progress. However this has since been resolved with the RBC taking on this responsibility.
- Develop a process that better enables multi and single agency audit learning as a combined programme that learns from each other and influences each other, to drive improvements in practice.
- Completion of the audit programme for the year within agreed timescales is a challenge for all members of the sub group due to competing demands. Moving forward, it is essential that multi-agency auditing continues, but with a focus on quality and depth of audit work, as opposed to quantity.
- Learning from audits must be more effectively disseminated and embedded into practice, however this must be completed at no cost and LSCB partners must take joint responsibility for this work. The action plans must be monitored through to completion.
- Audit work needs to focus less on processes themselves and more on their outcomes for children. The voice of the child in audits must be routinely included, better reported and directly influence recommendations and actions.
- The data set continues to be improved in its design and presentation to enable it to assist the sub group in its scrutiny of the data and subsequent presentation to the Board, to achieve a document which has ease of use, which demonstrates trends and encourages partners to scrutinise and challenge the data where necessary. Although progress has been made and moving in the right direction, there remains a challenge in receiving commentary and agreeing the formats that is workable within timescales (quarterly/Yearly) and the structures of each agency.

Action:

- Head of Service for Quality and Improvement will chair the group from September 2017, plus the Quality Assurance lead for Children's Services will regularly attend.
- Audit leads from RBC and partners will contribute to the audit programme to ensure cross-referencing of all auditing, to better focus resources and avoid duplication.
- Learning from each audit will be disseminated to partners to share with staff, or via practitioner forums.

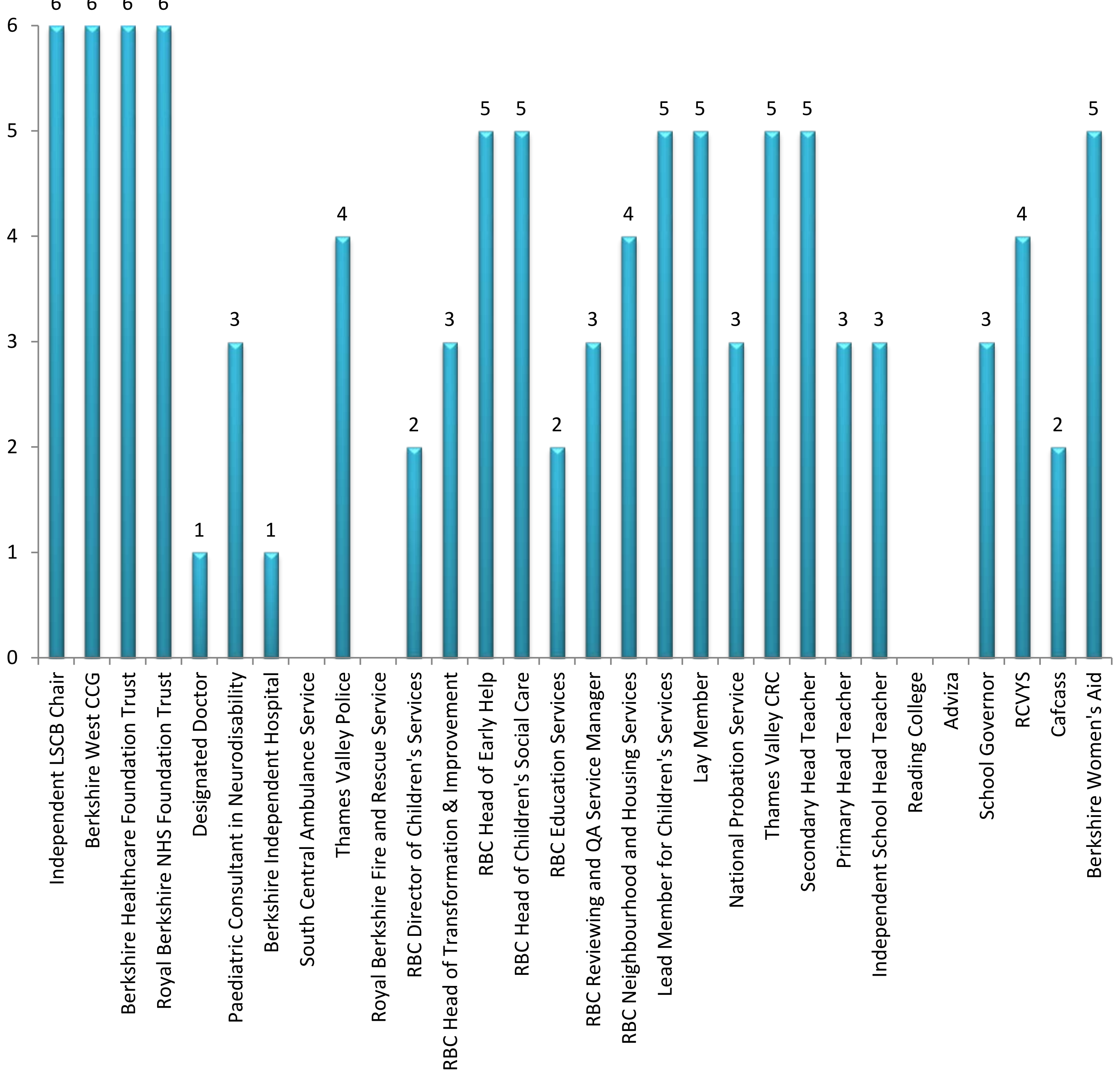
Name	Agency
Francis Gosling-Thomas	Independent LSCB Chair
Ann Marie Dodds	Director of Education, Adult and Children's Services, RBC
Rachel Dent	Head Teacher, Abbey School (Independent School Rep)
Elaine Redding	Consultant for Safeguarding and Improvement, RBC
Anderson Connell	Lay Member
Anne Farley	Lay Member
Anthony Heselton/Kat Jenkin	South Central Ambulance Service
Ashley Robson	Reading School
Liz Batty	Joint Legal, RBC
Katy Nesbitt/Shawn Fox	Activate Learning, Reading College
Christina Kattirzki	Kendrick School
Debbie Simmons	CCG
John Ennis	National Probation Service
Cllr Jan Gavin	Lead Member, Participant Observer
Sarah Tapliss	Housing, Neighbourhoods and Communities, RBC
Gerry Crawford	Berkshire Healthcare Foundation Trust
Hannah Powell	Thames Valley Community Rehabilitation Company
Helen Taylor	RCVYS
Patricia Pease	Royal Berkshire Hospital Foundation Trust
Liz Warren	Royal Berkshire Fire and Rescue Services
Stan Gilmour	Thames Valley Police
Becky Herron	LSCB Learning and Development Sub Group Chair
Kevin Gibbs	Cafcass
Kim Wilkins	Public Health, RBC
Ruth Perry	Caversham Primary School
Julie Skinner	Adviza
Emma Kettle	Berkshire Women's Aid
Bob Kenwrick	School Governor
Grace Fagan	Service Manager for Quality Assurance and Reviewing, RBC
Andy Fitton	Head of Service for Early Help, RBC
Sarah Hughes	Paediatric Consultant in Neurodisability, RBHFT

Board Meeting Attendance

Reading LSCB members have a responsibility to attend all meetings and disseminate relevant information within their agency. Attendance at meetings is monitored to ensure attendance is regular and at an appropriate level.

Attendance in Reading is generally good and, if a member is unable to attend, they are asked to send a deputy to ensure all messages are disseminated to each agency. Any lack of agency attendance is addressed directly by the Business Manager or escalated to the Chair. In addition, the Designated Doctor and a representative from Adviza attend meetings once a year by arrangement.

Attendance figures by agency, based on six meetings held from April 2016 to March 2017, are shown below.



Reading LSCB Board Information

Independent Chair:	Alex Walters	LSCBChair@reading.gov.uk
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Berkshire Local Safeguarding Children Boards Child Protection Procedures available on line: http://berks.proceduresonline.com/index.htm

Author: Esther Blake, Reading LSCB Business Manager
Date published: 29th September 2017

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

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	19 January 2018	AGENDA ITEM:	11
REPORT TITLE:	Safeguarding Adults Board Annual Report 2016-17		
REPORT AUTHOR:	Natalie Madden	TEL:	07718 120601
JOB TITLE:	SAB Business Manager	E-MAIL:	Natalie.madden@reading.gov.uk
ORGANISATION:	West of Berkshire Safeguarding Adults Board		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1.1 The Safeguarding Adults Board (SAB) must lead adult safeguarding arrangements across its locality and oversee and coordinate the effectiveness of the safeguarding work of its member and partner agencies. The overarching purpose of a SAB is to help and safeguard adults with care and support needs. It does this by: assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance; assuring itself that safeguarding practice is person-centred and outcome-focused; working collaboratively to prevent abuse and neglect where possible; ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred; assuring itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area.

The Annual Report 2016-17 presents what the SAB aimed to achieve on behalf of the residents of Reading, West Berkshire and Wokingham during 2016-17, both as a partnership and through the work of its participating partners. It provides a picture of who is safeguarded across the area, in what circumstance and why. It outlines the role and values of the SAB, its ongoing work and future priorities.

1.2 Appendix A Board member organisations
Appendix B Achievements by partner agencies
Appendix C Completed Business Plan 2016-17
Appendix D Business Plan 2017-18
Appendix E Partners Safeguarding Performance Annual Reports:
- Berkshire Healthcare Foundation Trust
- Reading Borough Council
- Royal Berkshire Foundation Trust
- West Berkshire Council
- Wokingham Borough Council

Appendix F Safeguarding Adults Training Activity

2. RECOMMENDED ACTION

2.1 Members are asked to note the content of the report.

3. POLICY CONTEXT

3.1 The SAB has a duty to develop and publish a Strategic Plan setting out how it will meet its objectives and how members and partner agencies will contribute. The Annual Report details how effectively these objectives have been met.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The annual report outlines how partner agencies have contributed to the work of the Safeguarding Adults Board in supporting vulnerable adults, contributing to the strategy's aims 2 and 6 of: Reducing loneliness and social isolation and Making Reading a place where people can live well with dementia.

5.2 The proposal recognises that plans in support of Reading's 2017-20 Health and Wellbeing Strategy should be built on three foundations - safeguarding vulnerable adults and children, recognising and supporting all carers, and high quality co-ordinated information to support wellbeing. The proposal specifically addresses these in the following ways:

The report outlines how partner agencies have contributed to the work of the Safeguarding Adults Board in supporting vulnerable adults.

6. COMMUNITY & STAKEHOLDER ENGAGEMENT

6.1 Not applicable.

7. EQUALITY IMPACT ASSESSMENT

7.1 Not applicable.

8. LEGAL IMPLICATIONS

8.1 The Safeguarding Adults Board has a duty under the Care Act 2014 to publish an Annual Report detailing how effective its work has been.

9. FINANCIAL IMPLICATIONS

9.1 Not applicable.

10. BACKGROUND PAPERS

10.1 None.

West of Berkshire Safeguarding Adults Board

Annual Report 2016-17

If you would like this document in a different format or require any of the appendices as a word document, contact natalie.madden@reading.gov.uk

Message from the Independent Chair

I am very pleased to introduce the Annual Report for the West of Berkshire Safeguarding Adults Board 2016-17. I am in my first year as the Independent Chair and I am very grateful to all partners for their welcome to me in this role, and for their ongoing support. The Annual Report reflects the partners' commitment and enthusiasm for taking forward shared vision and actions over the past year, to develop the work of the Board and to respond to the relatively new demands of statutory status.

This Report shows what the Board aimed to achieve on behalf of the residents of Reading, West Berkshire and Wokingham during 2016-17, both as a partnership and through the work of its participating partners. It illustrates an increasingly ambitious agenda and what the Board has been able to achieve, as well as those areas for action that we still need to address. The Report provides a picture of who is safeguarded across the area, in what circumstance and why. This helps us to know what we should be focussing on for the future.

We are keen to ensure that the work of the Board is accountable to local people and I am looking forward to working with partners to find new ways of hearing from and engaging with local individuals and community groups, so that our work is directly informed by learning from people's experience of local services.

I am very aware of the pressures on partners in terms of resources and capacity so would like to thank all those who have engaged in the work of the Board, for their time and effort. In particular, I would like to thank Natalie Madden, the Safeguarding Adults Board's Business Manager, for her organisational support, which makes an enormous contribution towards helping the Board deliver its aims and objectives. There is a great deal that we need and want to do to reduce the risks of abuse and neglect in our community and to support people who are most vulnerable to these risks. I am confident that the Board's partners have the vision and dedication to achieve our shared aims and I look forward to continuing to chair the partnership in the next year to progress our work.

Teresa Bell
Independent Chair, West of Berkshire Safeguarding Adults Board

Concerned about an adult?

If you are concerned about yourself or another adult who may be being abused or neglected, in an emergency situation call the Police on 999.

If you think there has been a crime but it is not an emergency, call the Police on 101 or contact Adult Social Care in the area in which the person lives:

Reading 0118 937 3747 West Berkshire 01635 519056 Wokingham 0118 974 6800

Out of normal working hours, contact the Emergency Duty Team 01344 786 543

For more information visit the Board's website: http://www.sabberkshirewest.co.uk/

Introduction

Our vision

People are able to live independently and are able to manage risks and protect themselves; they are treated with dignity and respect and are properly supported when they need protection.

What is safeguarding adults?

Safeguarding adults means protecting others in our community who at risk of harm and unable to protect themselves because they have care and support needs. There are many different forms of abuse:

Physical	Domestic	Sexual	Psychological
Financial	Modern slavery	Discriminatory	Organisational
Neglect or acts of omission		Self-neglect	

What is the Safeguarding Adults Board?

The West of Berkshire Safeguarding Adults Board covers the Local Authority areas of Reading, West Berkshire and Wokingham. The Board is made up of local organisations which work together to protect adults with care and support needs at risk of abuse or neglect. From April 2015 mandatory partners on the Board are the Local Authority, Clinical Commissioning Groups and Police. Other organisations are represented on the Board such has health services, fire and rescue service, ambulance service, HealthWatch, probation and the voluntary sector. ***A full list of partners is given in Appendix A.***

We work together to ensure there are systems in place to keep adults at risk in the West of Berkshire safe. We hold partner agencies to account to ensure they are safeguarding adults at risk and promoting their well-being. We work to ensure local organisations focus on outcomes, performance, learning and engagement.

Who do we support?

Under the Care Act, safeguarding duties apply to an adult who:

- Is experiencing, or is at risk of, abuse or neglect; and
- As a result of their care and support needs, is unable to protect themselves.

Safeguarding Adults Policy and Procedures

Berkshire Safeguarding Adults Policy and Procedures are used in the West of Berkshire and their purpose is to support staff to respond appropriately to all concerns of abuse or neglect they may encounter: http://www.sabberkshirewest.co.uk/practitioners/berkshire-safeguarding-adults-policy-and-procedures/

Trends across the area in 2016-17

Safeguarding trends across the area are largely the same as last year. The Board is alert to the need to consider the implications of these recurring trends and will address them in the Strategic Plan 2018-21 which will be ready for publication in April 2018.

- The number of safeguarding concerns continues to increase year on year.
- As in previous years, the majority of enquiries relate to older people over 65 years.
- More women were the subject of a safeguarding enquiry than males, as in previous years.
- Individuals with a White ethnicity are more likely to be referred to safeguarding and the proportion is higher than for the whole population.
- In all three local authority areas, the most common types of abuse were for Neglect and Acts of Omission. This was followed by Psychological Abuse and Physical Abuse in West Berkshire and Reading, but in Wokingham there were more cases of Physical Abuse than Psychological Abuse.
- For the majority of cases, the primary support reason was physical support.
- The most common locations where the alleged abuse took place were a person's own home and a care home.
- The majority of concluded enquiries involved a source of risk known to the individual in Reading and West Berkshire but the source of risk in Wokingham was social care support.

Challenges or areas of risk that have arisen during the year are recorded on the Board's risk register, along with actions to mitigate the risks. These are some of the challenges that the Board has addressed:

- Management of allegations against people in positions of trust - a multi-agency guidance document is in under development to ensure robust and consistent processes are applied by partner agencies.
- Deprivation of Liberty Safeguards (DOLS) remains an area of high demand and impact for both strategic safeguarding teams and operational services.
- Restructures within agencies and new ways of working has meant that there have been some wider operational challenges, including staff turnover and waiting lists for non-urgent case work.
- Use of advocacy and the availability of appropriate adults to support people, (for example at police interviews) are areas requiring partnership working to understand the issues and raise awareness.

Further safeguarding information is presented in the annual reports by partner agencies in Appendix E.

Achievements through working together

Partners have worked together to deliver the agreed priorities and outcomes of the Business Plan 2016-17:

Priority 1 - Establish effective governance structures, improve accountability and ensure the safeguarding adults agenda is embedded within relevant organisations, forums and boards.

Develop oversight of the quality of safeguarding performance: The Board's Quality Assurance Framework (QAF) was revised and published. Its aim is to develop the Board's oversight of the quality of safeguarding performance and to promote openness and transparency across partners. Under the umbrella of the QAF:

- Partners completed a self-assessment audit of their strategic and operational arrangements to safeguard, producing an action plan to address areas for development. Themes arising from these audits were shared at the Business Planning day on 6 February 2017 and informed the development of the Business Plan for 2017-18.
- A peer review of case file audits on Section 42 safeguarding enquiries took place in August and February. This multi-agency approach encourages transparency and consistency and allows the panel to explore practice decisions and alternatives, and compare and contrast decision making. The auditing process helped identify gaps in practice knowledge, skill and application and an action plan was developed to address areas for development which will continue to be monitored in the coming year.
- Making Safeguarding Personal (MSP) principles are included in the peer review of the case file audit of Section 42 enquiries. The audits revealed that a shift in practice is still required to fully embed MSP across the partnership and this remains a focus for the coming year.
- A programme of multi-agency thematic reviews for 2017-18 has been agreed based on learning from Safeguarding Adults Reviews and other significant incidents. The themes will be dementia, pressure care and risks within own home.

Have in place an effective framework of policies, procedures and processes for safeguarding adults: Under the remit of the Berkshire Policy and Procedures Subgroup, the Berkshire Multi-Agency Safeguarding Adults Policy and Procedures were launched and consulted on, with a reviewed version published in October 2016. This year the group met quarterly to share good practice and identify opportunities for joint working, making recommendations to the Boards where additional policies and procedures were required, such as a process for managing allegations against people in positions of trust.

Raise the profile of the Board: Presentation of the Board's Annual Report 2015-16 to Health and Wellbeing Boards and other committees occurred via senior Board members within the three Local Authorities. The Board acknowledges that it needs to raise the profile of its work still further across partner organisations and this will be a focus for the new Independent Chair in the coming year.

Priority 2 - Raise awareness of safeguarding adults, the work of the board and improve engagement with a wider range of stakeholders

The Board is confident that professionals are accessing the online Berkshire Policy and Procedures: The Communication Subgroup evaluated awareness of and use of the Berkshire Policy and Procedures through a survey of practitioners and website analytics. Website analytics evidence increased number of views on the relevant page but it is anticipated that the launch of a new interactive website for the Policy and Procedures in 2017 will increase usage still further.

Communication Strategy: The Board's Communication Strategy was agreed and promoted in December in order to ensure clear communication processes and joint working in the event of a significant safeguarding incident.

All Board members understand their role: A revised Induction Pack to support new members in their role was published. Attendance at Board meetings and subgroups is monitored on a quarterly basis and any issues of non-attendance escalated to senior board members. The Board has again benefitted from good attendance this year, although it remains a priority for the Independent Chair to broaden membership of the board and subgroups to reflect a wider range of stakeholders, in particular, provider services.

Managers and staff are aware of the learning from SARs in order to keep people safe: Final reports and briefing notes summarising the learning from SARs have been produced and published. The publication of the report on the Case of Mrs H was delayed as a result of criminal proceedings, although an action plan in response to the learning was produced and delivered within agreed timescales.

Actions to raise awareness: A survey of practitioners received a very positive response of over 330 returns. In response to the findings, an action plan was delivered to help the Board raise awareness of its function and local safeguarding processes.

Briefing notes are written by the Business Manager and published quarterly, summarising Board meetings and other key information arising from the work of the subgroups, case file audits, significant incidents and other local and national developments.

Representatives from CLASP (Caring, Listening and Supporting Partnership) in Wokingham wrote the script and featured in a video produced by Berkshire Healthcare Foundation Trust, in order to raise awareness of Making Safeguarding Personal: *link to be added*

Priority 3 - Ensure effective learning is shared

Workforce development activities to ensure staff receive the appropriate level of safeguarding adults training include:

- The annual joint conference was held on 23 September 2016, based on the theme of Safeguarding Children and Adults with Disabilities. 130 practitioners attended and it was evaluated as good or excellent by 100% of delegates.
- Levels 2 and 3 safeguarding training standards were reviewed to ensure alignment with the Berkshire Policy and Procedures.
- The Safeguarding Adults Train the Trainer programme was delivered by Wokingham Borough Council and offered across the west of Berkshire.

- The Workforce Development Strategy was reviewed and updated to reflect the revised social care competence framework and intercollegiate document.
- Making Safeguarding Personal awareness training was delivered for the private, voluntary and independent sector.

Improve mechanisms to share learning from good and bad practice more widely: Workshops to share learning from a Safeguarding Adults Review (the Case of Ms F) took place. Briefing notes on Safeguarding Adults Reviews (SARs) were published and shared with trainers for inclusion in training sessions. The Board has planned a programme of multi-agency thematic audits for 2017-18 based on themes arising from SARs in order to seek assurance that learning from SARs has been embedded in practice.

Priority 4 - Coordinate and ensure the effectiveness of what each agency does

Compliance with the new Berkshire Policy and Procedures: The Berkshire Multi-Agency Safeguarding Adults Policy and Procedures 2016 were launched and support staff to respond appropriately to all concerns of abuse or neglect they may encounter, providing a consistent response across the county. They are currently published on the West of Berkshire Safeguarding Adults Board's website but it is a priority for 2017-18 to launch a new, interactive and easy to use website specifically for the Policy and Procedures. Under the Board's Quality Assurance Framework, peer reviews of case file audits are undertaken to test compliance with the Policy and Procedures and Making Safeguarding Personal, with findings reported to managers and the Board.

Service user feedback indicates that clients' desired outcomes are met, in line with MSP and the well-being principle: The Board sought assurance that local authorities collected service user feedback and measured outcomes for individuals who have been through the safeguarding process. However, in the coming year the Board will seek further assurance from the local authorities that not only robust processes are in place but that feedback is responded to and used to inform service delivery.

Involvement of advocates and independent mental capacity assessors ensure person centred responses are promoted: Feedback from practitioners and providers and quarterly performance information helped the Board identify areas where the use of advocates needed to improve. Actions were taken to raise staff awareness as to how and when to involve advocates and HealthWatch Reading presented the advocate's perspective at the Board meeting in March to help partners understand what more could be done to increase the use of advocates and improve partnership working between advocates and social workers. Involvement of advocates to ensure a person centred approach to safeguarding will continue to be monitored in the coming year.

The Board is assured that learning from SARs has been responded to appropriately by agencies: a combined action plan to embed learning from the SARs on the case of Mrs H and Mr I was developed and monitored by the Effectiveness Subgroup and in June 2017 the Board was given assurance that all actions have been delivered. The Board's self-assessment audit tool has been amended to reflect learning from these cases.

More information on how we have delivered these priorities:

- Additional achievements by partner agencies are presented in Appendix B.
- The completed Business Plan 2016-17 is provided in Appendix C.
- Training activity is provided in Appendix F.

Safeguarding Adults Reviews

The Board has a legal duty to carry out a Safeguarding Adults Review when there is reasonable cause for concern about how agencies worked together to safeguard an adult who has died and abuse or neglect is suspected to be a factor in their death, or when an adult has not died but suffered serious abuse or neglect. The aim is for all agencies to learn lessons about the way they safeguard adults at risk and prevent such tragedies happening in the future. The West of Berkshire Safeguarding Adults Board has a Safeguarding Adults Review Panel that oversees this work.

During the reporting year, the Board did not commission any new Safeguarding Adults Reviews. It did oversee the development of an action plan to ensure learning from two cases commissioned in the previous year (Mrs H and Mr I) was embedded. Themes arising from these two case reviews informed a programme of multi-agency thematic reviews and a review of the self-assessment audit tool.

There is a dedicated page on the Board's website for case reviews:
http://www.sabberkshirewest.co.uk/board-members/safeguarding-adults-reviews/

Wokingham Borough Council undertook its second Domestic Homicide Review (DHR) during this period; the Independent report is currently with the Home Office awaiting publication. Valuable learning has emerged from the review and led to specific audit outcomes for the SAB in terms of pathways for people living with dementia and the application of the principles of the Mental Capacity Act 2005. Learning outcomes have been incorporated into the training strategy in addition to recommendations on the use of recording systems and information sharing.

Key priorities for 2017-18

Priority 1 - We have oversight of the quality of safeguarding performance

- Feedback indicates that customers' desired outcomes are met, in line with Making Safeguarding Personal and the well-being principle.
- We understand what the data tells us about where the risks are and who are the most vulnerable.

Priority 2 - We listen to the service user, raise awareness of adult safeguarding and help people engage

- We work with communities to raise awareness of adult safeguarding.

- We raise awareness of the Board and the Berkshire Policy and Procedures.
- Board membership reflects a wide and varied group of stakeholders.

Priority 3 - We learn from experience and have a skilled and competent workforce

- Learning is shared and used to improve practice.
- Areas for development in 2017-18:

Safe recruitment	Allegations management	Self-neglect
Domestic Abuse	Mental Capacity Act	Mental Health

Priority 4 - We work together effectively to support people at risk

- People are supported by an advocate when they need it.
- We work within a framework of policies and procedures that keep people safe.
- Providers are supported to deliver safe, high quality services.
- We provide feedback to people who raise a safeguarding concern.
- We are assured that local arrangements to support and minimise risks for people who self-neglect are effective.
- Practitioners understand and can apply the MCA consistently in practice.
- We are assured that local arrangements to support people who have Mental Health issues are effective.
- We are assured that effective local arrangements are in place to support and minimise risks for people who experience Domestic Abuse.
- We have a modern slavery strategic pathway to help identify and support victims.

The Business Plan for 2017-18 is attached as Appendix D.

Strategic Plan 2018-21

The Board's Strategic Plan will be revised and published in April 2018. It will shape the work of the Board for the next three years and will be informed by need. Partners, service users, carers and local communities will be invited to give their views on priority areas for development.

Appendices

Appendix A   Board member organisations

Appendix B   Achievements by partner agencies

Appendix C   Completed Business Plan 2016-17

Appendix D   Business Plan 2017-18

Appendix E   Partners Safeguarding Performance Annual Reports:

Berkshire Healthcare Foundation Trust

Reading Borough Council

Royal Berkshire Foundation Trust

West Berkshire Council

Wokingham Borough Council

Appendix F   Safeguarding Adults Training Activity

Appendix A Board member organisations

Under the Care Act, the Board has the following statutory Partners:
Berkshire West Clinical Commissioning Group
Reading Borough Council
Thames Valley Police
West Berkshire Council
Wokingham Borough Council.

Other agencies are also represented on the Board:
Berkshire Healthcare Foundation Trust
Community Rehabilitation Service for Thames Valley
Emergency Duty Service,
National Probation Service
Royal Berkshire Fire and Rescue Service
Royal Berkshire NHS Foundation Trust
South Central Ambulance Trust
HealthWatch Reading
The voluntary sector is represented by Reading Voluntary Action, Involve Wokingham and Empowering West Berkshire.

Appendix B Achievements by partner agencies

Berkshire Health Foundation Trust (BHFT)

BHFT has achieved a 93.8% compliance at Safeguarding Level 1 training and increased compliance at Level 2 training. 86.5% of staff are now trained for PREVENT (WRAP) training and compliance for MCA and DoLS training was also achieved. Mental Capacity Act champions have been appointed for each of the community wards to improve application of the Mental Capacity Act in patient care. The safeguarding children and adults teams have amalgamated to facilitate a more joined-up, 'think family' approach to safeguarding.

BHFT has adopted the *Suicide: Aspiring for Zer*o approach to suicide reduction, a model based on the premise that suicide can be prevented. Systems have been optimised to enable staff to focus on engagement and collaborative approaches to risk assessment and management, keeping service users and carers at the centre. A new risk management tool has been developed to combine risk assessment, risk management and a service user safety plan, and the approach to risk audit has been refreshed. 'Suicide surveillance' involves the provision of timely support for those families bereaved by suicide and staff affected, as well as heightening awareness of community risks of contagion or suicide clusters and identifying public places where suicides/incidents are occurring. There is a high priority for learning from suicide deaths. Training and supervision has been implemented to equip staff with skills and competence (measured with the zero suicide surveys) to practice recovery focussed, compassionate approaches to suicide risk assessment and enable positive risk management and safety planning.

Clinical Commissioning Groups

The Clinical Commissioning Groups (CCGs) have continued to raise the profile of safeguarding adults across primary care and with health commissioned providers. In 2017, Mental Capacity Act awareness training and tools has been promoted. The 2016 GP safeguarding self-assessment audit highlighted improvements in safeguarding training compliance and the recording of safeguarding within GP practice. A 98% response rate in the audit was achieved and showed a good engagement of primary care.

The quality team and safeguarding team have in place quality monitoring indicators and processes for safeguarding for commissioned providers and this includes quality assurance visits to providers, self-assessments, quality schedule reports and close working with providers to support safe and effective care. Practical application has been a focus and has been supported by the introduction of templates for GP reporting on enquiries and the commissioning of an electronic database for continuing health care to manage Deprivation of Liberty Safeguarding cases. In addition, the safeguarding and quality team have introduced a commissioning checklist in line with safeguarding and best practice for the organisations.

The CCGs safeguarding team was restructured in 2016 and led to the appointment of two new safeguarding heads of service. The head of adult safeguarding co-facilitated and undertook a Safeguarding Adult Review on behalf of the Board in 2016 with partner agencies and has contributed to multiple reviews, including partnership learning, Domestic Homicide Reviews and individual safeguarding cases across the area. Multi-agency audits and training events have been co-ordinated and contributed to by the head of adult safeguarding.

Reading Borough Council

Reading continues to audit 20% of the safeguarding enquiries that are investigated by the teams in Reading. Feedback is given to practitioners and team managers regarding the outcomes of these audits. The safeguarding team also reviews the concerns that do not progress to enquiry to ensure consistency and continuity of decision making.

Reading Borough Council holds level 1, 2 and 3 training ensuring that staff are trained to the appropriate level depending on their job role. Feedback is received after every training session and training is quality assured.

Reading Borough Council has employed a Safeguarding Adults Manager to manage the team and a Principal Social Worker to ensure best practice and that legislation is understood and followed. The safeguarding team works closely with the Quality and Performance Team and the Registered Managers Forum to ensure that provider services are well informed on safeguarding and their responsibilities. The safeguarding team works in collaboration with other internal departments such as Housing, Environmental Health, Anti-Social Behaviour Team and Children's Social Care. The team regularly meet with the safeguarding team from BHFT to review open enquiries and ensure that due process is followed. The teams worked together over concerns at Prospect Park Hospital. They also discuss safeguarding concerns with the lead at the RBH. The team attend multi-agency meetings such as MAPPA and MARAC.

Royal Berkshire Fire and Rescue Service

Royal Berkshire Fire and Rescue Service (RBFRS) promoted their Adult at Risk Protocol and provided awareness raising training to improve referral rates. Across Berkshire, RBFRS has trained 12 organisations under the adult referral programme initiative outside of emergency service partners. This has generated 1761 vulnerable adult referrals to RBFRS across Berkshire.

RBFRS works to identify foreseeable risk to our communities and deliver effective, managed, timely performance in a wide range of disciplines, preventing and protecting the public along with delivering effective response to incidents when required. Partnership working and information sharing with a wide range of groups and agencies have enables identification and protection to the most vulnerable members of our communities. The fire risk based preventative intervention supports individuals to live independently and safely in their own homes.

The work of RBFRS has continued to drive down fire deaths and casualties in our communities. The Integrated Risk Management Process (IRMP) has been consulted on with the public, with proposals to further develop and improve the service. This will focus attention on those groups evidenced at being more vulnerable to fire death and those whose lifestyle choice places them at elevated risk of having an accidental fire and receiving associated injury.

RBFRS is working in partnership to provide falls, age related and winter warmth services, delivered as part of our Home Fire Safety Check process, signposting those people assessed as being at risk to partner agencies.

Royal Berkshire Fire and Rescue Service (RBFRS) is undergoing an internal restructure due to be completed by the end of August 2017, and will include a dedicated Designated Safeguarding Officer to provide significant increased capacity and improve service delivery.

Royal Berkshire NHS Foundation Trust

Royal Berkshire NHS Foundation Trust's strategic safeguarding committee has continued to oversee all aspects of adult safeguarding and child protection. The Safeguarding (adults) clinical governance group has gone from strength to strength. Three medical clinical leads have formed a valued part of the safeguarding team.

The Trust has seen a further rise in numbers of adults with vulnerabilities attending and admitted to the Royal Berkshire Hospital and an increase in the complexity of cases. There has been a significant amount of multiagency work to improve the safeguarding of mental health patients, governance arrangements and the application of the Mental Health Act in practice, which are encompassed in the 'Let's Talk Mental Health' programme of work.

A reduction in the numbers of DoLS applications during 2016-17 and inconsistent application of the MCA in practice are being addressed by a *Mental Capacity, DoLS and Best Interest* working group that has agreed a programme of work called 'Capacity Matters'. Training in Mental Capacity and DoLS forms part of the Core Mandatory training day held three times a month and new staff induction held monthly. Enhanced Mental Capacity Act and DoLS training compliance for senior clinical staff is as expected at 80%.

Safeguarding training continues with staff compliance at 90%.

Learning from two Safeguarding Adult Reviews (SARs) and Domestic Homicide Reviews (DHRs) is included in safeguarding adults training. Learning from a DHR has been discussed at clinical governance in the area where the patient was being treated and at the Trust Quality Assurance and Learning Committee. The Lead Nurse for adult safeguarding was included as part of the review team for two SARs and as Independent Management Review (IMR) writer for the DHR.

Safeguarding concerns continue to be raised centrally via the Datix incident reporting system; this assists in giving feedback to the individual who raised the concern where available, and provides one reporting mechanism. Externally raised safeguarding concerns

trigger a fact finding exercise by the Safeguarding Nurse (Adults). This information is given to the Local Authority to decide on the outcome of the concern and next steps. The majority of safeguarding concerns raised against the Trust continues to be around pressure damage: in the majority of cases there continues to be a lack of information provided regarding pressure damage as part of the discharge process. Concerns raised about Trust staff are investigated under the Trust's Managing Safeguarding Concerns and Allegations Policy and, where appropriate, referrals made to outside agencies e.g. the police or Adult Safeguarding Manager. Quarterly review meetings to close cases and identify themes have been established.

Trust staff continue to be active members of the Board and its subgroups.

South Central Ambulance NHS Foundation Trust

South Central Ambulance NHS Foundation Trust (SCAS) works closely with partner agencies and Safeguarding Boards across the area to ensure that developments benefit the people who use services. As an organisation that covers seven counties, SCAS aims to include wherever possible all of the Boards' development plans within its own safeguarding development.

Actions for the coming year include: forge closer links with safeguarding hubs across the area; moving to a paperless referral process; regularly undertaking multi-agency audits and reviews of safeguarding referrals; and encouraging regular feedback from partner agencies with regard to safeguarding cases. These actions will form part of a SCAS action plan that will be presented and monitored on a bi-monthly basis at the Patient Safety Group meeting, which feeds directly into the Trust's board.

Thames Valley Police

Thames Valley Police (TVP) continues to work with partners and the community through Emergency Response, Investigation, and Neighbourhood Policing roles to prevent and investigate crimes and antisocial behaviour as well as manage and mitigate harms to vulnerable people and groups through integrated problem-solving. This includes the provision of specialist safeguarding resources for MARAC, MAPPA and PREVENT sessions, as well as tackling thematic issues including: Modern Slavery, Domestic Abuse, Hate Crimes and Fraud. A Police and Health collaboration for a Street Triage car to support those in Mental Health crisis and further outreach partnerships with statutory partners and third sector workers has provided capacity to support those vulnerable in the Night Time Economy, including rough sleepers, in our larger towns. A joint TVP and third sector project to support vulnerable women won the 2017 Howard League Community Award against stiff competition from across the UK and is helping in the development of a trauma-informed approach to safeguarding. TVP continue to roll out 'Need to Know' sessions to partners to raise awareness of adult exploitation by organised criminals in our communities, with 200+ frontline practitioners trained so far this year. TVP have resourced police liaison officers in Prospect Park Hospital and the Royal Berkshire Hospital to work with staff and improve

safeguarding procedures across systems and are working with the BHFT Liaison and Diversion Service to navigate people into support services and away from Criminal Justice outcomes.

Voluntary and Community Sector

During 2016/17, the voluntary and community sector has had regular attendance at the West of Berkshire SAB, with the three infrastructure organisations across Berkshire West, Reading Voluntary Action, Involve Wokingham and Volunteer Centre West Berkshire, sharing this role.

Reading Voluntary Action (RVA) raises awareness of the work of the Board with quarterly news items reaching more than 1400 voluntary and community groups and individuals. In November 2016 we published a news item "Are you aware of the Berkshire Safeguarding Adults procedures?" to inform the sector of the relevant procedures and support available. RVA began a programme of workshops specifically for trustees to ensure they are aware of their roles and responsibilities for safeguarding adults. The workshops are delivered on a quarterly basis and RVA's Advice Worker offers follow-up support to draft or review policies and procedures.

Involve

During 2016/17 the Wokingham Adults Safeguarding Forum, now chaired by a member of the voluntary sector, held regular meetings to share information and news in relation to adult safeguarding issues, initiatives, themes and training. Involve delivered two training sessions attended by 21 people from Wokingham and have an approved Level 1 facilitator. In April, Involve held a Community Awareness Event at the Earley Crescent Centre supported by public sector partners to raise awareness of the safeguarding processes at which there were 50 attendees.

The **Volunteer Centre West Berkshire (VCWB)** raises awareness of the work of the Board by the regular newsletter that goes out to over 700 voluntary and community groups and individuals. VCWB attended the newly created Making Every Adult Matter multi-agency partnership working group aimed at supporting vulnerable homeless adults and young people in West Berkshire with safeguarding being a big part of this work.

West Berkshire District Council

Ongoing collaborative and partnership working for Adult Social Care (ASC) and Prevention & Safeguarding (P&S) services has been a key highlight for the year against a background of significant organisational and staff changes.

The main achievement has been to continue to respond effectively to a high volume of demand and increased need for specific safeguarding support to ensure all concerns are responded to appropriately. Data for 2016-17 includes 266 Section 42 enquiries concluded and 705 DoLS applications received and processed.

The Making Safeguarding Personal agenda is well established and understood by practitioners although there is still room to improve the way that practitioners deliver on the agenda.

Collaborative working within WBC was undertaken to develop and agree refreshed procedures in April 2017. However, there is further strategic review and development required to ensure triangulation with the next Berkshire Multi-Agency Adult Safeguarding Policy and Procedures review planned for the autumn 2017.

Joint working with key partners and external agencies is a key focus for on-going development and strong links are being established within WBC directorates, Thames Valley Police and Health colleagues with a key focus on improving outcomes for adults at risk in a preventative manner. This includes the ongoing development of the Prevent agenda, service user forums, provider forums, and regular attendance at MARAC, MAPPA and CCG sessions.

Internally staff are sharing information and resources to improve Section 42 outcomes that include independent chairing of strategic enquiries, utilising Family Group Conference and accessing risk information from Children Services.

ASC has built on areas of joint-working with some key partners, for example with Housing colleagues and Primary Care, to improve outcomes for vulnerable people. ASC has worked to support the local implementation of the Prevent Strategy.

Wokingham Borough Council

Wokingham Borough Council (WBC) have undertaken a full training needs analysis for Adult Social Care and integrated services to support workforce development and continued professional development. The strategy aims to ensure training is focused and targeted, cost efficient and aligns to the board's priorities. Key areas such as, Self-Neglect and Hoarding, Human Trafficking and Modern Slavery, Person Centred Assessment and Recording Skills, PREVENT, Childhood Sexual Exploitation and Positive Risk Taking Principles are included.

During this period Caring Listening and Supporting Partnership (CLASP) supported the development of an online video made by people who use services. The aim was to help people understand the outcomes they want in line with Making Safeguarding Personal principles. The video was commissioned under the Communications Subgroup of the SAB and will be widely launched in the coming year.

This year has seen significant progress in embedding a multi-agency partnership approach under local Care Governance arrangements. The model developed and adopted by WBC demonstrates a strong commitment to preventative safeguarding and timely responses to quality concerns in provider services by all key partners including providers, Clinical Commissioning Groups (CCG), Care Quality Commission (CQC), local authority, Thames Valley Police (TVP) and other commissioners. By providing a clear accountability framework which triangulates information to identify emerging themes and issues, the framework aims

to reduce the risk of provider failure and addresses wider issues of potential organisational abuse from occurring. Multi-agency commitment has achieved substantial and sustained improvement and therefore has reduced impact and risk to vulnerable adults receiving services, achieving more positive outcomes. The commission of the Care Home Support Team (CHST) and Rapid Response Team (RAAT) under the Better Care Fund has been fundamental in supporting providers to improve quality and, for customers, reducing admissions to higher level or secondary care.

A review was undertaken of safeguarding prevention and community engagement activities. This has led to a forward planning programme for the year ahead to ensure multi-agency events and initiatives are maximised.

West of Berkshire Safeguarding Adults Board Business Plan 2016-17

Red	Overdue	Amber	In progress	Green	Complete/no further action

PRIORITY 1 **ESTABLISH EFFECTIVE GOVERNANCE STRUCTURES, IMPROVE ACCOUNTABILITY AND ENSURE THE SAFEGUARDING ADULTS AGENDA IS EMBEDDED WITHIN RELEVANT ORGANISATIONS, FORUMS AND BOARDS.**						
Outcome	**Action**	**Lead**	**Timescale**	**Work in progress**	**RAG**	**Success criteria**
1.1 Develop oversight of the quality of safeguarding performance.	a) Review and implement the Board's Quality Assurance Framework.	Governance Subgroup	Sept 2016	**Endorsed by Board 19.09.16.**	G	The QA Framework is reviewed and published. Identified actions are implemented.
	b) Annual self-assessment audit to be completed by partner agencies, results received and action plans monitored.	Performance and Quality Subgroup	Dec 2016	**Results of audits shared at Business Planning Day 6.02.17**	G	Results of self-assessment audit evidences improvements on previous completion.
	c) Develop a Performance and Quality Assurance framework to support and promote MSP.	Performance and Quality Subgroup	Oct 2016	**Awaiting work by the national network of SAB Business Managers to develop KPI set for MSP.**	A	Outcome information has a focus on wellbeing as well as safety, and reflects the six safeguarding principles.
1.2 Have in place an effective framework of policies, procedures and processes for safeguarding adults.	a) Approve amendments to the Pan Berkshire Multi-Agency Policy and Procedures twice yearly.	Governance Subgroup	July 2016 and ongoing	**P&P reviewed and amended by the Pan-Berkshire Group following 3 month consultation. Revised version published.**	G	The Berkshire Multi-Agency Policy and Procedures are accurate and up to date. Process in place to review twice yearly.

	b) Implement a Tracker to monitor how learning from local reviews and national developments is embedded across the partnership.	Effectiveness Subgroup	Sept 2016	**Tracker tool approved by Governance Subgroup.**	G	Board is assured that learning from reviews and national developments is shared across partner agencies.
1.3 Raise awareness of the work of the Board within partner organisations	Present Board's Annual Report to Health and Wellbeing Boards and other committees.	Independent Chair and Board members	January 2017	**Annual Report published. On forward plan for each HWB.**	G	Evidence that the Annual Report is presented to the HWBs and other committees.

PRIORITY 2 **RAISE AWARENESS OF SAFEGUARDING ADULTS, THE WORK OF THE SAFEGUARDING ADULTS BOARD AND IMPROVE ENGAGEMENT WITH A WIDER RANGE OF STAKEHOLDERS**						
Outcome	**Action**	**Lead**	**Timescale**	**Work in progress**	**RAG**	**Success criteria**
2.1 The Board is confident that professionals are accessing the online Berkshire Policy and Procedures	a) Publish and promote new Berkshire Policy and Procedures.	Communication Subgroup	April 2016 publication, with review scheduled for July.	**P&P reviewed and amended by the Pan-Berkshire Group following 3 month consultation. Changes endorsed by the 4 SABs mid-September and a revised version published and promoted.**	G	Audit trail of emails promoting Policy and Procedures from Board members to teams.

	b) Evaluate awareness of and use of Policy and Procedures through survey and website analytics.	Communication Subgroup	December.	**333 respondents to survey: 31% had used P&Ps. Google analytics reviewed. Format of P&Ps is under review.**	G	Survey monkey reveals 75% of respondents are familiar with Procedures. Website analytics evidence increased number of views on the relevant page.
2.2 All partner agencies have agreed and implemented the Board's revised Communication Strategy.	Review and promote the Board's Communication Strategy.	Communication Subgroup	June 2016	**Communication Strategy endorsed by Board in Dec 2016.**	G	Board endorsement of the Communication Strategy. Clear communication processes and joint working in the event of a significant safeguarding incident.
2.3 All Board members understand their role.	Review and promote the Board's Induction Pack.	Communication Subgroup	Sept 2016	**Induction Pack endorsed by Board 19.09.06. Published on website and circulated to new members.**	G	Evidence that members have received the Induction Pack and understand their role as Board members.
2.4 Managers and staff are aware of the learning from SARs in order to keep people safe.	Publish and disseminate learning from Safeguarding Adults Reviews and other partnership reviews.	Communication Subgroup	Sept 2016 and ongoing	**Dedicated page on Board website for publication of reviews. Briefing note under development.**	G	Executive summaries and briefing papers published and disseminated upon completion of review.
2.5 Practitioners are aware of the Board's function and local safeguarding processes.	Conduct survey and make recommendations to help the Board raise awareness of its function and	Communication Subgroup	Dec 2016	**Survey completed by 333 respondents. Proposal developed for Board endorsement in**	G	Survey completed by 200 practitioners. Recommendations endorsed by Board and actions to

	local safeguarding processes.			**March.**		implement recommendations in place.
2.6 Printed information is available to guide people through the safeguarding process.	a) Provide clear explanations for people about what is meant by safeguarding and outcomes.	Communication Subgroup	March 2017	**Website has been updated. Briefing note article on outcomes.**	**G**	People are involved more effectively in the safeguarding process.
	b) Promote the principles of Making Safeguarding Personal.	Communication Subgroup	January 2017	**SAB briefing note published in July. Accessible information on MSP developed and being consulted on. Video produced by service users for website.**	**G**	Information on MSP published and disseminated via website, briefing notes and publicity material.

PRIORITY 3: ENSURE EFFECTIVE LEARNING FROM GOOD AND BAD PRACTICE IS SHARED IN ORDER TO IMPROVE THE SAFEGUARDING EXPERIENCE AND ULTIMATE OUTCOMES FOR SERVICE USERS.						
Outcome	**Action**	**Lead**	**Timescale**	**Work in progress**	**RAG**	**Success criteria**
3.1 Continue to ensure staff receive appropriate level of safeguarding adults training.	a) Review Levels 2 and 3 safeguarding training standards to ensure alignment with Pan-Berkshire Policy and Procedures.	Learning and Development Subgroup	December 2016	**Complete.**	**G**	Updated training standards agreed and used in developing training programmes
	b) Refresh Workforce Development Strategy to map to revised social care competence framework and intercollegiate document.	Learning and Development Subgroup	March 2017	**Refreshed Strategy (including updated training standards)**	**G**	Refreshed Strategy (including updated training standards) produced & published on SAB website

				produced & published on SAB website. (Full review scheduled for 2017-18 action plan)		
	c) Deliver Safeguarding Adults Train the Trainer programme (Wokingham BC.)	Learning and Development Subgroup	April 2016 (achieved)	**Course delivered; observations within 3 months**	G	Course delivered by Wokingham BC and offered across west of Berkshire
	d) In conjunction with the LSCBs, support development and delivery of the Joint Children's and Adults Safeguarding Conference on 23 September.	Learning and Development Subgroup	23 September 2016	**Complete. 150 attendees. Positive feedback.**	G	Conference held with attendance from adult sector
	e) Deliver Making Safeguarding Personal awareness training for private, voluntary and independent sector.	Learning and Development Subgroup	December 2016	**Complete. Sessions held and evaluated.**	G	Awareness workshops delivered to the local PVI sector
	f) Trading standards tailored training.	Learning and Development Subgroup	20 June 2016	**Session delivered.**	G	Tailored training developed and delivered
	g) Deliver core training programmes at all levels to support the sector. Report on training activity for 2015-16 for SAB annual report.	Learning and Development Subgroup	Ongoing June 2016	**Courses on offer. Training activity data published in Annual Report.**	G	Training programmes delivered and evaluated. Training data collated
3.2 Improve mechanisms to share learning from good and bad practice more widely.	Support the development of workshops and network meetings to share learning from SARs and other partnership reviews.	Learning and Development Subgroup	March 2017	**Briefing note shared with trainers.**	G	Information sharing sessions coordinated to respond to SARs to support Effectiveness

PRIORITY 4 COORDINATE AND ENSURE THE EFFECTIVENESS OF WHAT EACH AGENCY DOES						
Outcome	**Action**	**Lead**	**Timescale**	**Work in progress**	**RAG**	**Success criteria**
4.1 Agencies are implementing, and are compliant with, the new Berkshire Policy and Procedures and areas for learning and development across agencies and standards of best practice are identified.	a) Twice yearly case audit on S42 enquiries are undertaken. Themes and areas for development from S42 audits reported to the Board in June and December. Board to take required actions to address areas of identified concerns across partner agencies. Audit sample of cases against the MCA code of practice.	Effectiveness Subgroup	May and November 2016	**Established function; report to the Board twice yearly.**	G	Baseline established in Aug and areas for improvement identified; second audit in Feb evidences improvements in results of S42 case file audits outcomes.
	b) Undertake and publish multi-agency thematic reviews.	Effectiveness Subgroup	February 2017	**Programme of reviews for 2017-18 agreed.**	G	Results of thematic reviews are published and areas for development are identified for the Board to take appropriate action.
4.2 Service user feedback indicates that clients' desired outcomes are met, in line with MSP and the well-being principle.	a) Develop processes to ensure service user feedback is collected and understood.	Effectiveness Subgroup	September 2016	**Mandatory box and feedback questions developed. Board requires assurance that this is embedded in practice**	A	Robust, practical processes are in place across partner agencies.
	b) Develop mechanisms for measuring outcomes for individuals who have been through the safeguarding process.	Effectiveness Subgroup	March 2017	**Mandatory box and feedback questions. Board**	A	Increase in number of individuals whose desired outcomes have been met as

				requires assurance that this is embedded in practice		a result of the safeguarding process
4.3 Involvement of advocates and IMCAs ensure person centred responses are promoted.	Identify where there is a shortfall in the use of advocates and raise staff awareness as to how and when to involve advocates.	Effectiveness Subgroup	September 2016	**Q3 data shows improved rates of advocacy. To be kept under review and included as priority for business plan 2017-18.**	G	New approaches to person centred responses are promoted. Quarterly PI data indicates improvement in use of advocates.
4.4 The Board is assured that learning from SARs has been responded to appropriately by agencies.	a) The SAR Learning Monitoring Tool is used to monitor response to findings by partner agencies upon publication of SARs.	Effectiveness Subgroup	October 2016 and ongoing	**Populated with Mrs H and Mr I case reviews.**	G	The SAR Learning Monitoring Tool is completed and presented to the Board showing that learning from SARs is embedded within partner agencies.
	b) Subgroup to receive action plan developed by the SAR Panel, monitor completion by partner agencies and provide assurance to the Board that actions have been met.	Effectiveness Subgroup	October 2016 and ongoing	**Action plan endorsed by Board 19.09.16. Progress monitored at quarterly subgroup meetings.**	G	Learning from SARs is embedded within partner agencies. Actions are completed within identified timescales.

We have oversight of the quality of safeguarding performance

Feedback indicates that customers' desired outcomes are met, in line with Making Safeguarding Personal and the well-being principle.

We monitor how learning is shared and used to improve practice

We understand what the data tells us about where the risks are and who are the most vulnerable

We measure impact

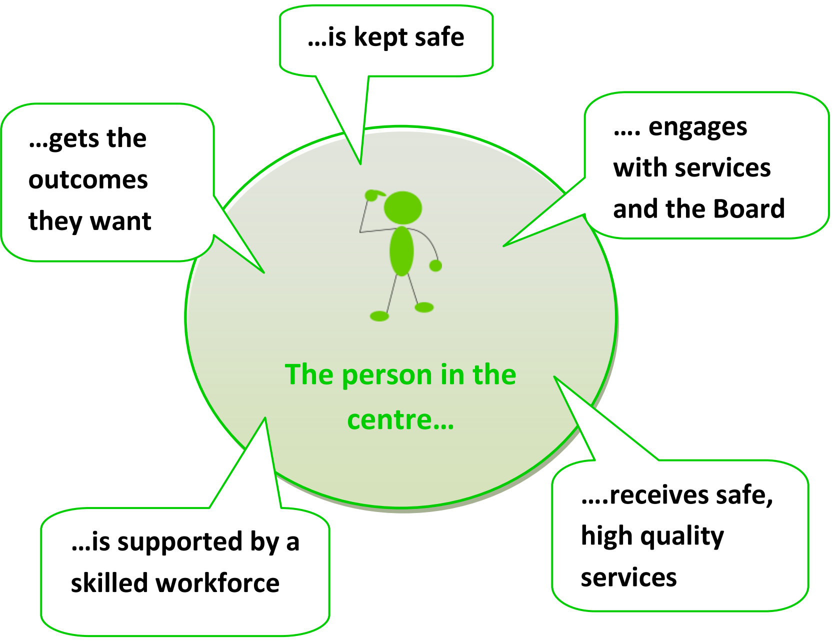
We listen to the service user, raise awareness of adult safeguarding and help people engage

We work with communities to raise awareness of adult safeguarding

We raise awareness of the Board and the Berkshire Policy and Procedures

Board membership reflects a wide and varied group of stakeholders

West of Berkshire Safeguarding Adults Board Business Plan 2017-18



We learn from experience and have a skilled and competent workforce

Learning is shared and used to improve practice

Development areas for 2017-18:

Safe recruitment	Allegations management
Record keeping	Self-neglect
Mental Capacity Act	Domestic Abuse
Mental Health	

High risk areas for 2017-18

Mental Capacity Act and DoLS

Self-neglect

Mental health

Domestic Abuse

We work together effectively to support people at risk

People are supported by an advocate when they need it

We work within a framework of policies and procedures that keep people safe

Providers are supported to deliver safe, high quality services

We provide feedback to people who raise a safeguarding concern

We have a modern slavery strategic pathway

West of Berkshire Safeguarding Adults Board Business Plan 2017-18

PRIORITY 1 We have oversight of the quality of safeguarding performance						
Outcome	**Action**	**Lead**	**Timescale**	**Work in progress**	**RAG**	**Success criteria**
1.1 Feedback indicates that customers' desired outcomes are met, in line with Making Safeguarding Personal and the well-being principle.	a) Develop a core set of questions to collect feedback to ascertain the extent to which service users felt that they had been involved, supported, consulted and empowered during the safeguarding process.	Safeguarding Leads in Wokingham, west Berkshire and Reading Councils	April 2017			Core set of questions to collect feedback from people in place in each Council.
	b) Mandatory feedback form to be added to the Councils' electronic systems for every statutory S42 enquiry to capture feedback at the end of the S42 enquiry	Safeguarding Leads in Wokingham, west Berkshire and Reading Councils	June 2017			Mandatory feedback form added to the Councils' electronic systems for every statutory S42 enquiry.
	c) Develop systems for capturing, recording and monitoring MSP outcomes	Oversight and Quality Subgroup	Jan 2018			Systems are in place and feedback indicates that customers' desired outcomes are met
1.2 We understand what the data tells us about where the risks are and who are the most	a) Audit outcomes are analysed by Oversight and Quality Subgroup and the Board takes required actions to address areas of identified	Oversight and Quality Subgroup	September 2017 and March 2018	Twice yearly case audit on S42 enquiries are undertaken and include to what extent		Improvements in practice are evidenced in subsequent S42 case file

vulnerable	concerns across partner agencies.			Making Safeguarding Personal principles have been upheld.		audits.
	b) Develop a dashboard to present KPI data to the Board on a quarterly basis	Oversight and Quality Subgroup	December 2017			A clear overview of KPI data is presented to the Board on a quarterly basis
	c) Develop understanding of local level of risk for victims of FGM by reviewing local and national FGM data	Oversight and Quality Subgroup	Annually			FGM data provided supports the Board's understanding of local level of risk for victims of FGM
	d) Develop understanding of local level of risk for victims of Modern Slavery by reviewing local and national Modern Slavery data	Oversight and Quality Subgroup	Annually			Modern slavery data supports the Board's understanding of local level of risk for victims of modern slavery

PRIORITY 2 -We listen to service users, raise awareness of safeguarding adults and help people engage

Outcome	**Action**	**Lead**	**Timescale**	**Work in progress**	**RAG**	**Success criteria**
2.1 Board membership reflects a wide and varied group of stakeholders	a) Representatives from Housing and Provider organisations to be invited	Independent Chair	Sept 2017			Representatives from Housing and Provider organisations attend

	to attend Board meetings					Board meetings.
2.2 Local communities know about safeguarding adults and the work of the Board	a) Easy read version of the Board's Annual Report to be published	Communication & Publicity Subgroup	May 2017	CLASP commissioned to produce easy read version.		Wider range of people are able to understand the Board's work and priorities
	b) Community Awareness Event to raise awareness of safeguarding adults	Communication & Publicity Subgroup	March 2018			Community Awareness Event held in each area.
	c) The Board is assured that accessible safeguarding leaflets for customers and staff are available	Communication & Publicity Subgroup	June 2017			Safeguarding information is available in public places and partner agencies' websites
	d) Map partner agencies' external communication channels	Communication & Publicity Subgroup	June 2017			Subgroup aware of partners' external communication channels
	e) Develop calendar of local and national events relevant to safeguarding	Communication & Publicity Subgroup	June 2017			Local and national events relevant to safeguarding are promoted
2.3 Raise awareness across partner organisations and amongst practitioners about	a) a) New Berkshire Policy and Procedures website launched and promoted	Berkshire Policy and Procedures Subgroup	Dec 2017			New Berkshire Policy and Procedures website launched and promoted

the role of the Board, the website and Berkshire Policy and Procedures	b) b) Produce flyer for practitioners to raise awareness of the Board	Business Manager	April 2017			Flyer circulated across all partner organisations.
	c) Present Board's Annual Report 2016-17 to Health and Wellbeing Boards and other committees	Independent Chair	January 2018			Independent Chair presents Annual Report 2016-17 to HWB in each area by January 2018

PRIORITY 3 We learn from experience and have a skilled and knowledgeable workforce						
Outcome	**Action**	**Lead**	**Timescale**	**Work in progress**	**RAG**	**Success criteria**
3.1 The workforce has the capacity, capability, knowledge and skills to keep people safe and improve safeguarding outcomes	a) Opportunities for practitioners to explore issues when working with people in Domestic Abuse situations	Learning and Development Subgroup	May 2017			Practitioners understand the dynamics of DA in terms of coercion and control
	b) Ensure Domestic Abuse awareness training and safeguarding training cross reference.	Learning and Development Subgroup	May 2017			Consistent training standards for Level 1 produced.
	c) Promote good record keeping	Learning and Development	Sept 2017			Case file audit peer review in August and February reveals improvement in

		Subgroup				recording skills.
	d) Deliver Safeguarding Adults Train the Trainer programme (Wokingham BC deliver, open across the area)	Learning and Development Subgroup	April 2017			Course offered across West of Berkshire with positive evaluation response
	e) Joint Children's and Adults Safeguarding Conference on theme of Mental Health	Learning and Development Subgroup	23 Sep 2017			140 attendees with at least 80% of delegates rating the event as good or excellent
	f) Establish programme of Safeguarding Bite Size Workshops for multi-agency professionals	Learning and Development Subgroup	March 2018	Workshops: Sept - SAR Findings Dec- Advocacy March - Allegations management.		Workshops attended by wide range of professionals
	g) Deliver core training programmes at all levels to support the sector. Seek assurance that all SAB members deliver Level 1 to the agreed standards. Measure the impact of training on a biannual basis	Learning and Development Subgroup	Ongoing			Training programmes delivered and evaluated.

	h) Report on training activity for 2016-17 for SAB annual report	Learning and Development Subgroup	May 2017	Complete.	**G**	Training data collated and reviewed
	i) Review and update the Workforce Development Strategy	Learning and Development Subgroup	Dec 2017			Updated Strategy published on SAB website
3.2 Learning from SARs and other reviews has been shared and used to improve practice	a) The SAR Learning Monitoring Tool is used to monitor response to findings by partner agencies upon publication of SARs. b) SAR Panel to review Monitoring Tool and develop processes to hold partners to account re. responding to and embedding learning from SARs.	Effectiveness Subgroup	June 2017 and ongoing			The SAR Learning Monitoring Tool is completed and presented to the Board quarterly showing that learning from SARs is embedded within partner agencies.
	c) Multi-agency thematic audits to evaluate to what extent learning from SARs has been embedded. Priority areas for 2017 thematic audits agreed as: tissue viability, abuse in own home, dementia.	Oversight and Quality / Effectiveness Subgroup	Dec 2017			Results of thematic audits are published and areas for development are identified for the Board to take appropriate action.

	d) Evaluation template for training to include question to evaluate how practitioners have taken on and embedded learning	Learning & Development Subgroup	May 2017			Amended evaluation template used to assess how practitioners have embedded learning

PRIORITY 4 We work together effectively to support people at risk						
Outcome	**Action**	**Lead**	**Timescale**	**Work in progress**	**RAG**	**Success criteria**
4.1 Involvement of advocates and IMCAs ensure person centred responses are promoted	a) Identify where there is a shortfall in the use of advocates and raise staff awareness as to how and when to involve advocates.	Oversight and Quality Subgroup	Dec 2017			New approaches to person centred responses are promoted. Quarterly PI data indicates improvement in use of advocates.
4.2 Providers are supported to deliver safe, high quality services and the Board is assured that robust safeguarding processes	a) DASS and other commissioners provide assurance to the Board (through the annual Self-Assessment audit) that robust safeguarding processes are adhered to by commissioned services in line	DASS and other commissioners provide assurance	Jan 2018			Board is assured that robust arrangements are in place to support and challenge providers

are adhered to in line with Care Act requirements	with Care Act requirements.					
4.3 We work within a framework of policies and procedures that keep people safe	a) Organisations have in place policies and processes to manage allegations against persons in position of trust	Task and Finish Group	Sept 2017			Board is assured that partner agencies have robust policy in place to manage allegations
	b) Promote e-learning Safe Recruitment module	Learning and Development Subgroup	July 2017			e-learning Safe Recruitment module is promoted and used by practitioners
4.4. We provide feedback to people who raised a safeguarding concern	a) Each Local Authority to provide quarterly performance data on the proportion of concerns where feedback was provided to the referrer.	Oversight and Quality Subgroup / Effectiveness Subgroup	Indicator included in KPI set for Q1 data			Board is assured that feedback is provided to the referrer and takes actions to ensure practice is improved
4.5 We are assured that local arrangements to support and minimise risks for people who self-	a) Raise awareness of the issues and improve practice for working with those who self-neglect	Learning and Development Subgroup / Business Manager	Sept 2017			Raise awareness of self-neglect through website and workshop

neglect are effective	b) Review undertaken to inform the Board of prevalence of self-neglect cases reported under safeguarding framework, and outcomes for the individual	Effectiveness Subgroup & Oversight and Quality Subgroup	Sept 2017			The Board understands how cases of self-neglect are responded to and identifies areas for further development
	c) Partner agencies have clear policies and procedures in place to manage complex cases and support those who self-neglect or choose not to engage, in line with MSP and Duty of Care	Partner agencies	Jan 2018			Board is assured that each agency has clear policies and procedures to manage complex cases
4.6 Practitioners understand and can apply the MCA consistently in practice (including consent, best interest, DoLS and restraint)	a) MCA focused week of workshops for practitioners	Effectiveness / Learning and Development / Communication Subgroups	October 2017			MCA focused week of workshops attended by practitioners
4.7 We are assured that local arrangements to support people who have Mental Health	a) Raise awareness of current governance structures and accountability for mental health in the locality	Independent Chair	June 2017			Partner agencies have clarity about current governance structures for mental health

issues are effective						
4.8 We are assured that local arrangements to support and minimise risks for people who experience Domestic Abuse	a) Event on Domestic Abuse for partners to explore issues, understand priorities of each Domestic Abuse Strategy and identify gaps.	Independent Chair / Business Manager	Nov 2017			The Board is assured that commissioned DA services in each area are effective.
	b) A&E data shared to help each LA identify hotspots in their area and triangulate information	Oversight and Quality Subgroup	Oct 2017			Data shared to inform Board's understanding of DA
4.9 We have a Modern Slavery strategic pathway in place	a) Modern Slavery strategic pathway agreed and published	Policy and Procedures Subgroup	Dec 2017			Modern Slavery strategic pathway agreed and published
	b) Review and promote modern slavery e-learning	Learning and Development Subgroup	Dec 2017			Modern slavery e-learning reviewed and promoted

Safeguarding Adults Annual Report

April 2016 – March 2017

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Safeguarding Adults - Annual Report 2016/17

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1. Introduction

The purpose of this report is to provide assurance to the trust that it is fulfilling its statutory responsibilities in relation to safeguarding adults and to provide a review of recent service developments, highlighting areas of ongoing work and any risks for noting.

2. The Statutory Context

Adult safeguarding practice has come into sharp focus for all NHS organisations in the wake of large scale enquiries such as the Mid Staffordshire Foundation Enquiry, the *Francis Report (2013)* and the Lampard report on Saville enquiry (*Lampard K & Marsden 2015*). With the introduction and implementation of the Care Act (2014) on 1st April 2015 safeguarding adults now operates within a legal framework.

Since April 2010 all health organisations have to register and comply with Section 20 regulations of the Health and Social Care Act 2008, meeting essential standards for quality and safety. The Care Quality Commission periodically assesses the performance of all health care providers.

3. Governance

During 2016/17 the safeguarding adult team was restructured and joined with the safeguarding children team to become one team managed by the Head of Safeguarding to provide a more 'think family' approach to safeguarding. The post of safeguarding adults' co-ordinator was reduced to 0.8 whole-time equivalent (WTE) from full time when the post became vacant and re-banded to a band 7 in order to allow another safeguarding named professional in the team. The named executive for safeguarding adults in the trust is the Director of Nursing and Governance. The structure for the safeguarding team and lines of responsibility are attached at Appendix1.

The safeguarding adult group chaired by the Deputy Director of Nursing, leads and monitors safeguarding work within the trust and meets quarterly. This is a formal sub-group of the Safety, Experience and Clinical Effectiveness Group (SECEG) which reports to the Quality Executive Group (QEG) and ultimately to the Trust Board. The board also receives a monthly update on safeguarding cases of concern.

The Head of Safeguarding chairs monthly safeguarding named professional team meetings where shared visions, standardised practice and future plans are agreed and monitored. An annual plan on a page, written by the team, clearly identifies work priorities and continuous improvements to be achieved (attached as Appendix 2). There are currently 2.8 whole-time equivalent (WTE) adult safeguarding named professionals posts divided between three staff members and 6.8 WTE posts for child safeguarding. The team is supported by three part-time administrative posts and is based at two locations, St Marks Hospital in Maidenhead and Wokingham Hospital in Wokingham. The

Specialist Practitioner for Domestic Abuse works within the safeguarding team. The Head of Safeguarding works as a full time manager for the whole team.

The Deputy Director of Nursing attends the quarterly East and West Berkshire health economy safeguarding groups chaired by the Directors of Nursing for the East and West Berkshire clinical commissioning groups (CCG's). The Head of Safeguarding and the named professionals attend the East and West named and designated safeguarding groups, chaired by the designated nurses for child protection, which report to the health economy safeguarding groups. The purpose of these groups is to communicate local and national children's safeguarding issues. These meetings encourage shared learning from safeguarding practice and include case discussion and monitoring of action plans from inspections, safeguarding adult reviews and partnership reviews to provide assurance.

4. Assurance Processes

CCGs are expected to ensure that safeguarding is integral to clinical and audit arrangements. This requires CCGs to ensure that all providers from whom they commission services have comprehensive and effective single and multi-agency policies and procedures to safeguard children and vulnerable adults, and that service specifications drawn up by CCGs include clear service standards for safeguarding which are consistent with local safeguarding board policies and procedures. The trust completes a contracted annual self- assessment audit for the CCGs in September each year, to provide assurance to commissioners that safeguarding standards are met. Following submission the Head of Safeguarding meets with commissioners to discuss the audit and answer sample questions.

Safeguarding Audits

Audit is an effective means of monitoring compliance with policy and procedure as well as analysing the effectiveness of current practice. Two audits were undertaken during 2016/17

Audit	Completion
Audit of safeguarding response to alleged sexual assault/inappropriate behaviour on mental health inpatient wards	Complete
Audit of Mental Capacity Act assessments on mental health wards	Complete

Audit 1 – Audit of safeguarding response to alleged sexual assault/inappropriate behaviour on mental health inpatient wards

The safeguarding team undertook this audit following a perceived increase in sexual abuse incidents taking place on mental health inpatient units.

The audit concentrated on sexual abuse, including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts or sexual acts that the vulnerable adult has not consented to, or could not consent, or was pressured into consenting. This also includes sexual exploitation or sexual grooming of young people.

Any sexual activity on a mental health ward is not acceptable due to vulnerabilities of the patients, and their ability to consent. The trust must be confident that all instances of sexual abuse are managed appropriately and in a timely manner to reduce the risk of harm, ensure any victim of abuse is supported and reduce the risk of reoccurrence.

The audit identified several areas where policy had not been followed.

- Policies were not being adhered too, namely the Safeguarding Adults from Abuse (Local Policy) CCR089 and The Management of Sexual Relationships involving In-Patients in the Mental Health setting Policy CCR029.
- Incidents of this nature are not being sent to the local authority routinely for investigation in line with the Pan Berkshire Policies & Procedures.
- Risk assessments are not being updated routinely for the victim or perpetrators involved in these incidents.
- Staff are not systematically triangulating the risk for these incidents.
- Care plans for victims and perpetrators are not systematically being updated/ completed following these incidents.
- RIO progress notes for victims and perpetrators do not reflecting the incident on Datix.
- Transferable risk not being identified, which means that there is on-going risk to other vulnerable adults.

Recommendations from the audit were as follows:
- Repeat audit findings for October 2015 to March 2016 data by September 2016.
- The safeguarding team to check RIO for assurance and not rely on Datix alone to ensure actions taken are followed through for all sexual assault incidents.
- To develop Standard Operating Procedure guidance for staff detailing expectations of sexual assault/inappropriate behaviour management.
- To discuss individual safeguarding issues raised in greater detail.
- To determine the role of the safeguarding lead within Prospect Park Hospital.

There was a re-audit in September 2016 which showed an improvement in some of the actions being taken to safeguard patients following these incidents. The percentage of cases meeting the

standard increased in 9 of the standards selected for the audit. Three standards remained the same and five standards decreased in the number being met. An action plan was put in place.
In December 2016 a safeguarding adult named professional (mental health) was recruited into the safeguarding team to promote safeguarding in Prospect Park Hospital and a safeguarding named professional visits the wards daily to follow-up on safeguarding incidents and work with staff to improve standards.

Audit 2 – Audit of Mental Capacity Act Assessments

An audit was undertaken at the end of Quarter three to assess where services are at in regards to undertaking mental capacity assessments. 10 sets of notes were randomly audited, covering all CCG areas, to assess the quality of the mental capacity assessments being undertaken and to determine if decisions were being made which required a formal assessment of capacity.

- All 10 service users had a capacity assessment on admission appropriately using the updated capacity assessment tool. All were of high quality.
- 3 of the 10 service user's notes indicated that significant decisions were taken which required capacity. Of these 3 service users, 2 had high quality mental capacity assessment, one had it noted that they had capacity (very clearly), but no assessment was undertaken.

There appears to be a good understanding of the Mental Capacity Act across the trust and its use is becoming embedded within the mental health inpatient unit. Within community physical health wards there is an understanding of patient consent however the use of the Mental Capacity Act (MCA) within larger decision making is not implemented in the majority of incidents and when it is implemented the documentation of the assessments is poor. Significant work had been undertaken over the previous 6 months to develop the mental capacity assessment form, implement a champion system on the community wards as well as a revamp of the training. The audit indicated that further work is required to embed this practice

Recommendations from the audit:

1: Clinical Directors from the relevant localities have been informed of those patients who require a capacity assessment

2: The implementation of the MCA needs to be owned on a local level, rather than being centrally managed. It is recommended that this audit is discussed at the PSQ and ownership for improvement to be held between the Clinical Director and service manager.

3: The mental capacity champion role is not yet embedded. Further support is required to empower the champions to challenge clinicians when the MCA is not being implemented when it should.

4: The review of the teaching and training of the MCA should continue.

Audits planned for 2017-2018

Audit	Completion Due
Audit of failure to return from section 17 leave from inpatient wards	October 2017
Making Safeguarding Personal	November 2017
MCA audits x 3	January 2018

Named professionals for safeguarding adults also participate in multi-agency safeguarding audits required by each of the SAB's as part of membership of quality and performance/effectiveness sub-groups. Examples include a self-neglect audit undertaken by Slough and a dementia audit undertaken in west of Berkshire.

Supervision

All adult safeguarding named professionals receive safeguarding supervision from the Head of Safeguarding in West Berkshire on a minimum quarterly basis. They also receive an annual appraisal which is reviewed after six months.

5. Safeguarding Adults Boards

There are four Safeguarding Adult Boards (SAB) serving Berkshire: West of Berkshire SAB serving Reading, West Berkshire and Wokingham; Bracknell SAB, Royal Borough of Windsor and Maidenhead SAB and Slough SAB. The trust are represented at all boards with, the Deputy Director of Nursing sitting on the board in the West of Berkshire and the relevant Locality Director sitting on each of the 3 East boards.

Section 44 of the Care Act puts a duty upon the Safeguarding Adults Board (SAB) to arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if:

- There is reasonable cause for concern about how the SAB, its members or other persons with relevant functions worked together to safeguard the adult, and

- The adult has died, and the SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died).

Or

- If the adult is still alive, and the SAB knows or suspects that the adult has experienced serious abuse or neglect.

The Head of Safeguarding sits on the safeguarding adult review (SAR) panels for each of the Safeguarding Adult Board areas. Named professionals for safeguarding adults sit on each of the

quality and performance/effectiveness sub-groups and on the learning and development groups in East and West Berkshire. They also sit on Modern Slavery and Violence against Women and Girls Sub-committees.

Safeguarding Adult Review's/Domestic homicide reviews/Partnership reviews

During 2016/17 there were a number of safeguarding adult reviews, partnership reviews and homicide reviews in which the Trust contributed to the multi-agency learning process. Learning from the reviews has been incorporated into group scenario work in the Trust's safeguarding adults training

Safeguarding Adult Reviews (SARs)

Bracknell
A female adult who lived alone and was known to mental health services became unwell. Her family increasingly raised concerns, about her delusional behaviour, to primary care and to mental health services the day prior to her death. A fire started in her flat and she suffered critical injuries from which she died in hospital. The learning includes working with risk, engaging positively with families and carers, communication systems and fire risk referrals. Fire risk assessment and referral pathways have been added to all safeguarding training in the trust as a result of this review. The hoarding scale has been circulated to staff and information about the use of flammable creams and risk to patients.

A review has been commissioned to identify any multi-agency learning following the death of a 71 year old man with a learning disability. The gentleman lived in supported accommodation and died in hospital following a deterioration of his physical health, leading to a number of hospital admissions. The review is in progress and will look at learning around application of the Mental Capacity Act and the way agencies communicated with each other about his care.

Partnership Reviews

Slough
A review took place to consider the care received by a gentleman with learning and physical disabilities who was admitted to Prospect Park Hospital in December 2016. The mental and physical health of the gentleman rapidly deteriorated during the week prior to his admission and he was seen by numerous agencies including mental health, community team for people with learning disabilities, respite care, GP, hospital services and ambulance service. The review highlighted the need to better co-ordinate the service between the crisis team and the community disability team and an action plan is in progress.

West of Berkshire

A thematic review took place following the death of a gentleman Mr X. Mr X had a learning disability and there were issues identified around complex relationships, interdependencies and possible domestic abuse/coercive control between Mr X and his two brothers. Mr X was interviewed by police in October 2016 on a voluntary basis in relation to an allegation of historical sexual abuse. The interview was delayed due to difficulties identifying an appropriate adult. Mr X was found dead in his flat two days later. Learning was identified around complex case management, capacity assessments and multi-agency working.

Bracknell

A nineteen year old man with a learning disability was admitted to Campion ward, from his residential school in Herefordshire, when his health deteriorated rapidly following uncertainty about his next placement. His health further deteriorated and he was transferred to Royal Berkshire Hospital. No learning was identified for trust services from the review.

Domestic Homicide Reviews

Wokingham

A domestic homicide review is in progress following the death of a lady with advanced dementia, who was killed by her husband. The couple had been married for over sixty years and the husband was the main carer for his wife. The couple had some support from care agencies and their two daughters. The husband was diagnosed with cancer and was undergoing treatment, which affected his physical wellbeing and ability to care for his wife. The victim was known to the memory clinic and the community matron service. The review is ongoing.

Mental Health Homicide Review

Slough

Joint Serious Case Review and Mental Health Homicide Review

A child died with his mother when she jumped in front of a train. It is believed his mother committed suicide and the child died with her. The mother was in receipt of mental health services and was a mental health inpatient for a period prior to her death. The Mental Health Homicide Review was completed in December 2016 and has not yet been published. The serious case review found that the child's death was not predictable or preventable and there were no recommendations for agencies from the review. A learning event was held for staff and a multi-agency conference across East Berkshire on forced marriage and other harmful practice and exploitation will be held November 2017.

Serious incidents

Serious incidents within BHFT, where there has been a safeguarding aspect, are detailed and reported to the Board separately. The Safeguarding Team are involved in discussions where there has been an allegation against a member of staff. The team offer bespoke training sessions to services where themes are identified. The trust have a responsibility to consider any incident where

an individual with care and support needs, dies or experiences significant harm and if so a referral is made to the relevant SAB for consideration for a serious adult review.

6. Mental Capacity Act (MCA) 2005 and Deprivation of Liberties Safeguards (DoLS) (2007)

The Safeguarding Adults team have led the trust's responsibility for co-ordinating and raising awareness of Mental Capacity Act (MCA) & Deprivation of Liberty Safeguards (DoLS) since 2012/13.

Training to staff is facilitated by the named professionals for safeguarding adults assisted by staff who have attended the MCA/DoLS 'Train the Trainer' course. Trust staff compliancy to MCA and DoLS training was above 85% by March 2017 which exceeded the target set on the Quality Schedule.

The issue of assessing an individual's mental capacity is often a central part of the safeguarding process. Support is also often required around making best interest decisions for individuals who lack capacity to make specific decisions. An understanding of the MCA is crucial to the implementation of DoLS. As awareness has been raised, staff are more frequently contacting the safeguarding team for specific advice about the MCA.

An MCA/DoLS group has been set up during 2016/17 chaired by the Clinical Director for the Trust, to look at ways of developing staff knowledge of application of the Mental Capacity Act and application of DoLS. Six MCA champions have been appointed, one on each of the community wards to support staff in their work. This group will join the safeguarding adult group once the initial task and finish work is completed.

An audit has been undertaken by the Clinical Director and an action plan is in place. An MCA form has been added to the admission pack on the community wards as a result of the audit. One of the Named Professionals for Safeguarding Children is the named MCA/DoLS lead for the Trust.

The Law Commission carried out a full review of the current DoLS framework and found the current system to be 'deeply flawed'; they proposed that the current system be replaced with a new system, to be called 'Protective Care'. Broadly speaking, protective care had three aspects: the supportive care scheme, the restrictive care and treatment scheme, and the hospitals and palliative care scheme recommended a significantly different process. The review went out to consultation in the autumn of 2015.

There was a significant amount of feedback given regarding the proposed changes. It is anticipated that a final report and draft Bill will be published in December 2017. It is unlikely that there will be any noticeable changes to practice until 2019 at the earliest.

DOLS Applications for 2016/17.

	Q1	Q2	Q3	Q4	Total
Total number of applications received:	14	23	13	15	65
Applications Declined:	1	0	1	2	4

	Q1	Q2	Q3	Q4
Henry Tudor Ward				
Windsor Ward			1	
Donnington Ward	1	1	1	2
Rowan Ward	8	15	4	9
Campion Unit				
Orchid Ward	3	4	6	3
Oakwood Unit	2	1	1	
Jubilee				
Rose		1		
Snowdrop				1
Total	**14**	**23**	**13**	**15**

All applications for DoLS require a BHFT signatory and the locality directors or their designated deputy has responsibility to ensure the application to the local authority is complete and appropriate. The Safeguarding Adults team continue to provided support and guidance to staff on DOLs applications. The CQC must be notified of all DoLS Applications and the Outcome. This should be done by the Locality Directors or agreed deputy.

There have been 65 DoLS applications during 2016/17 which is a significant rise on 2015/16 when there were 34 applications. 4 of the applications were declined as the patient was not eligible. A number of the applications ended before the assessment was made or the authorisation received. For these patients it was recorded in the record that an application had been made, but an assessment had not yet been made and the patient was being held on the ward in their best interest. Regular contact was kept with the local authorities regarding these applications

7. Prevent

Prevent' is part of the UK's counter-terrorism strategy, CONTEST. The Prevent agenda is outlined in the Department of Health document 'Building Partnerships, staying safe – the Healthcare Sector's contribution to HM Government's Prevent Strategy: for Healthcare Organisations'. The trust has a duty to adhere to the Prevent strategy. Its aim is to stop people being drawn into terrorism or supporting terrorism. Terrorist attacks have continued to take place across the world in 2016/17. There was an attack in London on the 22.3.17 at Westminster, indicating that individuals are still being radicalised. The UK's terrorist threat remains at 'Severe', at the time of this report meaning a threat is 'highly likely'.

The Prevent Lead for the trust left the safeguarding team in December 2016 and two named professionals child protection who had been delivering the WRAP (Workshop for Raising Awareness of Prevent) training, stepped into the role temporarily, whilst a replacement was sought. At the time of publication of this report a new Prevent lead has been appointed.

Links with Local Authority and Police remain strong. The trust is represented on all six channel panels and Prevent management meetings across the six Localities in Berkshire. Channel is an early intervention multi-agency process designed to safeguard vulnerable people from being drawn into violent extremist or terrorist behaviour. Channel works by partners jointly assessing the nature and the extent of the risk and where necessary, providing an appropriate support package tailored to the individual's needs.

Introducing Prevent into the induction programme in July 2016 has helped to increase our overall percentage of staff completing the WRAP training, from 75% to 87% of staff. This was a significant achievement for the team, who offered training to groups in their bases as well as part of the general training programme in order to make it easier for staff to access training and increase compliance.

For those that need the basic training Channel general awareness, 85% of staff have now completed it, compared to 50 % at the end of 2015/2016. Additional scheduled sessions have continued to be offered to reach staff within the organisation who have not yet been trained. The safeguarding adult Named Professional (Mental health) started with the team in December 2016 has also been trained internally by Safeguarding Team to deliver the WRAP training.

Staff have demonstrated an awareness of Prevent and its purpose, with several concerns being discussed with the Prevent Leads and some of those referrals meeting the threshold to be considered by the Channel Panel and in turn being adopted by the panel. There has been an increase in calls for advice on Prevent matters from 2015/16.

Having attended national conferences for Prevent with NHS England supported by the Home Office, it is clear the Prevent agenda is growing in light of the continued risk of national terrorist attacks. It is clear Prevent needs to be embedded into all aspects of practice. In order to do this the plan is to expand the Prevent aspect within the adult and children safeguarding refresher courses.

8. Modern Slavery

There is now a duty to notify the Home Office of potential victims of Modern Slavery, this came into force in November 2015. This duty is set out in Section 52 of the Modern Slavery Act 2015 and applies to public authorities. Although health organisations are not yet compelled to notify, under safeguarding arrangements, consideration should be given to making a referral to the police or local authority, should a health practitioner have reason to believe a vulnerable adult or child is being exploited or trafficked.

A Modern Slavery Sub-group has been set up in Slough, led by Police and the Community Safety Partnership and the Named Professional for Mental Health is a working member of that group. Modern Slavery training has been offered locally and nationally and has been attended by the Named Professionals. Modern Slavery is included in all Trust Safeguarding Adult training.

9. Training

As a partner of the four SAB's in Berkshire the trust is guided by the workforce development strategies' developed by the East and West Berkshire learning and development subgroups and all level 1 training adheres to the standards identified, ensuring that all staff have appropriate knowledge and competencies in relation to the:

- Potential for the occurrence of abuse and neglect
- Identification of abuse and neglect

- Safeguarding adults policy and procedures
- Requirement to report any concerns of abuse or neglect
- Internal reporting structure for such concerns

Continued training and development of trust staff on safeguarding vulnerable adults forms a primary responsibility for the safeguarding team. Lessons learned from national and local enquiries in safeguarding adults reviews have been incorporated into the trust training, programme which is delivered at two levels.

Level one training is aimed at staff whose work brings them into regular contact with patients who are in need of services, whether or not the local authority are aware of them. It comprises awareness on the different types of abuse, how to recognise signs of abuse and how to manage situations of witnessed abuse and disclosures of abuse by patients in our care.

Level two training is targeted at senior clinicians. Staff who regularly investigate and/or contribute to supporting adults at risk of abuse including safeguarding adult named professionals, attend multi-agency training at level three. This training includes multi-agency safeguarding procedures and assessing, planning, intervening and evaluating the needs of an adult where there are safeguarding concerns.

Safeguarding adults/children joint training at level one is now facilitated at Trust induction and has been well received giving a more 'think family' approach to training. All volunteers within the trust also receive safeguarding adult training as part of their induction. Bespoke training has been facilitated to hard to reach groups of staff and where particular learning has been identified.

Joint safeguarding children and adults training at level two was facilitated to community mental health team staff in September 2016 following learning from a local incident. Staff are also offered domestic abuse training from the Specialist Practitioner Domestic Abuse who sits within the safeguarding team.

A multi-agency level two refresher event was organised by one of the named professionals for safeguarding adults and included learning from local safeguarding adult reviews presented by a partner agency. Bespoke training sessions have also been facilitated to staff at Prospect Park hospital.

Compliancy for level one training rose to 93.3% by March 2017 which was a significant achievement for the team, compliancy for safeguarding adults training level two also rose from 40% to 66% but this remains below the target of 85%. A staff vacancy and long-term sick leave affected the ability to facilitate this training, but a plan is in place to increase compliancy to 90% by December 2017.

Delivery of MCA/DoLS training and Prevent training forms part of the responsibility of the safeguarding team and is included in those sections of this report.

On-going statistics for staff numbers trained are included in the quarterly reports submitted to the Deputy Director of Nursing.

10. Summary

The Care Act (2014) and Care and Support Statutory Guidance (Chapter 14-Safeguarding) has clarified our responsibilities relevant to safeguarding adults vulnerable to abuse or neglect. This legislation underpins the standards and principles of safeguarding practice at the heart of patient care at the trust and provides a legal requirement to work closely with local authorities and other partnership members of the Berkshire multi-agency safeguarding response.

The changes to terminology, categories of abuse and making safeguarding processes personal to the individual concerned are being incorporated into training and development of trust staff and volunteers and policy documents. The safeguarding team continue to work closely with external partners, developing local relationships and ensuring that adult safeguarding practices reflect local and national guidance.

Safeguarding Adult Boards have a statutory status directed by the Care Act (2014) with clearly defined roles and responsibilities to co-ordinate strategic safeguarding adult activity across all sectors and service user groups, to prevent abuse and neglect occurring and where it does, it is recognised and responded to appropriately. The SABs forms a view of the quality of safeguarding locally and challenges organisations where necessary. Senior representation on all four Berkshire SABs ensure a direct link to the Board regarding safeguarding adult concerns, enquiries and lessons learned as well as future development in practices and policies.

Application of the Mental Capacity Act is a topic that continues to be identified as an area for development both nationally and locally through SAR's, staff feedback and the recent CQC inspection.

11. Team Achievements 2016/17

The Trust Vision

The safeguarding team have provided evidence for the board on the key domains for BHFT to demonstrate the connection between the Trust vision and our service delivery:-

Striving for Excellence

The safeguarding team have increased the amount of safeguarding training courses at level one and succeeded in raising compliance of staff to level one training to over 93% to ensure staff are

competent to safeguard adults in Berkshire. This has been achieved by working closely with the learning and development team, carefully planning sessions to ensure easy to access locations across the trust, bespoke training to ward staff during the handover period and taking training to hard to reach groups. Compliance to Prevent training has also increased significantly to 87% this year. Two extra named professionals were trained as Prevent trainers and again training was taken to staff meetings, and bespoke sessions were held at times identified by teams. Prevent training was also added to induction to capture all new staff starting with the trust. Compliance to MCA and DoLS training has also risen to above 85% by March 2017.

Tailoring Care

An action plan has been developed to strengthen safeguarding at Prospect Park hospital. A safeguarding named professional (mental health) was appointed in December 2016 to offer more one to one support to staff on inpatient wards. A named professional is present at the hospital daily to visit inpatient areas for advice and support and to oversee safeguarding. Named professionals have worked with adult social care to agree referral processes.

The safeguarding team view the front line staff and services as their customers and thus always endeavour to provide a flexible service to meet need. Telephone advice is widely used and named professionals support staff with complex cases and to challenge other agencies if they are not satisfied with the outcome of a referral where they have concerns about adult abuse. The team continue to provide tailored adult safeguarding support in practice areas where serious incidents requiring investigations (SIRI)s, have highlighted learning needs with regard to adult safeguarding practice.

Maximising Value

Amalgamation of the safeguarding adult and children's teams has enabled a more joined up approach to safeguarding and an increased skill set amongst the team. Team members have increased their use of skype to reduce travel. Staff have worked together to develop a joint induction programme which includes Prevent and have piloted a joint safeguarding adults and children training at level two. This will be rolled out where appropriate to identified groups of staff. For the first time a level two safeguarding refresher forum with multi-agency speakers was facilitated and was well supported and evaluated with over 60 staff in attendance.

Delivering Success

The safeguarding team and the tissue viability service worked with a multiagency group of professionals to develop a pan-Berkshire safeguarding pressure ulcer pathway. The new

procedures were re-launched in April 2016 and information went out in Team Brief. The link is available to all staff on team net.

The safeguarding team found that there was no consistency across the trust in relation to which, if any, MCA tools were being used and worked with the Clinical Transformation team to develop a single MCA tool in Rio that can be used by all services. The tool went live in 2016. It has been designed in such a way that it will be easy to replicate for services that do not use RIO.
An MCA task and finish group was set up to work on embedding use of the MCA and increase understanding of and application of DoLS. Six safeguarding champions have been appointed on the community wards to support the safeguarding team in improving the application of MCA and DoLS across services. Difficulty in the application to practice of the MCA act is a theme that has been present in local safeguarding adult reviews. It is recognised nationally that the MCA is not well embedded in practice across health and social care and this is an area for development across BHFT. A question about capacity has been added to the safeguarding adults section of the Datix form. There has been a significant increase in the number of DoLS applications in the trust this year which is encouraging.

Working across Boundaries

The safeguarding team have continued to work closely with external agencies to improve and develop safeguarding adult practice across Berkshire. The trust are represented on all four safeguarding adult boards and on all sub-groups across Berkshire. Staff have actively participated in safeguarding adult reviews, disseminating learning to staff through multi-agency forums.

The safeguarding team organise a quarterly peer support session for all safeguarding colleagues working in health across Berkshire and host a quarterly partnership group, to which all six local authorities, both CCG leads and the acute trust leads are invited. This is an effective forum for building relationships and working together to improve practice and facilitate learning.
Named professionals meet with colleagues in social care on a monthly basis to discuss referrals and carry out investigations as required. Regular meetings have been held with police at Prospect Park hospital and a safeguarding named professional is an active member of the protocols in practice meeting at Prospect Park hospital.

Inspiring Others

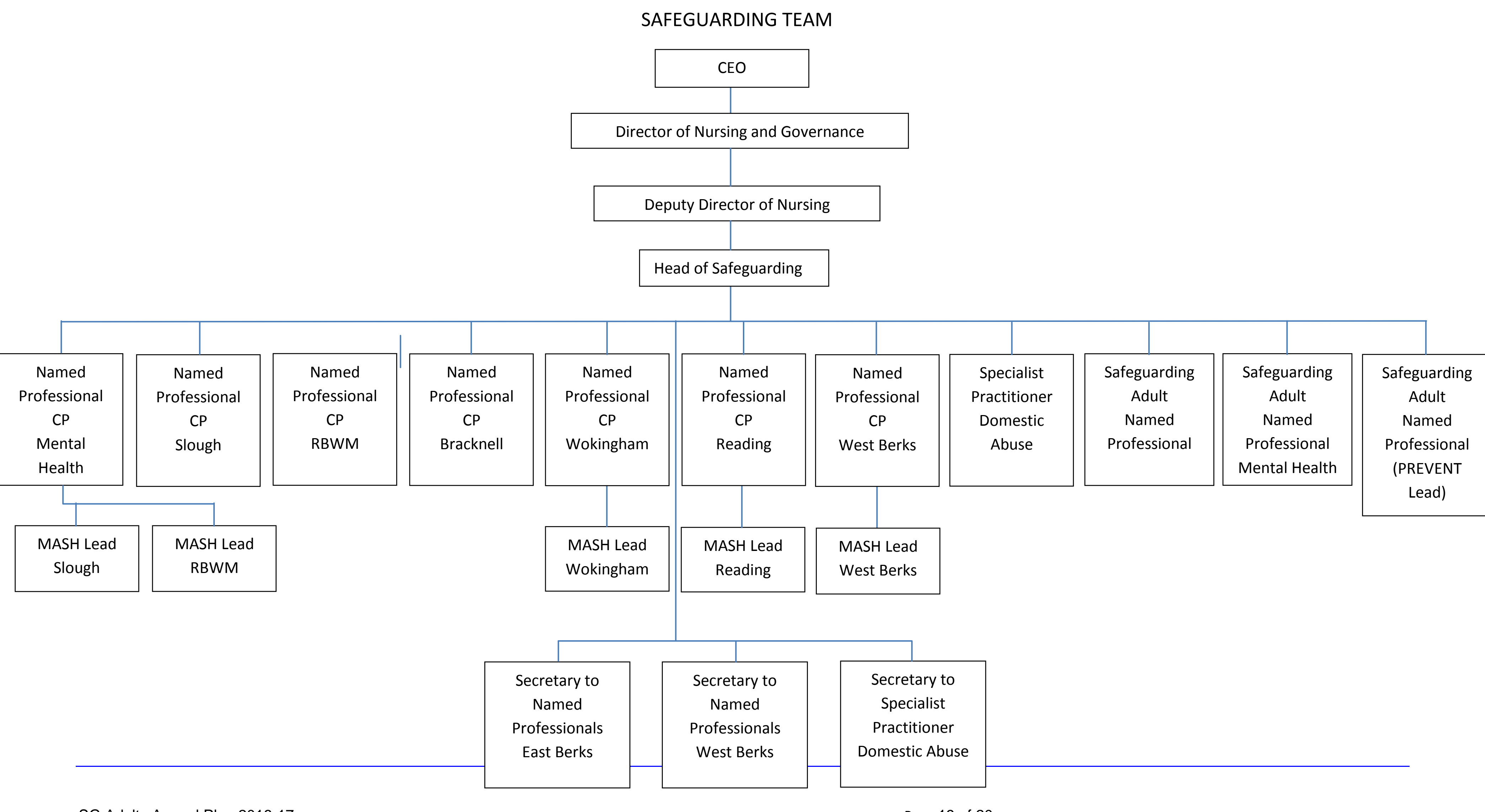
The team work closely with staff to support them to manage difficult cases giving them the confidence to challenge other professionals and agencies, where appropriate, to ensure adults in Berkshire are safeguarded. The team offer a coaching philosophy and approach to safeguarding advice and encourage professional curiosity, from front line staff, to enhance their learning and improve outcomes for adults in their care.

The team produce a 6 monthly safeguarding newsletter to bring any new guidance or learning to staff attention. This year screen savers have been developed to offer bite-sized reminders of important safeguarding topics, including domestic abuse and modern day slavery. Highlighting to staff what to look out for and where to get help.

12. Future Plans

- Embed the Making Safeguarding Personal principles
- Continue to ensure that the Trusts PREVENT contractual requirements are met including the delivery of WRAP3 to identified staff groups.
- Increase understanding of application of MCA in practice
- Continue to meet safeguarding adults training level one compliance at over 90%
- Increase compliance to safeguarding adults training level two to 90%
- Commitment to contributing to an outstanding care quality commission rating through maintaining a high level of skills and knowledge of the team
- Continue to develop and maintain close working relationships with partners in social care in each of the six Berkshire unitary authorities
- Continue to provide strong representation on the safeguarding adult boards and sub-committees
- Work with colleague at Royal Berkshire Hospital Trust to develop a mental capacity act policy for the trust.

APPENDIX ONE



APPENDIX TWO

Healthcare from the heart of your community

Team Plan Summary 2017-2018

Goal 1: Improving patient safety and experience

To provide safe services, good outcomes and good experience of treatment and care

- Commitment to contributing to an outstanding care quality commission rating through maintaining the high quality commission rating through maintaining the high level of skills and knowledge within the team.
- Maintain and develop safeguarding training to recognised standards for adult training and to the intercollegiate document 2014 for children, young people and families accessing Trust services.
- Continue to provide responsive children safeguarding advice to all Trust staff via the on-call advice line.
- Monitor and update compliance to Section 11 of Children Act 1989 reporting to Board and providing assurance to LSCB monitoring groups.
- Appropriately implement the Pan Berkshire escalation policy for Safeguarding.
- Access specialist training and supervision via Trust and external providers.
- Improve staff engagement in MCA assessments and DOLS
- Strengthen team knowledge of Prevent and ways to support staff

Goal 2: Supporting our staff

To strengthen our highly skilled and engaged workforce

- Improve and maintain the uptake of supervision for CAMHS and the allied professions.
- To continue to develop child and adult safeguarding training programmes.
- Maintain the presence of the adult safeguarding lead during the working week at Prospect Park Hospital providing support and advice.
- Maintain and review the children's safeguarding advice line to inform future training needs.
- Continue to monitor safeguarding practice through audit and safeguarding clinical supervision.
- Maintain and improve the safeguarding page on Team net
- Continue to support staff by providing safeguarding forums and seminars, sharing learning from serious case reviews, partnership reviews and current issues including Domestic Abuse, CSE, FGM and Prevent.

Goal 3: Money matters

To deliver services that are efficient and financially sustainable

- To complete the review of the children's safeguarding form making key safeguarding information readily available.
- Improve the use of Skype and SMART working to reduce travel and maximise team efficiency.
- Build on the planning and delivery of joint adult and children's Level 1 training.
- Introduce joint adult/child 'think family' safeguarding training at level two for appropriate staff groups.

Goal 4: Working together

Understanding and responding to local needs as part of an integrated system

- Ensuring safeguarding representation at LSCB sub-groups.
- Continue to develop and establish the MASH roles in East and West Berkshire.
- Respond to specific local safeguarding initiatives by providing joint training.
- Continue to embed partnership working practices with adult and mental health staff including the children's Berkshire Adolescent Unit.
- Continue to develop and maintain close working relationships with partners in social care in each of the six Berkshire unitary authorities
- Participate in multi-agency audits, serious case reviews and partnership reviews as required.

Our vision: To be recognised as the leading community and mental health service provider by our staff, patients and partners.

Reading Safeguarding Annual Performance Report 2016/17

The 2016-17 Safeguarding Adults Collection (SAC) records details about safeguarding activity for adults aged 18 and over in England. It includes demographic information about the adults at risk and the details of the incidents that have been alleged.

The Safeguarding Adults Collection (SAC) is an updated version of the Safeguarding Adults Return (SAR) which collected safeguarding data for the 2013/14 and 2014/15 reporting periods so has some areas where there have been significant changes to the categories of data collected.

Section 1 - Safeguarding Activity

Concerns and Enquiries

As a result of the Care Act changes over recent years the terminology of some of the key data recorded in the Safeguarding Return in its various formats has changed. Safeguarding Alerts are now referred to as Concerns and Safeguarding Referrals are now known as Enquiries.

Another change over recent years made to the return was the mandatory requirement to collect information about 'Individuals involved in section 42 safeguarding enquiries' which replaced the collection of 'Individuals involved in safeguarding referrals'. Therefore data relating to 2015-16 onwards contained within this report relates specifically to s42 enquiries.

Table 1 shows the Safeguarding activity within Reading over the previous 3 years in terms of Concerns raised and s42 Enquiries opened and the conversion rates over the same period.

There were 2049 safeguarding concerns received in 2016/17. The number of Concerns has increased considerably over the past couple of years with a large increase of 974 over the previous year (from 1075 in 2015-16). This is partly due to changes made to the local process under the guidance of a new Service Manager which demonstrates the work being carried out in the authority to highlight the importance of recording safeguarding incidents in a more effective way. Coupled with this was the increase in Concerns passed through from the Police and Ambulance Service which may not have then needed to go on for further investigation. This follows a similar pattern identified in other authorities within West Berkshire which is being looked at generally.

481 s42 Enquiries were opened during 2016/17, with a conversion rate from Concern to s42 Enquiry of 24% which is lower than the national average which had been around 40%. This also continues the downward trajectory of this indicator as compared to previous years which had seen conversion rates of around 75% in 2014/15. This continues to demonstrate a positive shift away from the Risk Averse outlook the authority had shown historically. It is likely however that this figure has reached its lowest point and may rise again next year to maybe fall more into line with other West Berkshire authorities.

There were 416 individuals who had an s42 Enquiry opened during 2016/17 which is a decrease of 95 which is an 18.6% fall since 2015/16.

Table 1 – Safeguarding Activity for the Reporting Period 2014-17

Year	Alerts / Concerns received	Safeguarding referrals / s42 Enquiries	Individuals who had Safeguarding Referral / s42 Enquiry	Conversion rate of Concern to s42 Enquiry
2014/15	702	527	475	75%
2015/16	1075	538	511	50%
2016/17	2049	481	416	24%

Section 2 - Source of Safeguarding Enquiries

As Figure 1 shows the largest percentage of safeguarding enquiries for 2016/17 were referred from both Social Care staff (30.6%) and also by Health staff (25.6%) with Family members also providing a larger than average proportion (17.3%). The Police have also been responsible for referring 9.6% of all s42 enquiries over the past year.

The Social Care category encompasses both local authority staff such as Social Workers and Care Managers as well as independent sector workers such as Residential / Nursing Care and Day Care staff. The Health category relates to both Primary and Secondary Health staff as well as Mental Health workers.

Figure 1 - Safeguarding Enquiries by Referral Source - 2016/17

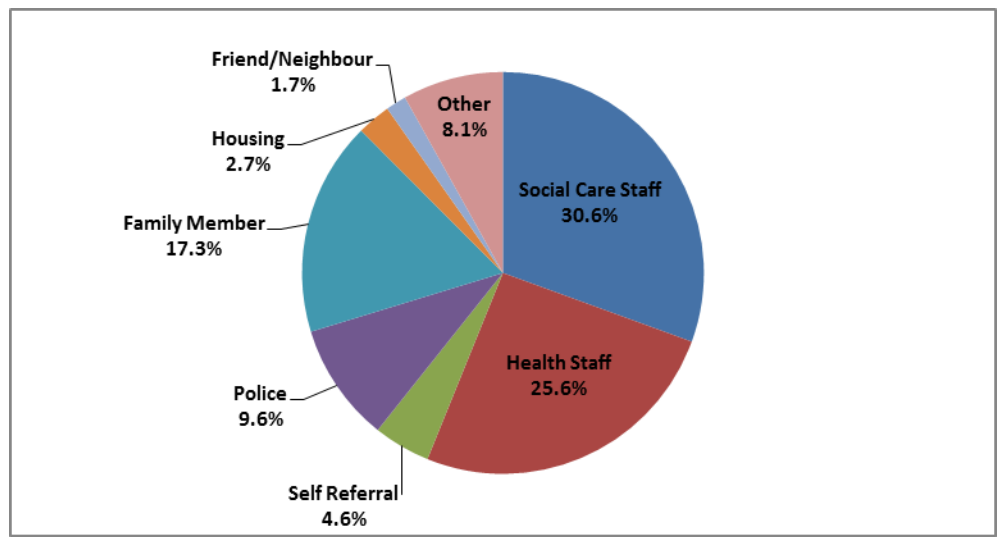


Table 2 shows the breakdown of the number of safeguarding enquiries by Referral Source over the past 3 years since 2014/15. It breaks the overarching categories of Social Care and Health staff down especially into more detailed groups where available, so a clearer picture can be provided of the numbers coming in from various areas.

For Social Care the actual numbers coming in have decreased over the year by 33 which is an 18% drop. The biggest fall in numbers is for Residential / Nursing staff which has seen a 35.4% drop over the year (from 48 in 2015/16 to 31 in 2016/17). Those referrals coming from Social Workers and Care Managers have also declined by 12 which is a 21.4% fall.

The numbers of referrals coming in from Health Staff have also declined from 144 to 123 referrals since 2015/16 (down 14.6%). This is mainly due to a 32% decrease in those coming from Mental Health staff (down 10 referrals over the year). Primary / Community Health (down 10.6%) and Secondary Health staff (down 8.5%) have also seen reductions in referrals being made since 2015/16.

In terms of other referral sources most have remained fairly consistent apart from a noticeable increase in those coming in from the Police which has risen again by 17.9% (up from 39 to 46 in the past year). We have also seen an increase, although still small numbers; for those coming via CQC (up from 2 to 4 during the year) and for Education/ Training/ Workplace Establishment (up from 0 in 2015/16 to 4 in 2016/17).

Table 2 - Safeguarding s42 Enquiries by Referral Source 2014-17

	Referrals	2014/15 (All)	2015/16 (s42 only)	2016/17 (s42 only)
Social Care Staff	**Social Care Staff total (CASSR & Independent)**	**185**	**180**	**147**
	Domiciliary Staff	26	34	36
	Residential/ Nursing Care Staff	58	48	31
	Day Care Staff	7	5	3
	Social Worker/ Care Manager	60	56	44
	Self-Directed Care Staff	3	2	3
	Other	31	35	30
Health Staff	**Health Staff - Total**	**116**	**144**	**123**
	Primary/ Community Health Staff	51	66	59
	Secondary Health Staff	31	47	43
	Mental Health Staff	34	31	21
Other sources of referral	**Other Sources of Referral - Total**	**226**	**214**	**211**
	Self-Referral	32	21	22
	Family member	84	89	83
	Friend/ Neighbour	8	9	8
	Other service user	3	1	0
	Care Quality Commission	2	2	4
	Housing	12	15	13
	Education/ Training/ Workplace Establishment	2	0	4
	Police	17	39	46
	Other	66	38	31
	Total	**527**	**538**	**481**

Section 3 - Individuals with Safeguarding Enquiries

Age Group and Gender

Tables 3, 4 and 5 display the breakdown by age group and gender for individuals who had a safeguarding enquiry in the last 3 years. The majority of enquiries continue to relate to the 65 and over age group which accounted for 62% of enquiries in 2016/17 which is up 5% over the year. Between the ages of 65 and 94 the older the individual becomes the more enquiries are raised. The 18-64 age cohort has seen a fall of 4% proportionately since 2015/16 whereas the other age groups have stayed fairly consistent over the past year.

Table 3 – Age Group of Individuals with Safeguarding s42 Enquiries, 2014-17

Age band	2014-15	*% of total*	2015-16	*% of total*	2016-17	% of total
18-64	197	*41%*	216	*42%*	160	38%
65-74	55	*12%*	66	*13%*	60	14%
75-84	103	*22%*	97	*19%*	83	20%
85-94	106	*22%*	108	*21%*	96	23%
95+	10	*2%*	21	*4%*	17	4%
Age unknown	4	*1%*	3	*1%*	0	0%
Grand total	475		511		416	

In terms of the gender breakdown there are still more Females with enquiries than Males (54% compared to 46% for 2016/17). The gap however between the two has decreased over the last year i.e. it was 18% in 2015/16 whereas it is now only 8% for the current year.

Table 4 – Gender of Individuals with Safeguarding s42 Enquiries, 2014-17

Gender	2014-15	*% of total*	2015-16	*% of total*	2016-17	*% of total*
Male	209	*44%*	208	*41%*	190	*46%*
Female	266	*56%*	303	*59%*	226	*54%*
Total	475	*100%*	511	*100%*	416	*100%*

When looking at Age and Gender together for 2016/17 the number of Females with enquiries is larger and increases in comparison to Males in every age group over the age of 65. It is especially high comparatively in the 85-94 (Females – 28.3% and Males – 16.8%) and the 95+ age groups (Females – 6.6% and Males – 1.1%). For Males there is a larger proportion in the 18-64 group which makes up 47.4% of that total whereas the proportion is only 31% for the Females in that age group.

Table 5 – Age Group and Gender of Individuals with Safeguarding s42 Enquiries, 2016/17

Age group	Female	*Female %*	Male	*Male %*
18-64	70	*31.0%*	90	*47.4%*
65-74	31	*13.7%*	29	*15.3%*
75-84	46	*20.4%*	37	*19.5%*
85-94	64	*28.3%*	32	*16.8%*
95+	15	*6.6%*	2	*1.1%*
Unknown	0	*0.0%*	0	*0.0%*
Total	226	*100.0%*	190	*100.0%*
	54%		**46%**	

Ethnicity

87.3% of individuals involved in s42 enquiries for 2016/17 were of a White ethnicity with the next biggest groups being Black or Black British (5.8%) and Asian or Asian British (5%). The White Group has risen this year by 4.1% (83.2% in 2015/16) as have the Black or Black British Group although only by 0.3%. The other Ethnic groups have seen small drops in their proportions of the overall total.

Figure 2 – Ethnicity of Individuals involved in Safeguarding s42 Enquiries for 2016/17

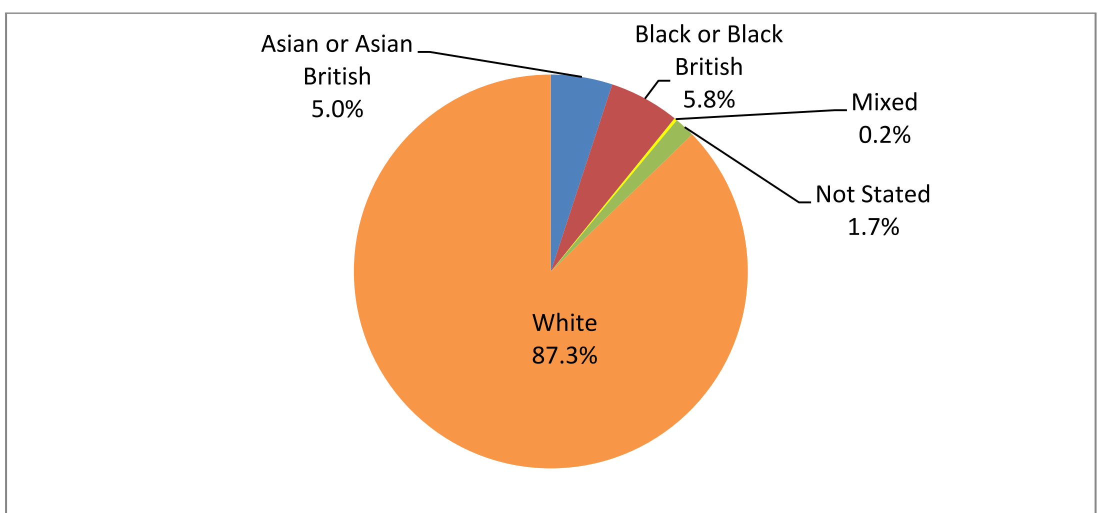


Table 6 shows the ethnicity split for the whole population of Reading compared to England based on the ONS Census 2011 data along with the % of s42 Enquiries for 2016/17 compared to 2015/16. Any Enquiries where the ethnicity was not stated have been excluded from this data in order to being able to compare all the breakdowns accurately.

Table 6 – Ethnicity of Reading Population and Safeguarding s42 Enquiries, 2014-17

Ethnic group	% of whole Reading population (ONS Census 2011 data)	% of whole England population (ONS Census 2011 data)	% of Safeguarding s42 Enquiries 2016/17	% of Safeguarding s42 Enquiries 2015/16
White	74.8%	85.5%	88.8%	86.9%
Mixed	3.9%	2.2%	0.2%	1.4%
Asian or Asian British	12.6%	7.0%	5.1%	5.5%
Black or Black British	7.7%	3.4%	5.9%	5.7%
Other Ethnic group	1.9%	1.7%	0.0%	0.4%

The numbers above suggest individuals with a White ethnicity are more likely to be referred to safeguarding. Their proportions are much higher than for the whole Reading population from the 2011 Census although are more comparable to the England Population from the 2011 Census data. It also especially shows that those individuals of an Asian or Asian British ethnicity are far less likely to be engaged in the process (12.6% in whole Reading population whereas those involved in a safeguarding enquiry is only 5.1%). Once again the Black or Black British Ethnic Group is more comparable to the local picture.

Primary Support Reason

Table 7 shows breakdown of individuals who had safeguarding enquiry by Primary Support Reason (PSR). The majority of individuals in 2016/17 had a PSR of Physical Support (50.7%) which is a similar proportion to that in 2015/16. Whilst most Primary Support Reasons have seen a small proportionate % drop over the last year, the Mental Health Support one has seen a continued rise again this year (from 16.2% in 2015/16 to 20% in 2016/17).

Table 7 – Primary Support Reason for Individuals with a Safeguarding s42 Enquiry, 2014-17

Primary support reason	2014/15	*% of total*	2015/16	*% of total*	2016/17	*% of total*
Physical Support	193	*40.6%*	262	*51.3%*	211	*50.7%*
Sensory Support	13	*2.7%*	8	*1.6%*	1	*0.2%*
Support with Memory and Cognition	84	*17.7%*	44	*8.6%*	35	*8.4%*
Learning Disability Support	83	*17.5%*	84	*16.4%*	63	*15.1%*
Mental Health Support	70	*14.7%*	83	*16.2%*	83	*20.0%*
Social Support	28	*5.9%*	30	*5.9%*	23	*5.5%*
No Support Reason	4	*0.8%*	0	*0.0%*	0	*0.0%*
Total	475	*100%*	511	*100%*	416	*100%*

Section 4 – Case details for Concluded s42 Enquiries

Type of Alleged Abuse

Table 8 shows concluded enquiries by type of alleged abuse over the last three years. An additional 4 abuse types (*) were added to the 2015/16 return so there are only comparator figures since then.

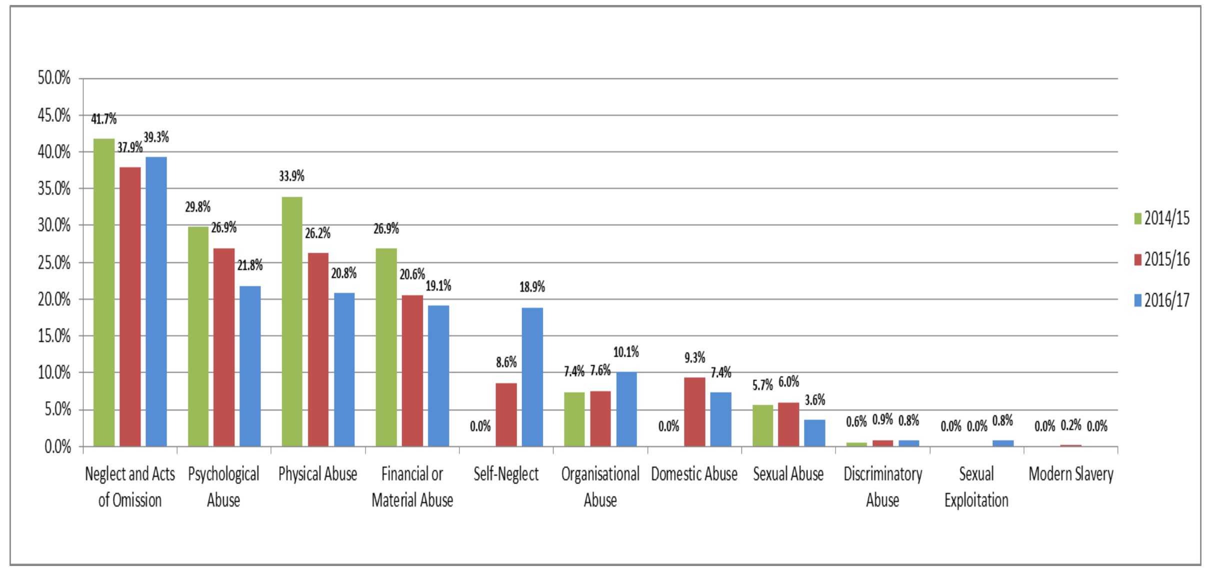
The most common types of abuse for 2016/17 were still for Neglect and Acts of Omission (39.3%), Psychological Abuse (21.8%) and Physical Abuse (20.8%) although the latter two types have seen yet another decrease since last year (5.1% and 5.4% respectively).

The main 2 types of abuse that saw increases since last year are Self-Neglect (up 10.3%) and Organisational Abuse (up 2.5%). Self-Neglect was one of the newer abuse types added in 2015/16 so it has highlighted an important safeguarding area of interest in its own right.

Table 8 – Concluded Safeguarding s42 Enquiries by Type of Abuse, 2014-17

Concluded enquiries	**2014/15**	%	**2015/16**	%	**2016/17**	%
Neglect and Acts of Omission	214	41.7%	215	37.9%	187	39.3%
Psychological Abuse	153	29.8%	153	26.9%	104	21.8%
Physical Abuse	174	33.9%	149	26.2%	99	20.8%
Financial or Material Abuse	138	26.9%	117	20.6%	91	19.1%
Self-Neglect *	0	0.0%	49	8.6%	90	18.9%
Organisational Abuse	38	7.4%	43	7.6%	48	10.1%
Domestic Abuse *	0	0.0%	53	9.3%	35	7.4%
Sexual Abuse	29	5.7%	34	6.0%	17	3.6%
Discriminatory Abuse	3	0.6%	5	0.9%	4	0.8%
Sexual Exploitation *	0	0.0%	0	0.0%	4	0.8%
Modern Slavery *	0	0.0%	1	0.2%	0	0.0%

Figure 3 – Type of Alleged Abuse over past 3 Years since 2014/15



Location of Alleged Abuse

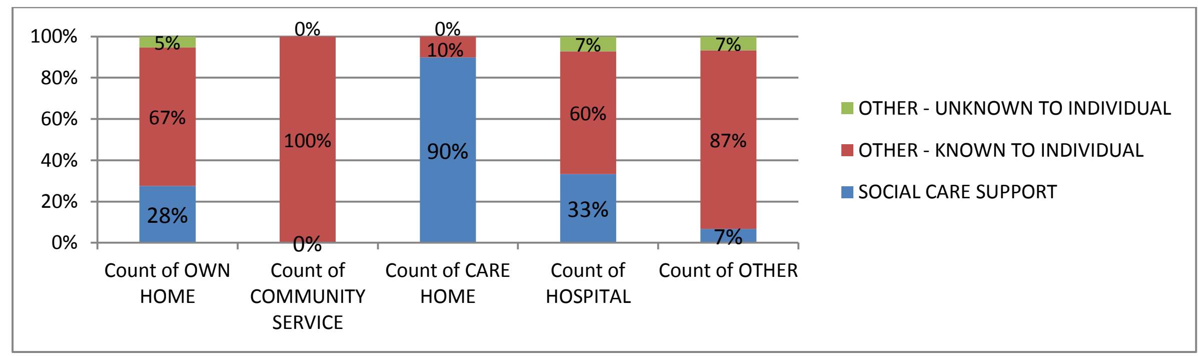
As shown in Table 9; as with previous years, still by far the most common location where the alleged abuse took place for Reading clients has been the individuals own home (67.9% in 2016/17) which has shown a 2.8% rise proportionately as compared to last year. The other locations have either increased or decreased by very small percentages.

Table 9 – Location of Abuse, 2014-17

Location of abuse	2014-15	% of total	2015-16	% of total	2016-17	% of total
Care home	112	21.8%	100	17.6%	88	18.5%
Hospital	51	9.9%	56	9.9%	42	8.8%
Own home	307	59.8%	370	65.1%	323	67.9%
Community service	14	2.7%	7	1.2%	3	0.6%
Other	56	10.9%	60	10.6%	45	9.5%

Figure 4 shows the breakdown of location of alleged abuse by source of risk. Where the alleged abuse took place in the persons 'Own Home', for the majority of cases (67%), the source of risk was an individual known to the adult at risk. This group was also the most common for those taking place in a 'Hospital' (60%), in 'Community Services' (100%) and in 'Other' locations (87%). For those taking place in a 'Care Home' the biggest source of risk by far was from Social Care Support staff (90%).

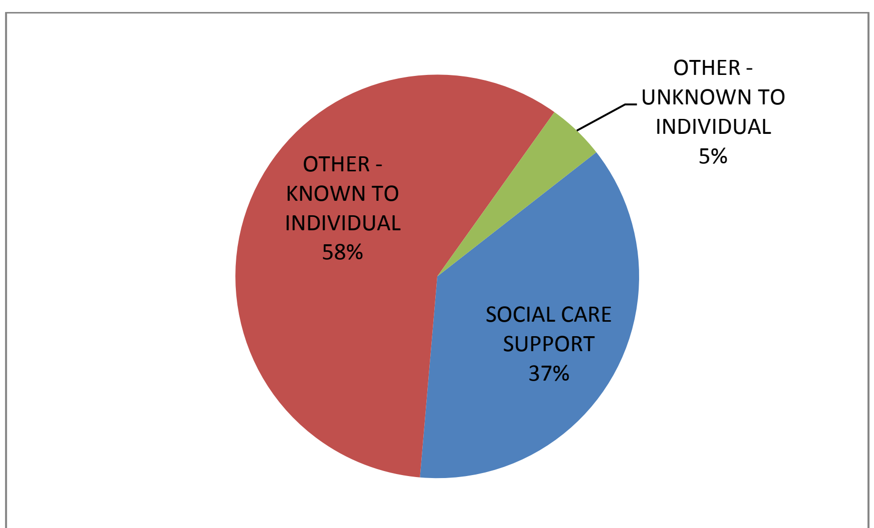
Figure 4 – Concluded Enquiries by Location of Alleged Abuse and Source of Risk for 2016/17



Source of Risk

The majority of concluded enquiries involved a source of risk 'Known to the Individual' (58%) whereas those that were 'Unknown to the Individual' only make up 5% (was 10% in 2015/16). The 'Social Care Support' category refers to any individual or organisation paid, contracted or commissioned to provide social care. This now makes up 37% of the total (up 4% on 2015/16). This is shown below in Figure 5.

Figure 5 – Concluded Enquiries by Source of Risk 2016/17



Action Taken and Result

Table 10 below shows concluded enquiries by action taken and the results for the last three years.

The figures for those cases where the risk was removed or remained saw a slight decrease again this year (down 1% and 3% respectively on 2015/16). Those with a risk reduced have seen a larger than proportionate decrease year on year from 55% in 2014/15 to 38% in 2015/16 and then to 29% in 2016/17. Those with no further action have increased proportionately each year since 2014/15 (from 21% to 42% between 2014/15 and 2015/16 and then up to 56% of the total in 2016/17).

Table 10 – Concluded Enquiries by Action Taken and Result 2014-17

Result	2014-15	% of total	2015-16	% of total	2016-17	% of total
Action Under Safeguarding: Risk Removed	75	15%	54	10%	41	9%
Action Under Safeguarding: Risk Reduced	284	55%	214	38%	139	29%
Action Under Safeguarding: Risk Remains	48	9%	58	10%	31	7%
No Further Action Under Safeguarding	106	21%	242	42%	265	56%
Total Concluded Enquiries	513	100%	568	100%	476	100%

Figure 6 shows concluded enquiries by result for 2016/17. No further action was taken under safeguarding in 56% of cases, while the risk was reduced or removed in 38% of cases.

Figure 6 – Concluded Enquiries by Result, 2016/17

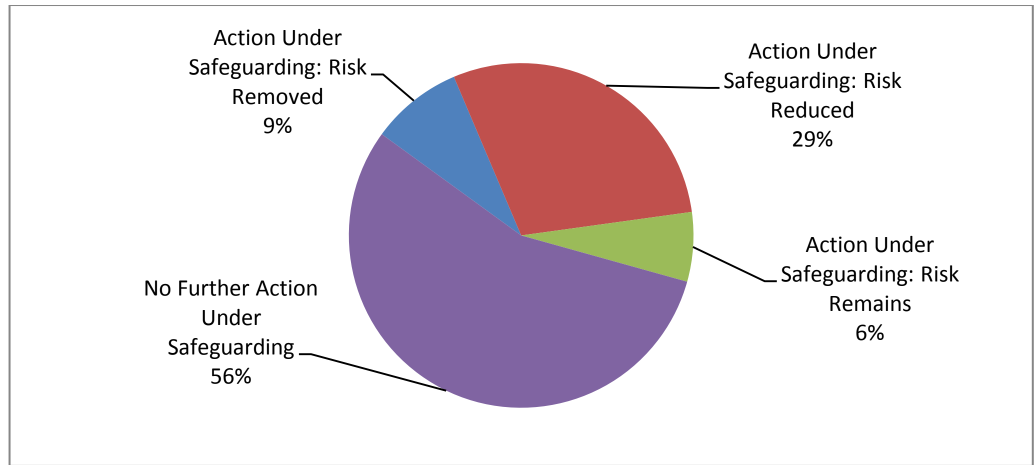
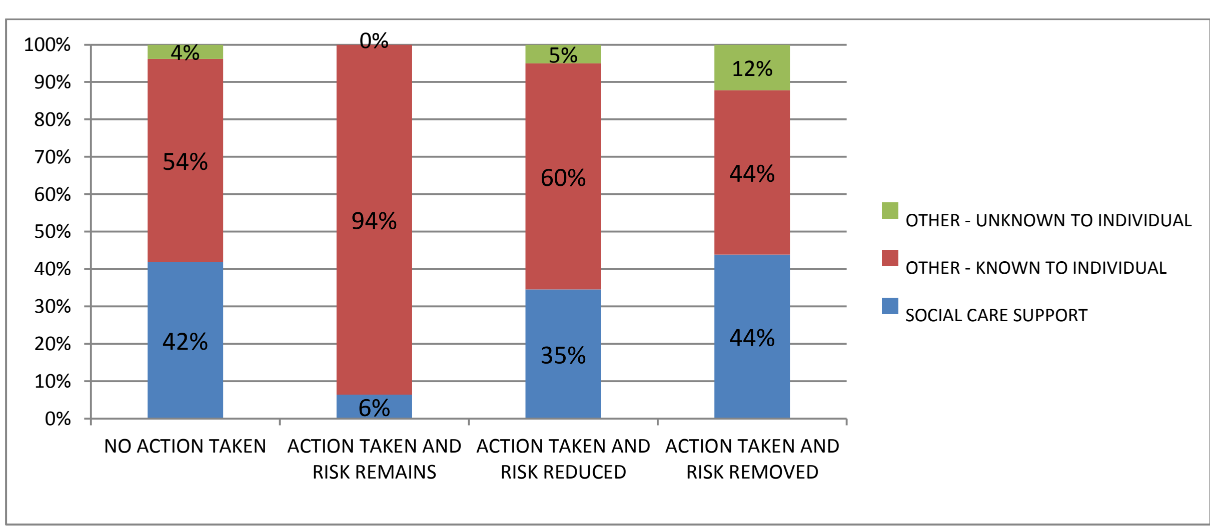


Figure 7 shows a breakdown of the results of action taken for concluded enquiries by source of risk for 2016/17. For the majority of cases where action was taken and the risk was reduced or remained the main source of risk was other individuals known to that individual. This is especially noticeable in cases where the risk remains (94% of alleged perpetrators were known to the individual).

Cases where the risk has been removed show an equal proportion in the Social Care Support and Other individuals known to that individual groups (44% each) which is a shift from 2015/16 when Social Care Support made up 50% of that total.

Where No Action was taken the largest proportion (54%) which is an increase proportionately of 3%, was attributed to people known to the individual so probably relates to family members for example where an enquiry was raised but not substantiated.

Figure 7 – Concluded Enquiries by Result of Action Taken and Source of Risk 2016/17

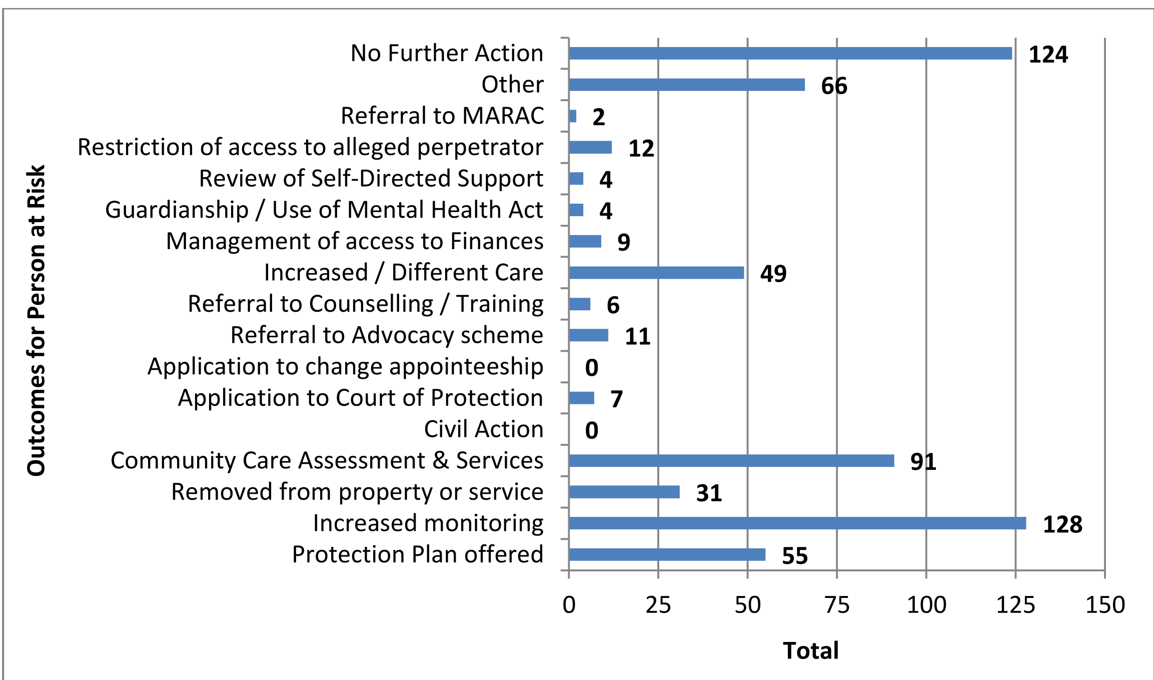


Outcomes for the Person at Risk

Figure 8 shows the Outcomes for the person at risk for concluded enquiries for 2016/17.

The most common outcomes for concluded enquiries by far were 'Increased monitoring' (26.9%), 'No Further Action' (26.1%) and 'Community Care Assessment & Services' (19.1%). As the chart below includes concluded enquiries which were not substantiated or inconclusive, this would explain some of the No Further Action outcomes for the person at risk.

Figure 8 - Outcomes for Person at Risk, 2016/17



Section 5 - Mental Capacity

Figure 9 shows the breakdown of mental capacity for concluded enquiries. In 24% of cases the individual was found to lack capacity which is a 4% rise on 2015/16.

80 of the 114 individuals (70.2%) assessed as lacking capacity were supported by an advocate, family or friend which was an 11% rise on 2015/16.

Figure 9 – Does the Individual Lack Capacity – 2016/17?

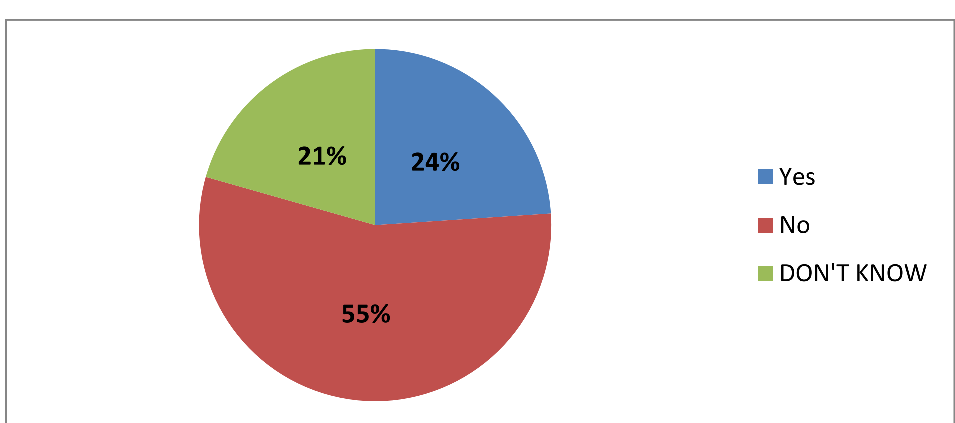
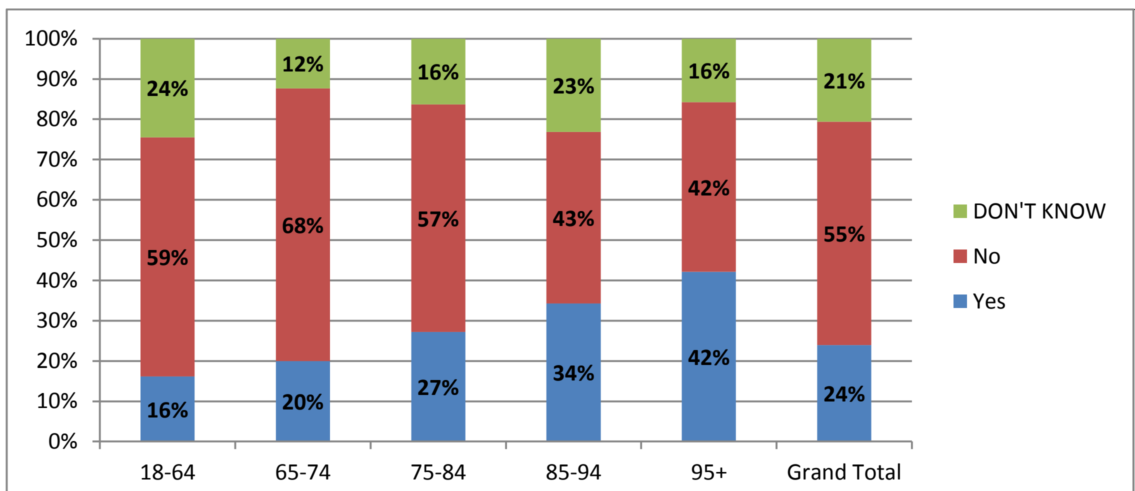


Figure 10 shows a breakdown of individuals lacking mental capacity of the person at risk by age group. The figure shows the likelihood of the person lacking capacity increases significantly at each age group, with people aged 75+ being most likely to lack capacity.

The proportions of people lacking capacity have also increased significantly this year. In 2015/16 the figure lacking capacity in the 65-74 age group was 15% but is now up to 20% and the 75-84 age group has also seen a 2% rise in this area (up from 25%). The biggest rises however have been seen in the 85-94 and 95+ age groups where those lacking capacity have seen rises of 6% and 13% respectively as compared to 2015/16 (had been 28% and 29% proportionately).

Figure 10 – Mental Capacity by Age Group of Person at Risk, 2016/17



Section 6 - Making Safeguarding Personal

Making Safeguarding Personal (MSP) was a national led initiative to improve the experiences and outcomes for adults involved in a safeguarding enquiry. This initiative was adopted by the Government and can be found within the Care Act 2014.

As at year end, 86% of all clients for whom there was a concluded case were asked about the outcomes they desired (either directly or through a representative) although 10% of those did not express an opinion on what they wanted their outcome to be (In 2015/16 this figure was 82% of which 7% did not express what they wanted their outcomes to be).

Figure 11 – Concluded Enquiries by Expression of Outcome, 2015/16 to 2016/17

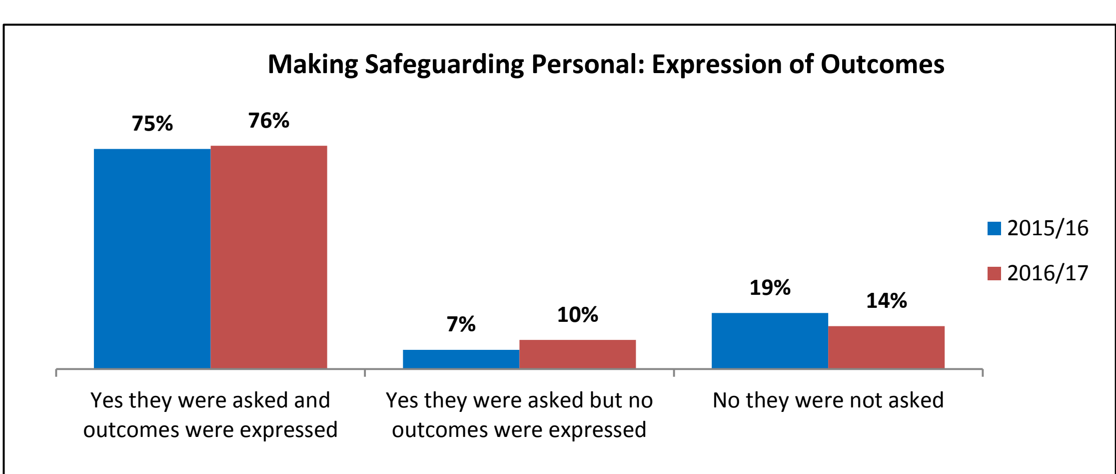
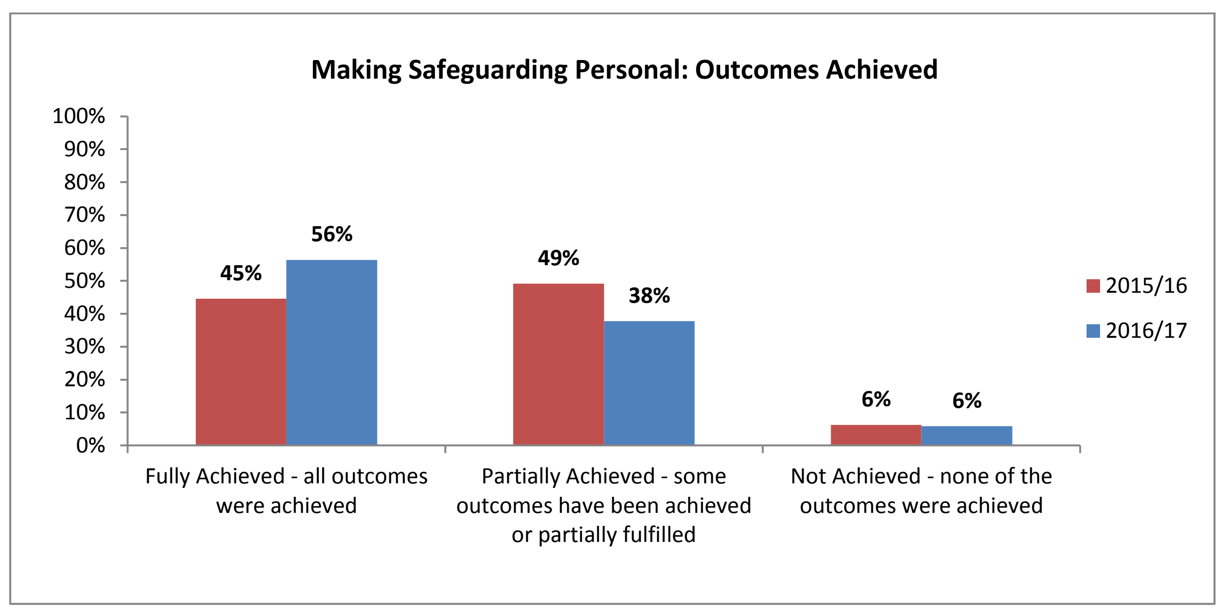


Figure 12 – Concluded Enquiries by Expressed Outcomes Achieved, 2015/16 to 2016/17



Of those who were asked and expressed a desired outcome, there has been a rise of 11% (from 45% in 2015/16 to 56% in 2016/17) for those who were able to achieve those outcomes fully, as a result of intervention by safeguarding workers.

A further 38% in 2016/17 managed to partially achieve their stated outcomes meaning only 6% did not achieve their outcomes during the previous year.

Safeguarding Annual Report 2016/17

The Strategic Safeguarding Committee, 12th June 2017

Safeguarding is everybody's responsibility.

Formal Opening Changing Places, 16th May 2017

Executive Summary

The Royal Berkshire NHS Foundation Trust (RBFT) is dedicated to safeguarding vulnerable people. It has an experienced safeguarding team with the skills and experience to support different groups: adults, children, and people with a learning disability, people with mental health problems and families accessing our maternity services. The team provides a cohesive approach to training and support of staff to meet the needs of vulnerable people. In line with national guidance on multi agency working the safeguarding team represent the Trust on a variety of partner agency groups. They work with individual patients and teams in 'making safeguarding personal' coordinating a multi-disciplinary, multiagency agency approach balancing the principles of empowerment and autonomy with our responsibility to protect and safeguard.

There have been significant achievements and improvements in safeguarding since the publication of the Mazars Report into Southern Health, 2015 and Verita Investigation of the Myles Bradbury Case, 2015

The essence of good safeguarding is continuous learning, quality improvement, professional curiosity and challenge. We have worked with our partners to implement the recommendations from the CQC inspection of health providers, child safeguarding and looked after children report for Wokingham CCG, May 2016 and Ofsted Inspection reports for West Berkshire and Reading Local Authorities Children's Services and LSCBs published in May 2015 and August 2016. We participated in safeguarding children, neglect and domestic abuse peer reviews commissioned by West Berkshire, July 2016 and Wokingham, February 2017. We actively participated in a Wokingham Domestic Homicide Review and partnership reviews, Serious Case Reviews and Safeguarding Adult Reviews. We brought learning from these reviews back to the RBFT to improve our safeguarding systems, processes and staff knowledge and competency.

The RBFT has obligations under the Children Act 1989 and 2004, Care Act 2014, MCA, 2005, Mental Health Act (MHA), 1983 to ensure it provides safe effective and well led services which safeguard the vulnerable. Compliance with Safeguarding Vulnerable People in the NHS Accountability and Assurance Framework and CQC regulation 13 Safeguarding Service Users from Abuse and Improper Treatment are the standards we employ to focus on our declared aim of 'promoting the safety and well-being of all children, young people and adults' who have contact with our services. Training, audit and review against those standards are the foundations of our assurance reinforced by

supervision and management overview. Our Annual Safeguarding Plan for 2016/17 was based on the findings of a Price Waterhouse Cooper audit of Safeguarding commissioned in October 2016 by our Audit and Risk Committee and the 'amber areas' of the 2015/16 annual safeguarding standards self-assessment which includes our Section 11 audit of the Children Act 2004 which is submitted to our commissioners. We actively participate in the Quality and Performance sub groups of the Local Safeguarding Children Boards and Safeguarding Adult Board for the West of Berkshire.

Challenges include training staff in all aspects of safeguarding, consistency of knowledge, competency and application in practice; transition for children to adult services including Child and Adolescent Mental Health Services (CAMHS); a year on year increase in activity for all vulnerable groups including, elderly patients living with dementia and adults with learning difficulty who are delayed in hospital; high numbers of mental health patients of all ages with complex psycho-social needs in the acute setting; an increase in the number of vulnerable patients delayed in hospital; an increase in the complexity in cases of at risk unborn babies and self-harm and suicide prevention. Monitoring the impact of health and social care budget cuts, homelessness and workforce sufficiency on services for the vulnerable, gaps in services for disabled children and children and young people with Special Educational Needs and Disability (SEND) , domestic abuse, neglect and self-neglect, safe recruitment and allegation management and the sufficiency of mental health services and the national Prevent scheme are continuing or emergent themes.

Patricia Pease, Associate Director of Safeguarding, June 2017

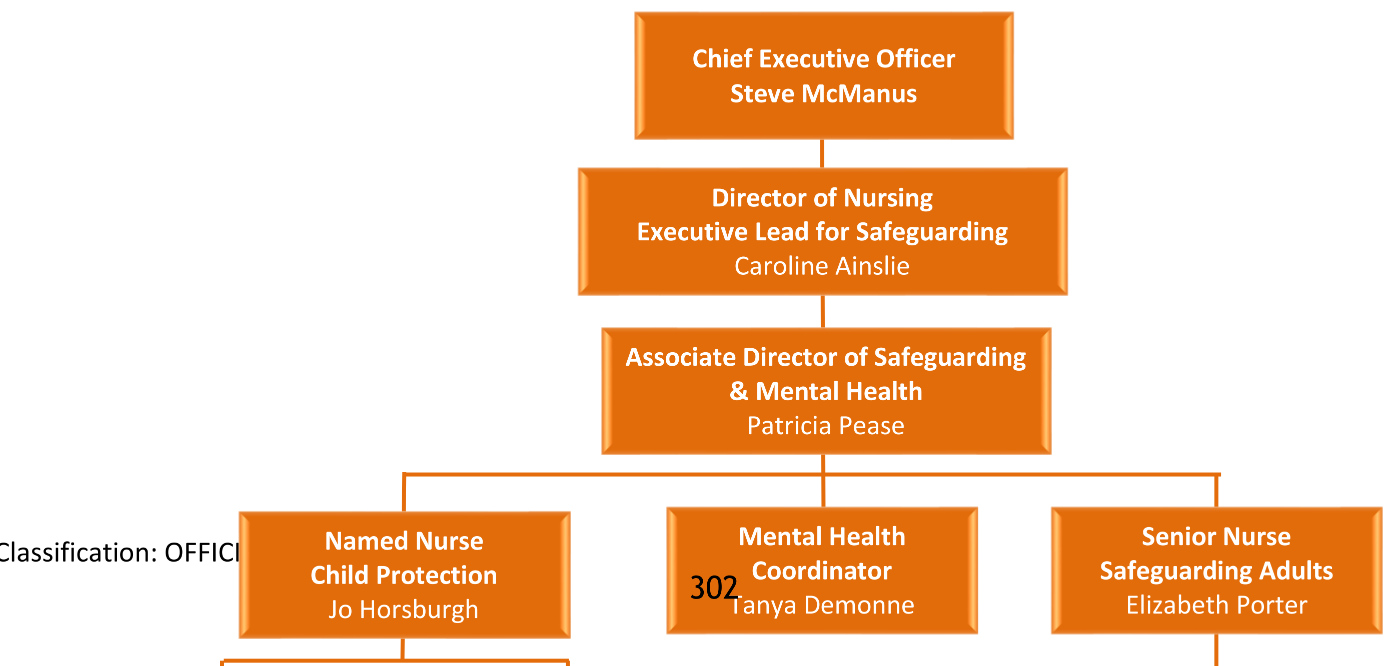
Introduction

This is the annual safeguarding report for the Royal Berkshire Foundation Trust (RBFT) it covers all areas of safeguarding work across the Trust and through multiagency working, and sets out our priorities for further work.

Safeguarding means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect (CQC 2016). Safeguarding at the Royal Berkshire Hospital is fundamental to high-quality health care. Safeguarding is everybody's responsibility.

The Safeguarding Team Structure

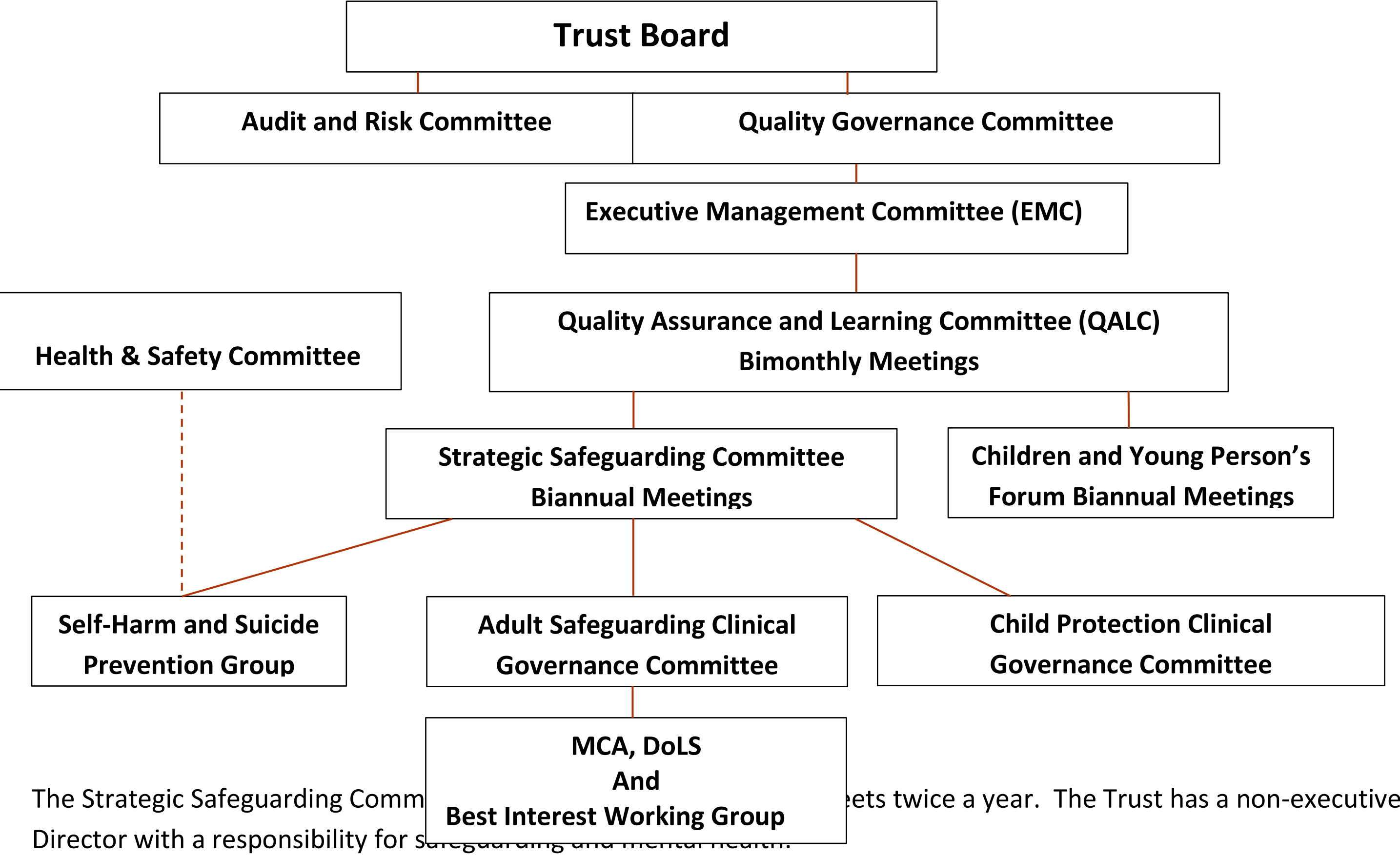
The safeguarding team structure (nursing and administration) and lines of responsibility and accountability for the RBFT is shown on the diagram below:



Adult Safeguarding: Medical Leads	• Dr. Chris Danbury: Urgent Care Group • Dr. Kim Soulsby: Planned Care Group • Vacant: Networked Care Group
Child Protection: Medical Leads	• Dr Andrea Lomp: Designated Doctor Child Protection, Berkshire West • Locality Paediatricians to support Designated Doctor Child Protection based at Dingley Specialist Children's Centre. This team also provide Child Protection Examinations • Dr Ann Gordon: Named Doctor for Child Protection • Dr Niraj Vashist: Medical Advisor to Fostering and Adoption Panel
Child Death	• Patricia Pease: Designated Healthcare Professional Child Death Berkshire West
Sexual Health	• Julia Tassano-Smith: Nurse Consultant
Human Resources	• Suzanne Emerson-Dam: Assistant Director Workforce Designated HR Officer Safe Recruitment & Allegations Management

The Safeguarding service is accountable to the RBFT EMC and Board, Berkshire West CCG, Reading, West Berkshire and Wokingham Local Safeguarding Children Boards (LSCBs), Berkshire West Safeguarding Adult Board (SAB) and participates in Mental Health, Learning Disability, Strategic Disability and Transition partnership meetings.

Safeguarding Governance Committee Structure



The Strategic Safeguarding Comm[illegible]eets twice a year. The Trust has a non-executive Director with a responsibility for safeguarding and mental health.

Safeguarding and mental health quality indicators are reported monthly to the Board and CCG. A bi-monthly safeguarding and mental health report including key performance indicators is submitted to the Board as part of the QALC report.

Multidisciplinary child protection clinical governance is held every 2 months; this is chaired by the Named Nurse for Child Protection. Safeguarding Adult Clinical Governance is held every 3 months chaired by Dr. Chris Danbury. A Mental Capacity, DoLS and Best Interest Working Sub Group that includes the Head of Legal Affairs meet every 6 months, reporting to Safeguarding Adult Clinical Governance. The Mental Health Coordinator chairs a quarterly Suicide and Self Harm Prevention Group, which reports by exception to the Health and Safety Committee.

Quarterly Safeguarding Concerns and Allegations Review Meetings, chaired by the Designated HR Officer Safe Recruitment & Allegations Management, were established in 2016, live cases are reviewed to ensure timely conclusion and closed cases are reviewed in order to identify patterns or theme.

The Children and Young People's Committee monitors work streams to benchmark and improve the quality and safety of Trust services for children: the work of this group is under review.

The safeguarding nursing team meets monthly to discuss operational safeguarding issues and prepare performance reports; agendas and minutes are kept for these meetings.

Statistics/Activity - The table below sets out indicative statistics for the RBFT for information and background.

	2013/14	2014/15	2015/16	2016/17	Comment
Population number served	1,000,000	1,000,000	1,000,000	1,000,000	↔
% of population under 18 years	20%	24%	24%	24%	↔
Number of adult attendances to ED	83,298	87,288	89,711	94,348	↑4.9%
Number of attendances by under 18s to ED	26,686	27,864	29,087	29,427	↑1%
No of over 65s attending ED	22,644	24,569	25,635	27,159	↑ 5.6%
No of mental health attendances at ED all ages	2169*	2810	2809	2778	↓19%
Number of adult admissions	80,766	84,434	90,933	92,791	↑ 2%
Number of admissions to paediatric wards	7,146	7181	7607	8589	↑ 11.4 %
Number of under 18s admitted to adult wards			550	704	↑ 21.88%
No over 65s who were admitted	32,821	35142	39515	39785	↑0.68%
No over 75s admitted for >72 hrs	5,301	5288	5451	6449	↑15.48%
No over 75s admitted for >72 hrs with cognitive issues	1602	1483	1195	1,582	↑24.46%
Number of in-patients with a learning disability	227	289	315	278	↓12%
No of patients admitted because of mental health issues		798	1596	1610	↑19%
Number of babies born	5,689	5681	5596	5391	↓ 3.8%
Number of under 18s attending out-patient clinics	65,296	62,767	62,437	72,539	↑13.93%
Number of under 18s attending clinics providing sexual health services	2,959	2016	2356	2059	↓13% - episodes 4036
Dingley child protection medicals – calendar years	54	98	120	112	
Number of employees	Approx. 5000	Approx. 5000	5360	5470	

Training

Training is reported monthly to the CCG as part of the quality schedule. A Trust annual training plan for child and adult safeguarding 2017/18 has been completed and approved by the Trust Education Committee. At the end of March 2017 safeguarding training was at or above the expected and agreed level with the exception of:

- Safeguarding Children Level 1 Training – 86% against a target of 95%
- Adult Safeguarding Training – 89% against a target of 90%

All training programmes are regularly reviewed to ensure they include learning from serious case reviews and changes to national policy and guidelines.

Safeguarding Adults training

All staff need to be trained in safeguarding adults. Staff that make clinical decisions with patients need to be trained in the mental capacity act (MCA) and its application. The focus in 2017/18 will be application in practice of the MCA.

Safeguarding Children training

All staff need to be trained in child protection to the level that their job role requires 'Intercollegiate document, Child Protection Roles and Competencies for Health Staff, 2014'. A review of level 1, 2 and 3 training was undertaken during 2016/17 this included an increase in the number of hours of update training annually for specialist midwives. In 2017/18

the content of the programme for specialist midwives will be reviewed and a there will be a wider review of how we evaluate skills, knowledge and confidence of the children's workforce to inform the need for further work.

Child Sexual Exploitation (CSE) Training

CSE is embedded into safeguarding children training at all levels. Four CSE one hour updates at level 3 are available annually. The Department of Sexual health holds a one hour CSE case study peer review bimonthly. All staff can access E.learning via the CSE intranet pages. In 2017/18 we will concentrate on embedding the use of CSE assessment tools.

Domestic Abuse

Domestic abuse is raised in adult and all levels of child safeguarding mandatory and statutory training; specific domestic abuse training is available for maternity staff. Level 3 days for the children's workforce include clear guidance for staff who are working closely with children and families on how to support and refer to other agencies where there are parental risk indicators. In the 2017/18 further work will be undertaken with the Emergency Department (ED) and their Domestic Abuse champions.

Prevent (Anti-terrorism Training)

Prevent awareness forms part of the level one training for all staff and is included in adult and child safeguarding training. 1 hour Wrap training is delivered to selected staff. The focus in 2017/18 will be Human Resources, the Emergency Department, Paediatrics and the Clinical Site Management Team. This can be delivered face to face or via e-learning. An E learning has also been promoted for use with in the Trust.

Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLs).

MCA and DoLS awareness are delivered as part of the core mandatory training day and as part of Trust induction safeguarding adults training. For patient facing staff MCA enhanced training will continue to be delivered to a selected group of staff to achieve a minimum of 80% compliance. There will be a 'MCA, Consent and Best Interests Assessment' priority programme during 2017/18 using an 'engage and enable' approach which will include roll out of flow charts and documentation to support knowledge and application in practice and promote confidence.

Mental Health Training

The Mental Health Coordinator (MHC) continues to provide training to staff on the Mental Capacity Act, the Mental Health Act (MHA), mental health disorders, stigma, and the processes in place within the hospital to ensure good patient care. The MHC provides training to ED Senior House Officers, ED Middle Grades and Health care assistants at induction. A Mental Health training day was established in 2016 for ED, Acute Medical Unit and Short Stay Unit nursing staff which includes understanding of the MHA, MCA, mental health disorders and the process if a patient is detained under the MHA. In 2017/18 this one day training will include risk management in practice, a Consultant Psychiatrist will join the team and the days will be extended to medical staff. The session already included in HCA induction will be extended to nurse, midwife and allied health professional (AHP) induction. A programme of monthly training on the application of MHA delivered by two Consultant Psychiatrists started in June 2017 – this will support the RBFT 'Quick Guide to MHA'.

Allegations and Safer Recruitment training

Safeguarding concerns and allegations awareness is delivered as part of child and adult safeguarding core mandatory training. A one off training for consultants, outpatient reception and outpatient nurses on learning from Myles Bradbury was delivered in 2016. In 2017/18 a training need analysis will be carried out to inform the need for additional training for specific staff groups and a larger cohort of managers trained to investigate allegations will be identified.

Conflict management training and training in physical restraint

Security Staff are trained in physical restraint; all are qualified in Caring Intervention level 3 Control and Restraint. Conflict management training is available and mandatory for all clinical staff and includes breakaway techniques and understanding of the application of the Mental Capacity Act. Restraint in relation to clinical treatment and best interests is discussed in Level 1 adult safeguarding training and Level 3 child protection training. In 2017/18 there will be a review of the Trust management of patient challenging behaviour, violence and aggression and restraint policies and protocols and a subsequent training needs analysis and review.

Transition training

By April 2017 transition training as part of the 'Ready Steady Go' framework for transition planning roll out was delivered to 18 adult specialties. During 2017/18 specialties' will be expected to maintain the knowledge and skills of their staff in relation to transition through ward and department training.

Learning Disability

A DVD is shown at core induction; there are raising awareness sessions for RNs and HCAs as part of nurse/HCA induction. A communication session is delivered on a training day for care crew teams. LD awareness has been included in junior doctor induction. In 2017/18 there will be work to support a consistent response to an LD flag or diagnosis 24/7.

Ongoing Challenge/Risks:

- **Training compliance of our staff in all aspects of safeguarding**
- **Consistency of knowledge and application in practice**
- **Consistency in recognition and assessment of risk and confidence of our staff to respond**

Safeguarding Audit

A comprehensive self-audit was completed for the CCG in September 2016. The audit is RAG (Red, Amber, Green) rated; there were 8 "amber" areas for improvement in 2016/17. The other 42 areas were green. Programmes of work and/or action plans were developed for each amber area. For 2017/18 the 'amber' rated areas will be reviewed by the Safeguarding Team and the CCG. A safeguarding staff survey using survey monkey will be completed in October 2017.

The Audit and Risk Committee commissioned Price Waterhouse Cooper to carry out an audit of Safeguarding in October 2016. This review covered the Trusts processes for safeguarding children and vulnerable adults, including; the training provided to staff; management of safeguarding concerns, and the Trust's involvement in and liaison with local Safeguarding Boards. Safeguarding was last reviewed by Internal Audit in 2012/13, where a high risk report was issued, largely as a result of; poor training compliance at that time; safeguarding policies and procedures requiring update and approval from the Trust Board, and limited internal reviews and assessment being undertaken. It was noted in the 2016 report that the Trust had improved in each of these areas; however at the time of the review training was not fully compliant with national targets.

The Safeguarding Team coordinates an agreed audit program that includes single and multiagency audits monitored through our internal governance systems and the quality and performance sub groups of the LSCBs and SAB.

Safer Recruitment and Allegations Management

Key Achievements

- Review of the Managing Safeguarding Concerns and Allegations Policy (April 2016), the Recruitment and Selection Policy (January 2017) and the Disclosure and Barring Policy (January 2017).
- Commenced the 3 yearly DBS checks for staff/volunteers concentrating on priority groupings.
- Implementation of Quarterly Safeguarding Review Meetings where live cases are reviewed to ensure timely conclusion and closed cases are reviewed in order to identify patterns or themes and actions identified as a result of identified themes.
- Attendance at the West Berkshire Council Serious Case Review Event in order to identify lessons learnt.

Summary of Cases

In the financial year 2016/17 a total of 17 allegations were made; 10 relating to vulnerable adults and 7 relating to children. Over the same period a total of 7 concerns were raised; 5 relating to vulnerable adults and 2 relating to children.

Of the 24 concerns/allegations raised, 16 related to Trust employees; the others related to agency workers, volunteers or “others”. One of the allegations related to historical issues.

In comparison with the previous two years the number of allegations increased from 8 to 11 to 17 and the number of concerns rose from 4 to 5 to 7. In order to provide appropriate HR support to safeguarding concerns and allegations the number of HR staff trained to deal with safeguarding concerns and allegations is being increased from 1 to 3.

Key Areas of Work for 2017/18

Concerns/Allegations Management

- To work with the Associate Director for Safeguarding to provide support/guidance/templates to managers who have attended the Managing Safeguarding Concerns and Allegations Training Programme particularly in relation to report writing.
- To develop a larger cohort of mangers trained to investigate allegations
- To carry out a multidisciplinary training needs analysis of managers in relation to managing safeguarding concerns and allegations in practice

Safer Recruitment

- To review the content of the Recruitment Training Programme and the number of staff trained.

Ongoing Challenge/Risks:

- **Capacity to release clinical managers to undertake safer recruitment and allegation training**
- **Capacity of the Safeguarding team to effectively administer the investigation process given a year on year increase in concerns and allegations raised**

Child Protection and Safeguarding

Key achievements

- We worked with our partners to implement the recommendations from the CQC inspection of health providers, child safeguarding and looked after children report for Wokingham CCG, May 2016 and Ofsted Inspection reports for West Berkshire and Reading Local Authorities Children's Services and LSCBs published in May 2015 and August 2016.
- We participated in safeguarding children, neglect and domestic abuse peer reviews commissioned by West Berkshire, July 2016 and Wokingham, February 2017 and received very positive feedback.
- In May 2017, Wokingham Local Authority had a Joint Targeted Area Inspection which focused on children from 7 to 15 years old and neglect. RBFT worked closely with all agencies, feedback for the RBFT was very positive with some learning about multiagency communication in the perinatal pathway.
- We have actively participated in two partnership reviews with Reading LSCB; learning has been disseminated through training. We are currently participating in a serious case Review for Reading LSCB.
- Level 3 Multi-agency Child protection training has been embedded, delivered and adapted to the changing safeguarding environment. Partner agencies teach on the day and are invited to participate.
- The pilot of a CAMHS Urgent Response Service proved to be successful and is now commissioned to provide a more comprehensive assessment service for children and young people attending with mental health needs being seen in a timely manner and by an appropriate practitioner.
- The Named Nurse continues to meet regularly with partner agencies, good strong relationships have been developed and feedback on our service has been invited and valued.
- The annual audit of child protection referrals to Local Authorities identified staff referring appropriately, engaging with child protection thresholds, demonstrating more confidence in raising concerns and using more effective information sharing.
- Previous audits of children not brought for health appointments have demonstrated good processes in place but a need to explore the role and responsibilities of the GP. The Named Nurse for Child Protection and Safeguard Lead for GP’s are repeating the audit to include GP practice.
- An audit of the pathway of referral to health visitors and school nurses in March 2017 showed that Emergency Department was very effective in their communication. The Paediatric ward showed good knowledge but inconsistent application in practice.
- Following the establishment of a task and finish group the monthly audit of young people attending adult ED with mental health issues being discussed with Children’s Social Care has improved.
- In October 2016, Price Waterhouse Cooper (PWC) was commissioned to review Safeguarding Adults and Children. As a result the process for recording and reporting child safeguarding children is being reviewed to develop an electronic approach which will improve information sharing, the communication of safeguarding concerns and audits. PWC recognised that there was an established process for clinicians to follow when discharging children

where safeguarding concerns have been raised, including the completion of a specifically designed checklist. However, found no established mechanism for the Safeguarding Team to be assured that the process was adhered to – that has been remedied, an audit has been established.

Fig 1: referrals to local authority per month 2016/17 from RBFT:

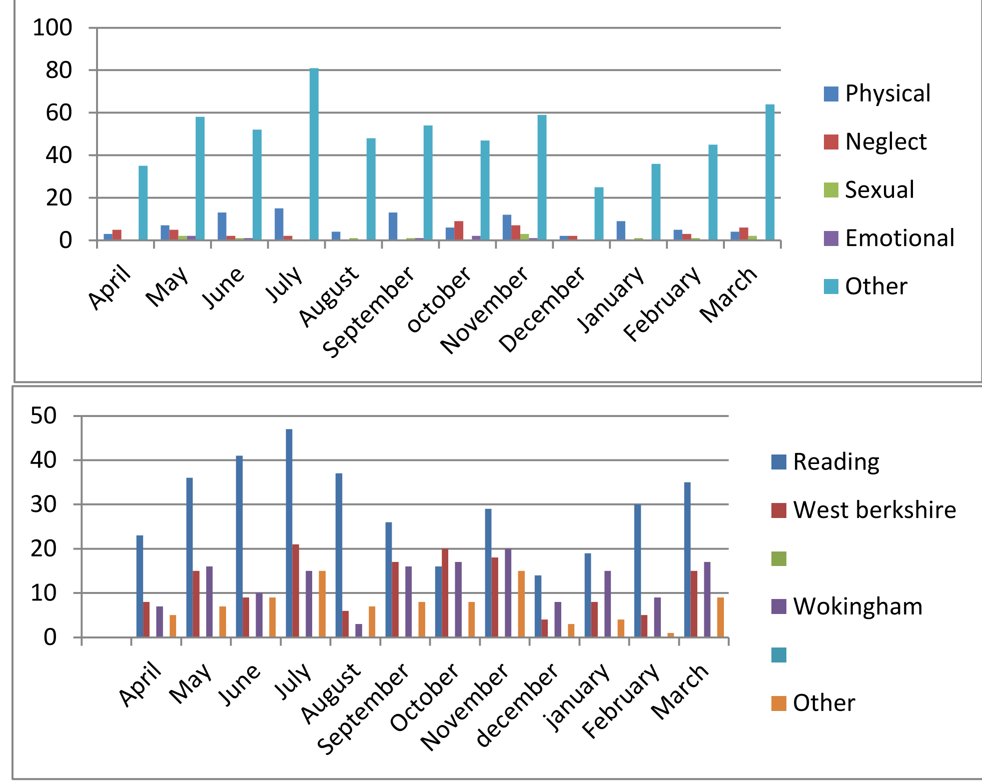


Figure 2: Referrals by category of abuse per month 2016/17 from RBFT

"Other" abuse is child protection referral for risk factors such as mental health concerns, domestic abuse, substance misuse, Female Genital Mutilation (FGM) and parenting concerns.

Key Areas of Work for 2017/18

- Continue working with Information Management and Technology (IM&T) Services, clinical teams and NHS England to ensure Child Protection Information Sharing (CP-IS) is fully integrated into unscheduled care settings by March 2018 and to develop an electronic approach to our child safeguarding referral and information sharing
- Continue working with Information Management and Technology (IM&T) to develop an electronic approach to our child safeguarding referrals and information sharing
- Continue working in partnership with BHFT, TVP, SCAS and the three local authorities in Berkshire West to pilot a high impact user multiagency risk management approach to improve care of a small group of high risk children and young people who are 'frequent attenders'
- Work in partnership with Reading local authority on their Ofsted improvement journey through active membership and participation in Reading CSIB and LSCB.
- Named Nurse for Child Protection working closely with frontline practioners in Paediatrics and ED, to raise safeguarding skills and confidence, champions are being identified and peer supervision for nurses set up.

- All face to face level 3 child safeguarding updates for 2017/18 will include a 'back to basics' session on thresholds, risk assessment and escalation
- Achieving level 1 Child Protection Compliance

Ongoing Challenge/Risks

- **RN nurse vacancies on Paediatric Wards and ED, safeguarding skills and experience of practioners managing complex cases**
- **Small group of child and young people 'frequent attenders' who are high profile in terms of self-harm, complex psychosocial issues, significant mental health concerns and increased length of stay**
- **The numbers of children and young people with mental health problems at risk from self-harm and suicidal ideation attending ED**
- **< 16s admitted to the paediatric unit and 16/17 year olds to ED Observation Bay, Acute Medical Unit or Short Stay Unit requiring admission to Tier 4 Child and Adolescent Mental Health Service bed and delayed in the Royal Berkshire Hospital**
- **The Trust does not have an adolescent or young person inpatient facility young people aged 14-18 years are either admitted to a paediatric or adult ward.**

Maternity Child Protection

Key Achievements

- Multiagency vulnerable women's meetings continue monthly, since March 2016 this has included representation from Wokingham Health Visitors. The aim is to improve communication and information sharing between the multi-disciplinary team and between agencies working with vulnerable families. In terms of early help, attendance of Perinatal Mental health services at this meeting ensures that women who suffer from poor emotional wellbeing get the support they need to allow them to care for their new born baby.
- The Child Protection Midwife continues to attend Multi Agency Risk Assessment Conferences (MARAC) in all three local Authorities. Individuals discussed at MARAC are "flagged" on EPR; this includes high risk victims' in addition to women attending Maternity Services. The Child Protection Midwife also attends Domestic Abuse Repeat Incidence meetings (DARIM), where repeat offenders of standard and medium risk domestic abuse incidences are discussed.
- The Poppy team establishment has increased; this includes a good skill mix of senior midwives. Each local authority has a named Poppy team midwife who holds a caseload and supports other midwives in the care of vulnerable women/families. The Substance Misuse midwife has been amalgamated into the Poppy team, this allows for more joined up working and greater continuity of care for women in both the hospital and community setting.
- Three Court reports were undertaken in 2016/2017.
- There has been at least a 10% increase in the number of child protection conferences in 2016-2017; midwives attended 93% compared with 80.6% in 2015-2016, there is a direct correlation between the improvements in Poppy Team establishment and improved performance in attendance at child protection conferences despite the significant increase in activity.

- Funding was identified for Named Midwife for Child Protection who is covering maternity leave until January 2018 to attend the NSPCC Supervision Course. This has allowed high quality supervision to be continued and will provide additional support for the Named Midwife for Child Protection with safeguarding supervision in the future.

Key Areas of Work for 2017/2018

- Named Midwife and Named Nurse for Child Protection will review consistency of safeguarding knowledge and practice in maternity services through competency based retraining, supervision of safeguarding cases and audit. This work will start with specialist midwifery services and be carried out in collaboration with Practice Educators, Matrons and the Director of Midwifery.
- Working with Band 5 midwives in the community setting; to provide newly qualified midwives with on the job support concerning their safeguarding practice. Teaching on the preceptorship day has been included since April, 2017.
- Named Midwife for Child Protection will provide a safeguarding training session on the Midwifery Mandatory Professional day.
- Named Midwife for Child Protection will establish group supervision/ reflective sessions for all Midwives as part of their level 3 child protection updates.

Ongoing Challenge/Risks:

- **Increase in the complexity in cases of at risk families and unborn babies**
- **Capacity of the Named Midwife to provide 1:1 safeguarding supervision for the poppy team and support safeguarding practice in the increasing number of newly trained midwives**
- **Capacity of Poppy Team to write reports and attend increased number of child protection conferences**
- **Maintaining maternity staff compliance Level 3 Safeguarding Children Training**

Looked After Children (LAC) Initial Health Assessments and Fostering and Adoption

The RBFT was commissioned to provide the Doctors to run Initial Health Assessment (IHA) clinics in 2014. In April 2016, we took over providing the administration and chaperoning of IHA clinics from BHFT.

Key achievements

- CQC report following a review of health services for children looked after and safeguarding, in Wokingham, May 2016 described our IHAs and healthcare plans for children placed within area as 'of a good standard'.
- Following an in depth review of the RBFT administration process early in 2017 IHA performance improved.
- Smooth hand over to Berkshire Healthcare Foundation Trust as providers was achieved by 1st April 2017

Key Areas of Work for 2017/18

- Consider a multiagency review/audit of the fostering and adoption pathway with Reading Children's Services including preparation for court

Female Genital Mutilation (FGM)

FGM continued as a focus for 2016/17 and will remain so in 2017/18.
FGM data reported to NHS Digital June 2016 – May 2017

- Maternity – cases reported 38, referrals to children's social care 36
- Gynae/sexual health – cases reported 2, referrals to children's social care 1
- Paediatrics – cases reported 0

Key Achievements

- The FGM pathways and tools are embedded. A Berkshire wide bespoke training package is due to be launched during the summer 2017.
- A centre for adult victims of FGM (Reading Rose Centre) is due to open in the summer. Our Maternity Services with commissioners and the Alliance for Cohesion and Racial Equality (ACRE) collaborated to develop this service and from September one of our doctors will provide clinical input.

Key Areas of Work for 2017/18

- Maternity and Information Management and Technology (IM&T) Services continue working with FGM Prevention Programme, Project Manager NHS England for them to support our implementation of FGM Risk Indication System to allow clinicians to note on a record that girls are at risk of FGM.

Child Death

46 deaths of Children and Young People < 18 years were reported to the Berkshire Child Death Overview Panel (CDOP) in 2016/17. 11 of those deaths were unexpected where 'the death of an infant or child which was not anticipated as a significant possibility for example, 24 hours before the death; or where there was an unexpected collapse or incident leading to or precipitating the events which led to the death'. In addition, the CDOP undertook a special review of the circumstances of a serious road traffic incident on the A34 which resulted in both child and adult fatalities.

21 Children and Young People < 18 years resident in Berkshire West died 01/04/16-31/03/17

- 10 neonatal deaths due to extreme prematurity, chromosomal, genetic, congenital anomalies
- 6 expected due to chronic medical conditions, chromosomal, genetic and congenital anomalies or malignancy
- 5 unexpected child deaths – 1 of which is waiting to go to inquest and CDOP

Rapid Responses were initiated for all unexpected child deaths, including the A34 case which resulted in both child and adult fatalities and a learning event was held for the case of a child who was expected to die after an unexpected collapse where there were safeguarding concerns. The 2016-17 Berkshire West Rapid Response audit will be presented to CDOP in October 2017 and subsequently shared with the RBFT Mortality Surveillance Committee, the LSCBs of the West of Berkshire and Berkshire West CCG.

During CDOP meetings panel members categorise each child's death using 10 national categories:

Category		
1	Deliberately inflicted injury, abuse or neglect	0
2	Suicide or deliberate self-inflicted harm	0
3	Trauma and other external factors	0
4	Malignancy	1
5	Acute medical or surgical condition	0
6	Chronic medical condition	1

7	Chromosomal, genetic and congenital anomalies	12
8	Perinatal/neonatal event	3
9	Infection	1
10	Sudden unexpected, unexplained death – pathological diagnosis either 'SIDS' or unascertained	0
	Deaths waiting to go to inquest	1
	Awaiting post mortem report	1
	< 23 week gestation not categorised	1

Fig 3. 2016/17 Berkshire West Deaths by category

Key achievements and learning from CDOP:

Establishment of a Neonatal Deaths Special Review Panel

- Neonatal cases (<28 days) are numerically the largest sub-group group of all deaths in 0-18 years.
- Most deaths are due to congenital anomalies and/or perinatal medical problems, particularly complications of prematurity and low birth weight.
- The group met for the first time in March 2017 and reviewed all neonatal cases between 01/01/2016 and 31/12/2016 with a focus on categories, modifiable factors, trends and further actions.
- The panel consisted of Dr. Peter de Halpert and Gill Valentine, Director of Midwifery (RBFT) and Dr. Rekha Sanghavi (FHFT), supported by the CDOP Administrator.
- 20 deaths reviewed (three deaths at 22 weeks gestation, a gestational age not usually considered by the CDOP), ten (7, plus the three deaths at 22 weeks) found to be caused by perinatal factors and 10 by chromosomal/genetic factors.
- One of the deaths caused by perinatal factors occurred at term; all the others occurred pre-30 weeks.
- One of the deaths caused by chromosomal/genetic factors occurred at or after term.

The neonatal review identified the following learning points:

- Challenges for parents receiving appropriate bereavement support when an infant's care is transferred between two or more hospitals.
- 2 cases of preterm labour, mothers seen with signs and symptoms of a urinary tract infection a few days prior to spontaneous labour. Neither case was treated. While this may not have been causative, infection can trigger preterm labour. It is recommended to treat clinical UTIs in pregnancy
- Concern that not all cases have been notified. The CDOP coordinator has contact local trusts to review the notification process.
- The majority of the chromosomal/genetic factor cases were ante-natally diagnosed, and parents elected to continue with the pregnancy after counseling. The deaths were, in these cases, "expected".
- 3 of the 10 chromosomal/genetic factor cases were associated with consanguinity.

- A cluster of chromosomal/genetic factor deaths with Potters syndrome. However no association with modifiable factors could be made. It is likely that this is a statistical blip. CDOP will try to clarify this through the use of longitudinal data
- Midwifery representation from Frimley Health will be sought for the neonatal subgroup.
- The group unanimously felt that 22/40 gestation babies should not be included in the analysis as all national and network guidance states these babies should not be resuscitated (unless there are exceptional circumstances). As such they have been separated out for the purpose of this report.

Modifiable Factors and Learning – 7 Pan Berkshire reviewed deaths with modifiable factors:

- Co-sleeping with an infant
- Alcohol consumption
- Consanguinity
- Untreated UTI in mother before delivery
- Missed opportunity in healthcare

Some modifiable factors were relevant to more than one child death
Learning from some of the deaths reviewed led to procedural changes for the health services involved and the opportunity for learning for others:

- Consultant Paediatrician and Intensive Care Consultant review for sudden deterioration
- Consultant Paediatrician review for second presentation to A&E
- Accurate documentation during resuscitation
- Review of Sepsis triage tool and collaboration of practice across the county
- Training for healthcare professionals should include recognition of shockable rhythms and defibrillation

Other learning included:

- A recommendation that if a pathologist carries out a post mortem on an adolescent in circumstances of a medical death they should consider seeking the opinion of a paediatric pathologist
- Complete agreement with the police advice to never use a mobile phone while driving

Operational achievements:

- CDOP has maintained good operational performance against national standards. It is well attended by relevant partners. Discussions are of quality and improvements have been made to documentation to facilitate categorisation of deaths, identification of modifiable factors and recording of recommendations, which are circulated via a regular CDOP Newsletter and to LSCBs for their attention and action
- A CDOP induction pack has been issued and is available to all new (and existing) panel members
- A multi-agency training day entitled “Saving Children’s Lives” was held on 1 March 2017 in Bracknell Forest with 90 people attending. The day included a series of talks by Professor Peter Sidebotham, Associate Professor of Child Health from Warwick Medical School, followed by break out groups with practical sessions. This counted as a full day CPD training course and Level 3 Child Protection training.
- CDOP has developed a new website to support frontline practioners, parents and the public

Key Areas of Work for 2017/18

For 2017/18 CDOP will be carrying out thematic reviews on the following:

- Sepsis management/effectiveness of paediatric early warning and sepsis tools
- Knife crime (because nationally this is rising)

- Children with life limiting conditions and deteriorating neurological conditions – now the largest group we review other than neonatal
- Better community understanding of Safe Sleeping
- Home educated children, as they can become invisible

Ongoing Challenge/Risks:

- **Provision of joint home visit and immediate family support – unexpected death**
- **Appropriate bereavement support when an infant/child's care healthcare is transferred**
- **Quality of life issues for children with complex/chronic conditions**
- **Supporting schools following an unexpected death**
- **Knowledge, skills, competence and confidence of multi-agency frontline managers and practioners who rarely encounter unexpected child death**

Sexual Health

Key Achievements – service delivery and safeguarding

- Clinical Delivery in the hub at 21a Craven Road provides open access from 7am to 7pm Monday to Friday and 9.30 am to 11.30 am Saturday mornings
- There are specific outreach clinics for young people across the three Local Authorities of Berkshire West, provided in educational and non-educational settings. Staff work with multi agency partners to deliver holistic care from these venues.
- Designated Outreach posts dealt clinically with 736 vulnerable cases that would not otherwise have accessed mainstream delivery.
- The designated sexual health outreach nurse for young people is the key front line member of staff exposed to, and dealing with, operational issues and the clinical care of young people affected by or at risk of CSE.
- Safeguarding process – all young people under the age of 18 (and anyone with vulnerabilities identified during history taking) has a full safeguarding assessment carried out at the time of consultation
- Safeguarding audit completed June 2016 led to an update of safeguarding form to allow meaningful assessment of 16 and 17 year olds, and provide mechanism for recording re assessments.
- Sexual Health Department contributes to Level 3 Child Protection Training and CSE training.
- During 2016/17 a consistent and current flagging system implemented between the safeguarding team and sexual health to ensure children and young people subject to child protection plans or Looked after Children are identifiable on both EPR and the sexual health systems to alert clinical staff to vulnerabilities.

Key Achievements - Child Sexual Exploitation (CSE) information sharing and governance

- Close working relationship with Head of Children's Safeguarding for Berkshire West Clinical Commissioning Groups (CCG) sharing good practice. The Trust Safeguarding CSE proforma has been adopted by the CCG safeguarding team and rolled out for use across GP practices. This followed a CQC inspection where gaps in GPs knowledge were identified.
- Provision of equal input across all three Berkshire West local authorities which involves:

  - Preparation for and monthly attendance at each of the CSE operational group meeting in all 3 unitary authorities.
  - Attendance at CSE workshops, review meetings, audit and challenge meetings
  - Attendance at locality strategic group meeting has been scaled back due to capacity issues. Regular attendance at Reading Strategic meeting, receipt of minutes and attendance if required for West Berkshire and Wokingham
- Internal CSE Information Sharing processes have been finalised and continue to guide practice.
- Pan Berkshire Information Sharing and Assessment agreement and Protocol is embedded within Berkshire Child Protection Procedures to which all LSCB statutory partner agencies, including the RBFT are signatories
- CSE is embedded into the Trust Child Protection Clinical Governance agenda as a standing item

Ongoing Challenge/Risks:

- **Management of CSE continues to be a challenge in relation to capacity within sexual health services**

Safeguarding Adults

Key achievements

- Safeguarding (adults) clinical governance has continued throughout the year and the safeguarding team medical clinical leads have formed a valued part of the safeguarding team.
- Safeguarding concerns continue to be raised via the Datix incident reporting system. This assists in giving feedback to the individual who raised the concern where available, and means that only one reporting mechanism is used for reporting concerns about adults which supports overview and quality assessment
- Learning from two Safeguarding Adult Review (SAR) and Domestic Homicide Reviews (DHR) is included in safeguarding adults training. Learning from the DHR has been discussed at clinical governance in the area where the patient was being treated.
- The Lead Nurse adult safeguarding was included in the review team for two SARs and the Internal Management Review (IMR) writer for the DHR.
- In October 2016, Price Waterhouse Cooper (PWC) was commissioned to review Safeguarding Adults and Children. As a result the process for recording and reporting adult safeguarding concerns is being reviewed to develop an electronic approach which will improve governance.
- In March 2017 a notes audit was carried out for the Berkshire West Safeguarding Adults Board of adults with dementia to test documented evidence of mental capacity act (MCA) assessment and safeguarding principles in practice – that demonstrated that MCA and safeguarding principles were being applied in practice however the Trust's the MCA assessment was not consistently being recorded on the Trust's blue MCA assessment form.
- In March 2017 the MCA, DoLS and Best Interest Working Group met for the first time and developed a Quality Improvement project plan for 2017/18
- In November 2016 we worked with NHSI to review a case – as a result we are developing an Adult Safeguarding protocol to support our policy. This will be approved by the Adult Safeguarding Clinical Governance and the Strategic Safeguarding Committees as part of the 2017/18 Safeguarding Annual Plan.

Mental Capacity and Deprivation of Liberty Safeguards (DoLS)

One of the key findings of the CQC inspection published in June 2014 (http://www.cqc.org.uk/location/RHW01/reports) highlighted that knowledge of the Mental Capacity Act was not sufficient. The CQC recommended that the RBFT must "increase staff knowledge of Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA) through necessary training to improve safeguarding". The safeguarding team has worked with support of the CCG to improve staff knowledge and competence around the MCA and DoLS. Mental capacity and DoLS training forms part of induction training and the core mandatory training day.

Enhanced metal capacity training was offered monthly through 2016 and alternate months in 2017 the 80% target was reached by March 2017. The number of DoLS applications is a key performance indicator report to the CCG as part of the Quality Schedule and in the integrated Board report monthly. Numbers of applications showed further decline in 2016/17

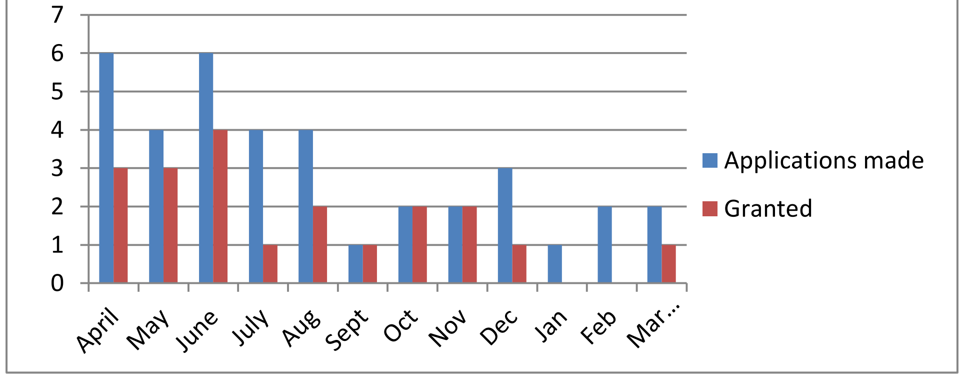


Fig 4 Deprivation of Liberty Safeguard applications for 2016/17.

Adult safeguarding concerns

	Concerns raised by the Trust where harm occurred outside the Trust.	Concerns raised against RBFT
April	17	1
May	17	4
June	23	6
July	18	1
August	20	6
September	18	4
October	30	2
November	24	5
December	17	1
January	25	3
February	19	4
March	25	3

Fig 5 Adult safeguarding concerns raised during 2016/17

All concerns raised by our staff about potential harm or abuse outside of the Trust are reviewed by the local authority and if necessary investigated through the Safeguarding process.

For externally raised safeguarding concerns a fact finding exercise is carried out by the Adult Safeguarding Nurse. This information is given to the Local Authority for them to decide on the outcome of the concern and further enquiry. The majority of safeguarding concerns raised against the Trust continues to be around pressure damage, in the majority of cases there is a lack of information/documentation provided concerning pressure damage as part of the discharge process.

Prevent (anti-terrorism)

There was 1 possible Prevent concern discussed with outside agencies related to a patient. Appropriate action was taken there was no further involvement or action for the Trust.

Key Areas of Work for 2017/18

- MCA, DoLS and Best Interest Quality Improvement project
- Continue working with Information Management and Technology (IM&T) Services to develop an electronic approach to our adult safeguarding referrals and information sharing

Ongoing Challenge/Risks:

- **Year on increase in activity for vulnerable groups with multiple co-morbidities and complex psycho-social problems**
- **Elderly patients living with dementia delayed in hospital**
- **Increasing and maintaining workforce knowledge of the Mental Capacity Act and DoLS**
- **Supporting patients and the staff caring for them where there is homelessness or other external service/resource issues beyond our control**

Mental Health Service Provisions

Poor mental health is a risk factor in the development of cardiovascular disease, diabetes, chronic lung diseases and a range of other conditions. It is a major public health issue in its own right, accounting for 23 per cent of disease in the UK. Poor mental health is associated with higher rates of smoking, alcohol and drug abuse, lower resilience, decreased social participation and weaker social relationships – all of which leave people at increased risk of developing a range of physical health problems. For most people, mental health problems begin in childhood or adolescence and can have lifelong effects. https://www.kingsfund.org.uk/publications/physical-and-mental-health/priorities-for-integrating

Activity

Activity data provided by the Trust Emergency Department (ED) shows that on average 230 people per month attended with a primary mental health presentation in 2016/17, 58% were subsequently admitted.

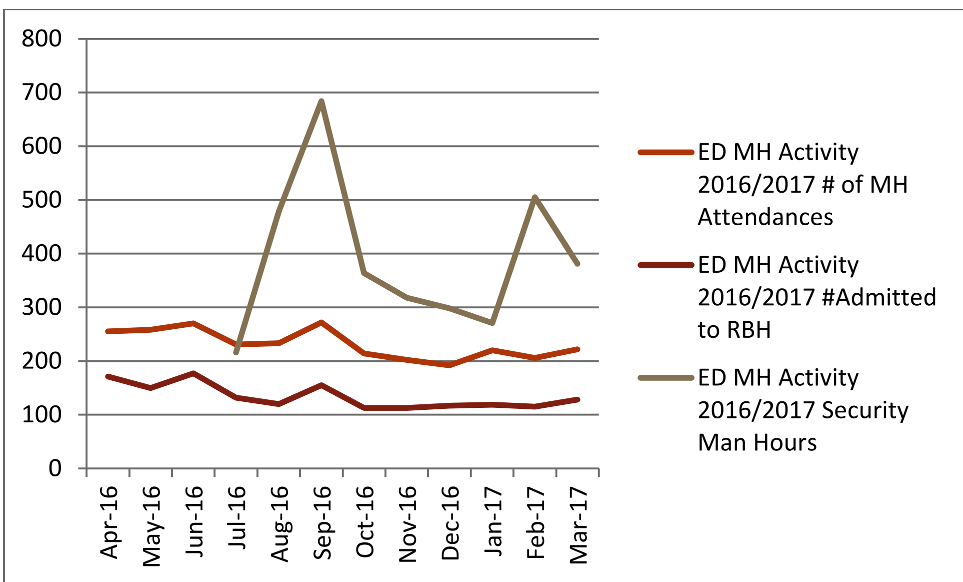
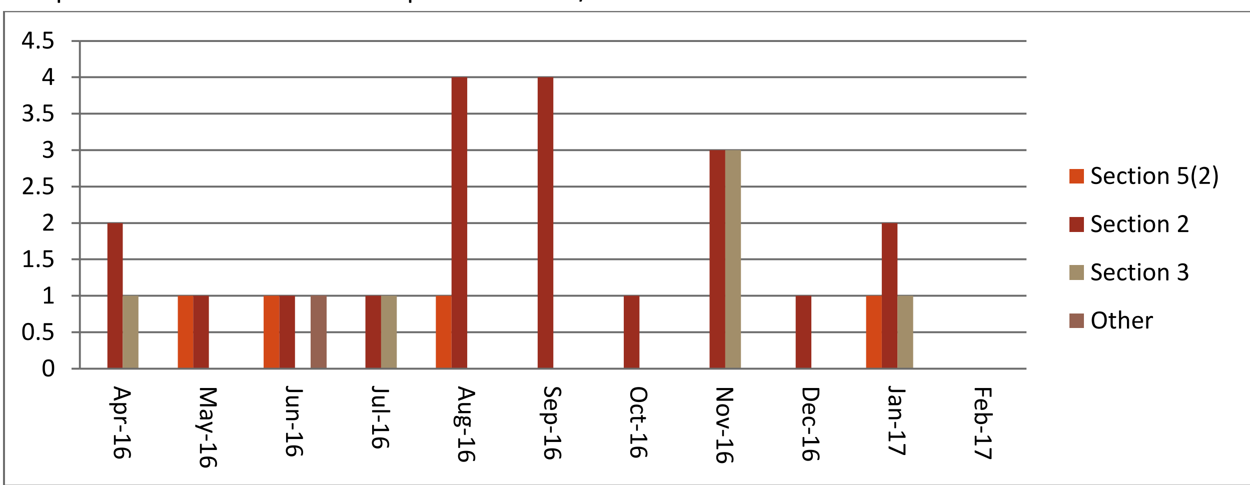


Fig 6 Mental Health presentations to ED April 2016 – March 2017 including security man hours

Mental Health Act Detentions

Fig 7 Detentions to the RBFT in 2016/17 - there were 34 detentions (plus a Community Treatment Order - CTO) compared to 12 in the same time period in 2015/16



A nearly 200% increase in MHA detentions in 2016/17 has presented a significant challenge in terms of:

- Increase in length of stay for mental health patients in the Emergency Department Observation Bay and other wards
- Increase in requirement for 1:1 nursing and security presence for patients detained under the MHA
- Increase in risk of patients being Absent Without Leave (AWOL)
- Increase in administrative and clinical work for the Mental Health Co-ordinator
- Increase in administrative and clinical work for the Clinical Site Managers who manage detentions out of hours – nights, weekends and bank holidays

Fig 8 Location of patients detained and under which section of the MHA (taken from KP90 return)

Ward/ Dept.	Sec 5(2)	Sec 2	Sec 3	CTO
ED Observation Bay	4	11		
AMU	1	1		1
SSU			1	
Sidmouth			1	
Victoria			2	
Trueta		1		
Whitley		2	1	
Woodley		1		
SAU		1		
Castle		1	1	
Lister	1			
ICU		1		
Burghfield		1		
ASU		1		
Dorrell	1			

NB whilst a number of these patients were detained to the RBH as they required treatment for both their mental and physical disorder, there were a number of patients who had no physical disorder and were awaiting a mental health placement.

Key achievements

- **Compliance with the Mental Health Act 1983 and Mental Health Act Code of Practice, 2015**
  An Annual Mental Health Act Report, April 2016 – March 2017 was submitted to QALC in June 2017 and subsequently approved by the Executive Management Team and the Quality Governance Committee. This report provided assurance about key issues, risks and themes, and Trust compliance with the Mental Health Act and Code of Practice.

- **Deaths of patients detained or likely to be detained under the MHA**
Patients who die whilst inpatients at RBFT who are detained or likely to be detained under the MHA are subject to a full mortality review within the organisation; the outcomes and any lessons learnt are reported and monitored by the Trust Mortality Surveillance Committee. If the death reaches Serious Incident Requiring Investigation (SIRI) criteria it will be reported on STEIS, to Berkshire West CCG and to the Safeguarding Adult Board case review sub - group.
- **Section 136 of the Mental Health Act Audit**
Currently the police have the power to place an individual under section 136 of the Mental Health Act (MHA), for a maximum of 72hrs and take them to a place of safety whilst awaiting a mental health act assessment. Audits in 2016/17 demonstrate we are compliant with the MHA code in relation to section 136. In January 2017 the Policing and Crime Act received royal assent. The act contains a wide range of measures, importantly it contains changes to MHA 1983 section 136 powers relating to the police and to the operation of Places of Safety. It is not clear when in 2017 these changes will be implemented or what impact they will have in ED. Through the Berkshire Mental Health Crisis Concordat the multiagency team is committed to making a local implementation plan.
- **Liaison Psychiatry in Emergency Department (ED) – Psychological Medicine Service (PMS)**
There continues to be a high level of support for patients presenting with mental health needs. The team works collaboratively with ED staff to ensure that those with mental health needs are adequately assessed, treated and signposted as necessary. ED and PMS have regular operational meetings in order to achieve a collaborative way of working.
- **Suicide and Self Harm Prevention**
The Suicide and Self Harm Prevention Clinical Governance Group and action plan works towards a zero tolerance of self-harm and suicide attempts within the Trust. The group has been instrumental in:-
    - Contributing to the Berkshire wide Suicide Prevention Strategy and action plan
    - Ensuring that a baseline ligature audit was completed in 2016 - risks identified, addressed, mitigated
    - Influencing securing funds in the 2017/18 capital programme for compliance works to the multi-storey car park
    - Regular audits of the Adapted Australian Triage Tool (AATT) leading to improved compliance in ED
    - Working alongside the Samaritans who now provide regular support for patients within the ED, as well as training for hospital staff
- **Frequent Attenders Project**
The RBFT continues to work closely with BHFT and other agencies to develop client case management plans for the top 20 ED reattenders to reduce the number of unnecessary visits. In 2016/17 the project achieved a 46% reduction in attendances for this cohort of vulnerable people. In 2017/18 there is a national CQUIN 'Improving Service for People with Mental Health Needs who Present at A&E' the aim *'To reduce by 20% the number of attendances to A&E for those within a selected cohort of frequent attenders who would benefit from mental health and psychosocial interventions, and establish improved services to ensure this reduction is sustainable'*.
- **Berkshire Mental Health Crisis Care Concordat**
The Trust contributes to and through partnership working has delivered improvement in care to those presenting in crisis to frontline services. The key areas of focus for the RBFT in 2017/18, our contribution to the Berkshire Crisis Concordat action plan based on our suicide prevention and safeguarding strategic statements in relation to improving the quality of care for patients with mental health disorders:
    - Collaborative working with the Psychological Medicine Service (PMS) or Child and Adolescent Mental Health Service (CAMHS) Urgent Response Service and patient families and carers to risk assess individuals who attend in crisis.

- Providing a safe environment for patients and staff - reducing access to means
- Training, supervision and support to provide staff with skills and competence to recognise risk and manage it proactively in partnership
- Collaborative working with multiagency colleagues, patients, families and carers and our staff as part of a wider 'Let's Talk Mental Health' campaign.
- Staying healthy – people with mental health conditions have ordinary as well as specific health care needs and experience more ill health than the general population – parity of esteem
- Staying Safe – people with mental health conditions are significantly more vulnerable to the effects of discrimination and abuse Healthcare workers play an important role in recognising and reporting signs and concerns of abuse, making safeguarding referrals and supporting the person who has suffered or is at risk of suffering significant harm during safeguarding investigations.

There are two programmes of work planned that will roll out collaboratively during 2017/18:

- 'Let's Talk Mental Health' – patients led by the Associate Director of Safeguarding and Mental Health
- 'Let's Talk Mental Health' – staff led by the Occupational Health Manager
- The roll out of 'Let's Talk Mental Health – patients is based on risk and urgency, the first action plan was developed up in March with the clinical and operational leaders in ED and ED Observation Bay and initial meetings have been held with Castle (Endocrinology, Rheumatology and General Medicine)
- The Acute Medical Unit/Short Stay Unit and Paediatric services will be in the next phase
- BHFT colleagues will be asked to peer review our ED & ED Obs Bay – Safe Management of Mental Health Patients action plan
- A joint RBFT/BHFT mental health clinical governance committee will be established

- **Mental Health multiagency governance arrangements and the Safeguarding Adults Board**

During 2016/17 systemic safeguarding risks in relation to mental health were raised by the Royal Berkshire NHS Foundation Trust and Berkshire NHS Foundation Trust to the Berkshire West A&E Delivery Board in October 2016 and at an extraordinary Safeguarding Adults Board (SAB) meeting in January 2017. As a result Berkshire West CCG has worked with multiagency partners to review and revise the operational and commissioning governance and assurance framework, structure and escalation process.

Berkshire West Clinical Commissioning Federation and the providers they commission are accountable and/or responsible for:

- Commissioning appropriate services
- Monitoring the quality and safety of services in the services
- Setting and monitoring safeguarding standards
- Working in partnership with statutory and voluntary agencies to safeguard

Mental health is a Safeguarding Adults Board risk related priority for 2017/18.

Key points of quality assurance and improvement

There has been a significant amount of good multiagency partnership working in relation to safeguarding the health and wellbeing and improving safety and the experience of mental health patients in Berkshire West in the last year, demonstrating parity of esteem for mental health. This has been achieved by:

Meetings/committee structure:

- Establishment of weekly multiagency delayed transfer of care conference calls

- Establishment of a monthly multiagency 'Mental Health Activity' Group where key safeguarding indicators e.g. detentions under the mental health act, availability of AMHPS are reported, analysed and escalated
- Thematic review of patient experience presenting in crisis completed by Head of Patient Experience RBFT
- Establishment of Mental Health Strategy Steering Group
- Review of the monthly Berkshire Policies in Practice Group (PIP) chaired by BHFT, including reporting and escalation to the Mental Health Crisis Concordat Steering Group
- Establishment of Berkshire Suicide Prevention Steering Group and agreement of a Berkshire Suicide
- Prevention Strategy – launch event 17th October 2017, Wokingham Town Hall

Ongoing Challenge/Risks:

- **The number of mental health patients of all ages presenting to ED and being admitted**
- **Increase in complexity, homelessness, social isolation**
- **Gaps in community services for patients who are in crisis, leading to individuals attending ED**
- **Delayed Transfers of Care for Prospect Park Hospital and Royal Berkshire Hospital**
- **Increase in number of patients detained to Royal Berkshire Hospital under the Mental Health Act**
- **Delay in Approved Mental Health Professional (AMHP) attending to 'section' a patient particularly out of hours – this is a Berkshire capacity issue**
- **Capacity of the security services and nursing teams to consistently provide a safe environment for high risk patients**
- **Suitability of acute health care settings when managing patients who are a risk to themselves or others**
- **Social care supporting safeguarding risk assessments – in and out of hours, the response is variable**
- **Local authority commissioned substance abuse services – models vary across Berkshire West, access for professionals and public is confusing, capacity and effectiveness – increasing substance abuse leading to increased pressure on health services no in reach services for RBH**

Learning and Complex Disabilities - adults

There were 275 in-patients with learning and complex disabilities supported during 2016/17. Very few patients require no input at all and a number of patients require significant input. Those who are having planned medical intervention will often require input from the Learning Disability Co-Ordinator (LDC) prior to admission. The LDC provides support to the hospital staff involved with the patient and who request advice with strategies to ensure LD patients receive the most effective care.

- There were 8 families who required a great deal of support, either because of the complexity of the patient's condition or social circumstances, or because of frequent admissions. These families had particularly high expectations of the LDC who worked to meet those for the benefit of the patient. In several cases there were a number of consultants involved with individual patients, the LDC provides support for those colleagues in relation to the patient's learning disability and the best interest decision making process.
- 5 patients have required on-going and intensive support with out-patient visits and associated health care advice. Some of these patients do not meet the threshold for social care support but require help when dealing with health issues, particularly understanding information.
- There is a small group of parents with a learning disability who require support with their adult children who lack capacity to make their own decisions around healthcare.

- The LDC is contacted by families and carer about individuals who are going to be treated by the Community Dental Service at Royal Berkshire Hospital. Orientation visits are organised and information passed on to the community dental team and / or the anaesthetist as necessary.
- The LDC attends the team meetings of the community learning disability nurses for Reading to discuss care for individual patients where necessary. There has been joint working around individuals who do not use ED appropriately and those who benefit from effective partnership between acute and primary healthcare.

Key achievements

Patient experience

The Learning Disability Co-Ordinator represents the Trust on the Learning Disability Partnership Boards (LDPB) and the LDPB health sub groups for Reading, Wokingham and West Berkshire. The presence of the LDC at these meetings is valuable in terms of those people using services and their carers feeling able to discuss issues that have affected them when they have been patients. It is also useful for people to discuss concerns they may have before coming to hospital.

- During 2016 – 2017 a member of one of the LDPBs who is a family carer told the story about when her brother who has a learning disability was an inpatient to the Trust Patient Experience Facilitator, this was filmed. The film will be used as part of training to provide staff with an insight into a carer's experience of supporting a family member in hospital.
- The Enter and View team, who are part of Reading Healthwatch, continue to visit the Royal Berkshire Hospital, they made 3 visits during 2016 – 2017. They have highlighted communication consistently as being an issue, particularly for patients with a learning disability who are non-verbal.
- Free Makaton training is provided for Trust staff by Berkshire Healthcare and OTs and Practice Educators have begun to take advantage of this. Resources for wards have also been identified.
- The LDC talks to Registered Nurses, therapists and Health Care Assistants each month on induction programmes. She also talks to junior doctors at their induction about her role and some key issues affecting patients with a learning disability. A short film about the experience of patients with a learning disability is shown every month at core induction. The LDC is present at these sessions to highlight her role to all new staff
- Several times a year the LDC provides a session for HCAs involved in supporting patients on a 1:1 basis, focusing on doing that effectively with patients who have a learning disability.
- The LDC attended a sensory communication workshop to gain knowledge and ideas about how to use sensory tools and she aims to share what she learned with Trust staff who attend the 1:1 training.
- The LDC attended training around the use of Books without Words which was very useful in understanding how to communicate about sensitive issues with patients who have a learning disability. The LDC has been able to pass on this learning to others and plans to expand on that.

Familiar carers

RBFT continues to fund 1:1 familiar carers for in-patients with a learning disability who require that level of support to make them feel less anxious and more likely to comply with medical and nursing interventions in the hospital environment. Social care will not fund this type of support when an individual is in hospital as their responsibility for funding only applies to people who have been assessed as eligible for funding at home or in the community.

Work is underway on streamlining the payment process and taking it out of the job role of the LDC to improve timeliness and governance of payments.

Training secondment for experienced occupational therapist from June to December 2016

An occupational therapist who is training to become a learning disability consultant practitioner had requested to do a placement with the LDC to gain insight in to the role within an acute Trust. She was invaluable in supporting the LDC with a number of complex patients during the placement and as part of a quality improvement project established a small library of activities and sensory tools for patients with a learning disability. Her plan to employ the services of a volunteer to manage the library will be progressed.

Transition clinics

The LDC attends the neuro – rehabilitation transition clinics to meet young people and their parents who are about to start using adult services within the Royal Berkshire Hospital. This provides an opportunity to explain what they can expect in adult services and to reassure young people and their families that reasonable adjustments will be made for them. There are 3 -4 clinics each year. The paediatricians or nurse specialists notify the LDC of other young people with cognition difficulties who are transitioning to adult services within the Trust and she makes contact with those young people at clinic. Some young people do not need to be seen by clinicians on a regular basis but may use services at RBFT for emergencies or planned surgery. There is a great deal of anxiety around using adult services for young people who have cognition difficulties and the LDC supports those individuals and their families as much as is possible

Deaths of patients with a learning disability

LD patients who die whilst inpatients at RBFT are subject to a full mortality review within the organisation, the outcomes and any lessons learnt are reported and monitored by the Trust Mortality Surveillance Committee. If the death reaches Serious Incident Requiring Investigation (SIRI) criteria it will be reported on STEIS, to Berkshire West CCG and to the Safeguarding Adult Board case review sub - group.

In response to the Mazars Report into Southern Health, the CCG is establishing a review panel for all deaths of individuals with a learning disability as part of the Learning Disability Mortality Review (LeDeR) programme. The purpose of the review panel is to gather information which will ultimately contribute towards the aim of reducing premature death in people with a learning disability. The RBFT is a member of the Berkshire West LeDeR steering group.

Changing Places toilet

Work was completed on the conversion of an existing toilet in a public area to a Changing Places toilet by the end of 2016. A hoist and a changing plinth suitable for adults is incorporated into this toilet so that disabled people can be assisted by their carers easily in using the toilet and being changed. The facility was formally opened by the Chief Executive on 16th May 2017

Mental Capacity Act and DoLS training

The LDC talks to all new clinical staff at core induction each month about the Mental Capacity Act and DoLS. She also provided 26 sessions at mandatory training for clinical staff during 2016 / 2017. These sessions are in the form of questions to help staff consolidate their knowledge and discuss issues that they experience in practice.

Ongoing Challenge/Risks:

- **No significant decrease in activity for this vulnerable group, increase in complexity and family expectations**
- **Patients with LD being delayed in hospital waiting for appropriate social care placements**
- **Affordability of funding familiar carers**
- **Increasing and maintaining workforce knowledge of the Mental Capacity Act and best interest assessments**
- **Capacity of the Learning Disability Co-Ordinator to maintain the current level of service**

Disabled Children and Young People, Special Educational Needs and Disability (SEND) reforms and Transition

Disabled Children's Services

Dingley Child Development Centre provides multi-disciplinary specialist paediatric neurology/epilepsy and community paediatric services, a child protection medical service and adoption and fostering medical service to children resident in Berkshire West. They also provide tertiary services including assessment of visual impairment and spasticity and a botulinum service. The specialist paediatric inpatient therapy services are provided by the team based in Dingley.

Respite care for children with complex health needs is provided by BHFT at Ryeish Green in July 2016 they notified the CCG that they were no longer able to sustain the provision.

Key Achievements

The Trust Board has supported the future development of Dingley Child Development Centre. The plan is to relocate to a site on Reading University site in autumn 2018. This site has better access than our current location with a large number of parking spaces including over 20 disabled parking spaces. We have been assured by Berkshire Healthcare Trust that we will not have to vacate our current building until the new premises are ready.

SEND Reforms

Trust services provided to people 0- 25 years who have Special Educational Needs and Disability are subject to compliance with these reforms, essentially these are paediatric services including Dingley Child Development Centre and adult long term conditions services, particularly neurology.

Joint inspections of local area special educational needs or disabilities (or both) provision – in May 2016 Ofsted and the Care Quality Commission (CQC) started a new type of joint inspection; the aim to hold local areas to account and champion the rights of children and young people.

Key Achievements

- Together with the Berkshire West CCG and BHFT the RBFT have completed a self-audit against the SEND standards for health.
- A strategic SEND Berkshire West 10 group has been established chaired by the Director of People Services, Wokingham Borough Council, RBFT are represented.

Transition

Key Achievements

- The Safeguarding Team hosted a transition nurse post to lead a two year 'Ready Steady Go' implementation pilot until March 2017.
- The lead paediatric and adult clinicians and steering group were and are positive about developing their transition services and rolling out the Transition Plan.
- The nurse spent 1.5-2 days per week based in Reading to embed the transition plan and roll out training to Paediatrics and 18 adult specialties.
- Comparing the 2015 and 2016 surveys from young people and families demonstrated a marked improvement in the way young people/parents / carers experienced transition services at the Royal Berkshire Hospital. In the 2016 survey 100% of respondents said that they were satisfied with the services compared to 17% in 2015.
- An audit of a random sample of notes, 13 -18 year olds with long term conditions requiring transition in April 2017 showed 55/60 (92%) had a Transition Plan. 54/60 (90%) had a named transition worker documented in their Transition Plan.
- Transition is in the commissioners' quality schedule for 17/18, paediatric consultants are responsible for generating transition plans, the Paediatric Matron for carrying out quarterly audits.
- The pilot developed a platform to extend work and learning to partners in the local authority, schools, colleges, Reading University and mental health services to support young people preparing for and settling into adult services. A costed case has been written and funding is being actively sought by the Berkshire commissioners GP Lead for Children and Young People. In a recent Chief Executive engagement meeting with parent carers they indicated that transition is one of their top issues.

Ongoing Challenge/Risks:

- **No respite service would impact on children and families and lead to increased admissions and length of stay**
- **Readiness and capacity to engage with preparation for CQC/Ofsted SEND inspection**
- **Commissioning of the Designated Medical Officer - SEND**
- **Availability of a Community Paediatrics SEND data set**
- **No dedicated resource to develop and monitor transition service**
- **No clinical nurse specialist for young people and families with neurodisability in transition**

Risk Based Priorities for 2017/18

1. Multiagency working to:
    - Understand demand and develop strategies to safely manage and safeguard the rights and well-being of people with mental health disorders learning disability and complex disability, including transition.

- Implement findings of Mazars report into mental health and learning disabilities deaths in Southern Health the LeDeR mortality review programme; align with the work of CDOP
- Implement LSCB and SAB priorities e.g. neglect including self-neglect, domestic abuse, mental health, safer recruitment and allegation management, communication and information sharing and Prevent.
- To implement CP-IS and FGM RIS

2. Partnership work to:
    - Progress improvement plans following local authority inspection judgments of 'inadequate'.
    - To further develop action plans for safe management of mental health patients with Berkshire Healthcare Foundation Trust
    - To review our safeguarding strategy and governance structures to ensure they are robust and align with the rest of the healthcare economy as part of the Berkshire West Accountable Care System

3. Training review:
    - Mental Health Act, Mental Capacity Act, DoLS, child and adult safeguarding to ensure the knowledge, competency and confidence of our staff in practice is consistent
    - Complete a frontline practioner self-assessment concerning the effectiveness of our safeguarding arrangements in October

4. Work with IT informatics and EPR:
    - To building safeguarding referral forms and risk assessments
    - Review the flagging of vulnerabilities
    - Ensure Safeguarding is a priority in the development of a digital hospital
    - To develop a SEND health data set compliant with national requirements

5. Workforce capacity:
    - Review the administrative support to the Safeguarding Team to reflect increased activity and complexity
    - Work with operational teams to monitor the impact of increased safeguarding activity/complexity in sexual health and maternity services
    - Work with our commissioners in relation the medical capacity to support SEND reforms

Safeguarding Adults
Annual Report
2016/17

West Berkshire
COUNCIL

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Executive Summary

2016/17 has been a busy year for the Safeguarding Adult service. It has managed an increase in numbers of S42 enquiries initiated and completed and a significant increase in the number of DoLS applications received and processed.

Despite this increase in activity the service has raised awareness of safeguarding across West Berkshire by developing and engaging with a Safeguarding Service User Group, delivering awareness sessions and hosting stands at events in the local community, participated in a peer review in which our partners, providers and staff played a key role and actively supported training opportunities provided by the West of Berkshire Safeguarding Adults Board.

The Safeguarding Adults Forum developed an action plan based on the priorities of the Safeguarding Adults Board.

1. Raising awareness of safeguarding adults, the work of the SAB and improving engagement with a wide range of stakeholders
2. Making Safeguarding Personal
3. Ensuring effective learning from good and bad practice is shared
4. Developing an oversight of safeguarding activity

The Forum has progressively worked through the action plan during this reporting year and has developed plans for 2016/17. The partnership working developed through this forum was recognised in the peer review carried out by ADASS into the safeguarding function. This forum continues to develop its role as the operational arm of the Safeguarding Adults Board for West Berkshire.

The Making Safeguarding Personal initiative continues to be promoted and embedded in practice through training and monitoring, with local data indicating improvements are being made.

Performance data analysis is carried out on a regular basis. Rigorous interrogation ensures there continues to be a grasp of both current and emerging issues. The impact of a proactive approach by the Care Quality team with local providers appears to be having a positive impact on the types of safeguarding enquiries and source of risk.

The service continues to strike a balance between daily operations dealing with incoming safeguarding concerns and applications for Deprivation of Liberty Safeguards authorisations with raising awareness of safeguarding.

Introduction

Safeguarding Adults is a strategic priority for West Berkshire Council and a core activity of Adult Social Care. It is now, as a result of the enactment of the Care Act 2014, a statutory responsibility for Local Authorities as well as the assessment and authorisation of Deprivation of Liberty Safeguards.

This annual report evidences the key quarterly measures and trends used to monitor activity for Safeguarding Adults in West Berkshire to ensure risks are being identified and managed appropriately. Utilising the set of indicators and statutory reporting requirements for 2016/ 17, analysis of performance has developed comprehensively across the year to produce this report.

This report also focuses on the activities of the safeguarding network in West Berkshire during the reporting year.

Networks, Boards and Forums

The Care Act 2014 required all Local Authorities to form a Safeguarding Adults Board (SAB) to provide the strategic overview and direction of safeguarding, provide governance and quality assurance to the process. This includes the commissioning of Safeguarding Adults Reviews when a person has died or been significantly harmed and the SAB knows, or suspects, that the death resulted from abuse or neglect. West Berkshire Council is a member of the West of Berkshire Safeguarding Adults Board; a tri borough Board in partnership with Reading Borough Council and Wokingham Borough Council alongside other key stakeholders including, but not exclusively, Thames Valley Police, Berkshire Healthcare Foundation Trust, Royal Berkshire Hospital Foundation Trust and the local Clinical Commissioning Group. The SAB has produced its own annual report which can be viewed on its website www.**sabberkshirewest**.co.uk

The West Berkshire Safeguarding Adults Forum is the local operational arm of the SAB and consists of local partners signed up to address safeguarding matters specifically in West Berkshire. The forum produces an action plan annually drawn from the priorities set by the SAB. For 2016/17 those priorities were:

Priority 1 - We have oversight of the quality of safeguarding performance.

Priority 2 - We listen to service users, raise awareness of safeguarding adults and help people engage.

Priority 3 - We learn from experience and have a skilled and knowledgeable workforce.

Priority 4 – We work together effectively to support people at risk.

In order to achieve those priorities a number of objectives were developed into an action plan and delivered by forum members.

The Service User Safeguarding Forum was formed in 2015/16, the development of which was a key objective of the Safeguarding Adults Forum action plan. This group, made up of service users with an interest in safeguarding, meet quarterly.

Volumes and Performance

Safeguarding activity

Concerns and S42 Enquiries

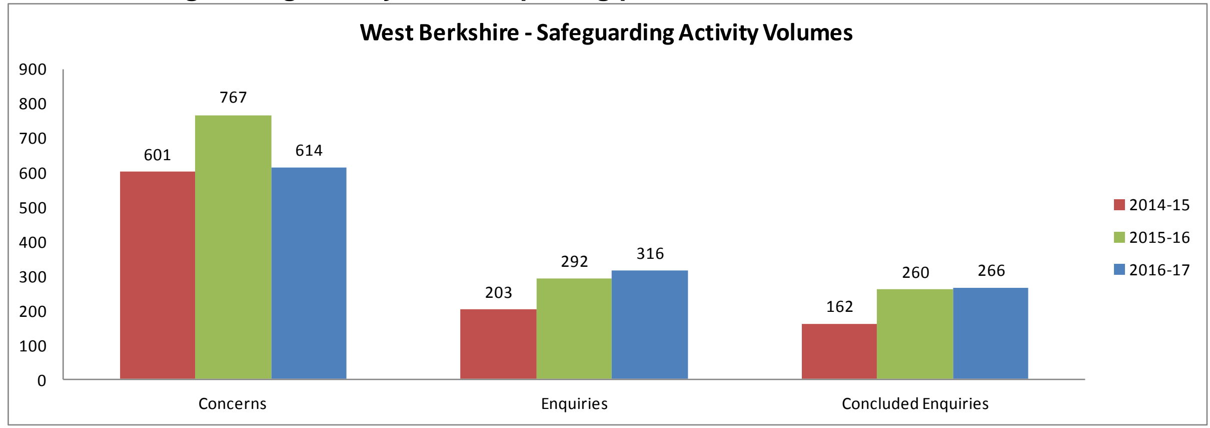
There were 614 safeguarding concerns received in 2016/17 that met the threshold for a response within the safeguarding framework. The number of concerns has decreased since 2015/16 and we believe this is as a result of working closely with providers, in particular Thames Valley Police (TVP) and Southern Central Ambulance Service (SCAS), to ensure referrals made are appropriate for safeguarding and reducing in appropriate referrals. As we continue to work closely with partners to review the process for raising safeguarding concerns we expect this to reduce further. In this context, we have seen the conversion rate of concerns that require a Section 42 enquiry will increase, we expect this trend to continue in 17/18.

However, regardless of this streamlined process, all non safeguarding welfare concerns from providers are referred onto the relevant Adult Social Care or mental health teams to ensure they are reviewed by the appropriate service.

Source – Safeguarding Adults Collection (SAC) statutory return SG1f tables and SG2 tables detail concluded enquiries

	Concerns	Enquiries	Concluded Enquiries	Conversion rate of concern to S42 Enquiry Rate
2014-15	601	203	162	34%
2015-16	767	292	260	38%
2016-17	614	316	266	51%

Table 1 – Safeguarding activity for the reporting period 2014- 15 – 2016-17



Wherever possible, we seek to understand whether a concern requires a Section 42 Enquiry within 24 hours of receiving the concern. In order to make this decision, it is essential that we have all the necessary information from the referrer. In some cases, where this information from the referrer is delayed, it may take us 48 hours to make this decision – in these situations we give careful thought to the welfare of the adult who is the subject of the concern, whilst we seek the information we need to make a decision. Noting those concerns that require no further action enable the Local Authority to spot trends and monitor patterns across the District. Section 42 of the Care Act determines that where a Local Authority receives a concern and has reason to believe a person within its area who has care and support needs and is experiencing or is at risk of abuse or neglect and by virtue of their care and support needs cannot protect themselves against that abuse or neglect, the Local Authority is required to make, or cause to be made, enquiries into that concern. These are known as, and reported as, S42 Enquiries

We monitor the % of concerns that subsequently require a S42 enquiry. This is known as a conversion. During 2016/17 316 s42 enquiries were opened, with a conversion rate from concern to s42 enquiry of 51%.

Whilst the number of concerns is lower by 19% than those recorded during 2015/16, the conversion rate at 51%, is 13% higher than the previous reporting year, suggesting that concerns coming through were more appropriate and relevant to be processed through the safeguarding framework. Further analysis of contacts and enquiries is planned for the 17/18 period, to ensure that our arrangements are robust.

Individuals with safeguarding enquiries

Age group and gender

Tables 2 and 3 display the breakdown by age group and gender for individuals who had a safeguarding enquiry in the last three years.

- The majority of enquiries continue to relate to older people - the 65 and over age group accounted for 63 % of enquiries in 2016/17.
- The majority of enquiries were related to female clients, 62 %, a continuation of a trend seen in the last 3 years.

Table 2 – Age group of individuals with safeguarding enquiries opened , 2014- 15 – 2016-17

Table SG1a	Number of individuals by age			
	18-64	65-74	75-84	85+
2014/15	29%	12%	25%	34%
2015/16	34%	15%	23%	28%
2016/17	37%	11%	19%	33%

Table 3 – Gender of individuals with safeguarding enquiries opened, 2014- 15 – 2016-17

Table SG1b	Number of Individuals by gender		
	Male	Female	Total
2014/15	38%	62%	100%
2015/16	43%	57%	100%
2016/17	38%	62%	100%

Primary support reason

Table 4 shows a breakdown of individuals who had a safeguarding enquiry by Primary Support Reason (PSR).

The majority of individuals had a PSR of Physical Support, 36 %, which is consistent with the previous year. There remains an increase in enquires where the individual has a PSR of Mental Health Support.

Table 4 – Primary support reason for individuals with a safeguarding enquiry opened (SG1c)

Classification	Physical Support	Sensory Support	Support with Memory & Cognition	Learning Disability Support	Mental Health Support	Social Support	No Support Reason	Not Known
2014/15	44%	2%	27%	17%	6%	4%	0%	
2015/16	37%	1%	29%	17%	11%	3%	0%	
2016 /17	36%	3%	27%	17%	12%	4%	0%	2%

Case details for concluded enquiries

Type of alleged abuse

Table 5 shows enquiries by type of alleged abuse in the last three years for concluded enquiries. Additional categories were added with the implementation of the Care Act 2014. Those additional categories were domestic abuse, modern slavery, self neglect and sexual exploitation (a derivative of sexual abuse/modern slavery and/or domestic abuse). It should be noted that more than one category of abuse can be attributed to any single concern as often incidents are complex and comprise of various elements.

The most common types of abuse for 2016 - 17 were neglect and acts of omission 25%, psychological abuse 21% and physical abuse19 %.

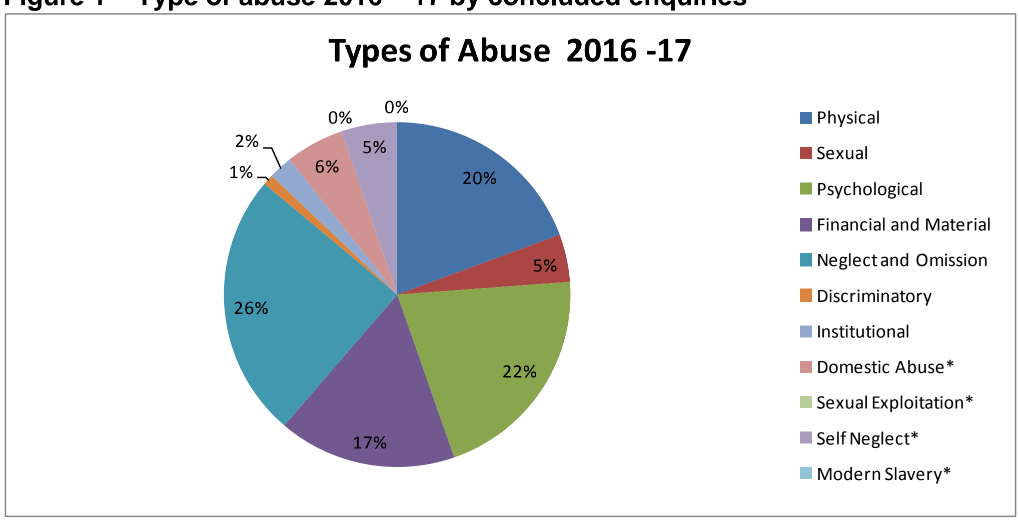
Neglect and act of omission cases are attributed to the provision of care given either by a paid or unpaid carer. The category of physical abuse also includes incidents where there has been a physical altercation between two or more residents in a domestic, care home or hospital setting.

Table 5 – Concluded enquiries by type of abuse

Type of Abuse	2014/15	2015/16	2016/17
Physical	51	74	78
Sexual	12	20	18
Psychological	44	66	84
Financial and Material	40	62	67
Neglect and Omission	72	86	100
Discriminatory	1	0	4

Organisational	10	7	9
Domestic Abuse*	0	28	22
Sexual Exploitation*	0	1	0
Self Neglect*	0	45	21
Modern Slavery*	0	0	0
Total	230	389	403

Figure 1 – Type of abuse 2016 – 17 by concluded enquiries



Location of alleged abuse

As with previous years the most common locations where the alleged abuse took place were a person's own home, 68 %, and a care home, 15 %.

A person's own home consistently remains the place in which an abusive incident is more likely to occur. This demonstrates the continual need to raise awareness of safeguarding amongst all sectors of society and improving mechanisms to report those incidents.

Table 6 – Location of abuse by concluded enquiries

Location of risk	2014/15	2015/16	2016/17
Care Home	38	45	40
Hospital	3	14	11
Own Home	96	172	181
Community Service	11	6	13
Other	14	23	21
Total	162	260	266

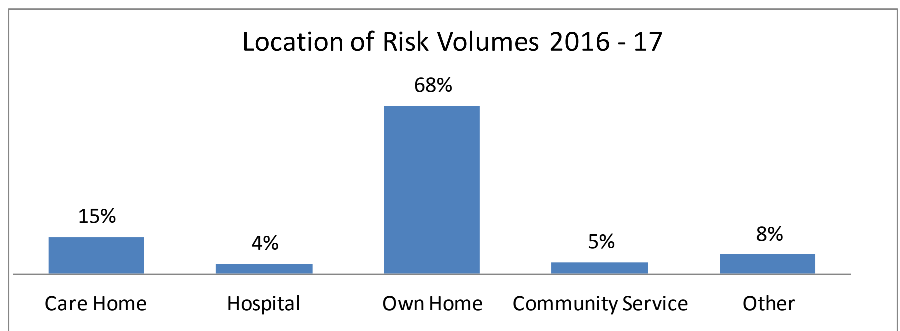
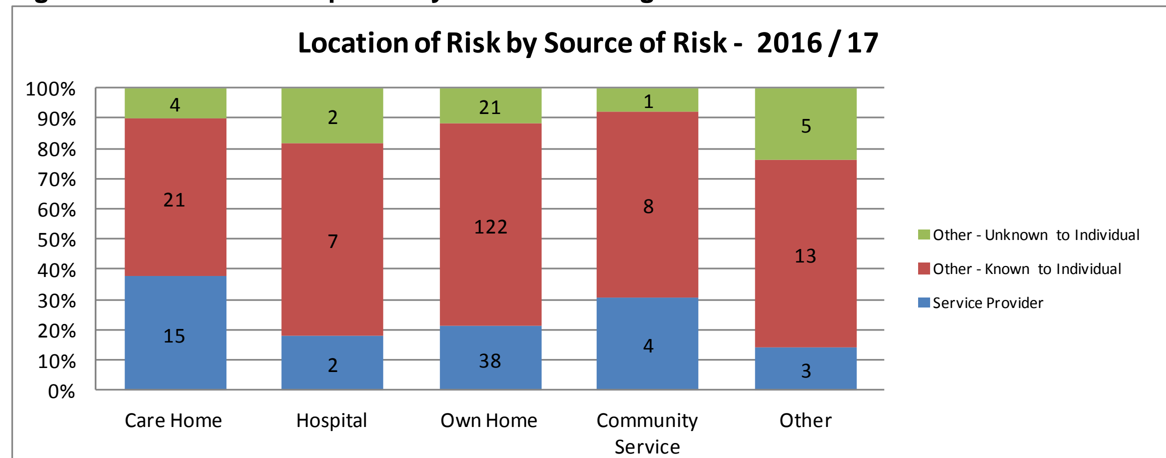


Figure 2 shows the breakdown of location of alleged abuse by source of risk.

Where the alleged abuse took place in the persons own home, for the majority of cases, 67 %, the source of risk was an individual known to the adult at risk.

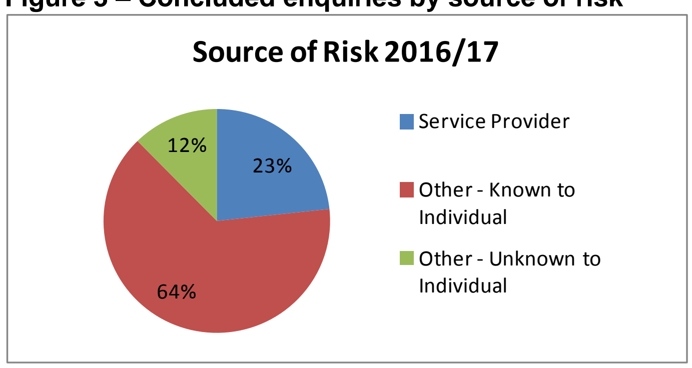
Figure 2 – Concluded enquiries by location of alleged abuse and source of risk for 2015/16



Source of risk

The majority of concluded enquiries involved a source of risk known to the individual. The service provider support category refers to any individual or organisation paid, contracted or commissioned to provide social care. Figure 3 demonstrates those sources of risk captured.
Whilst 23% of source of risk attributed to the provision of social care support remains of concern the pro active provision of support from West Berkshire's Care Quality team gives some assurance that issues which could result in a safeguarding enquiry in such settings are being addressed at an early stage.

Figure 3 – Concluded enquiries by source of risk

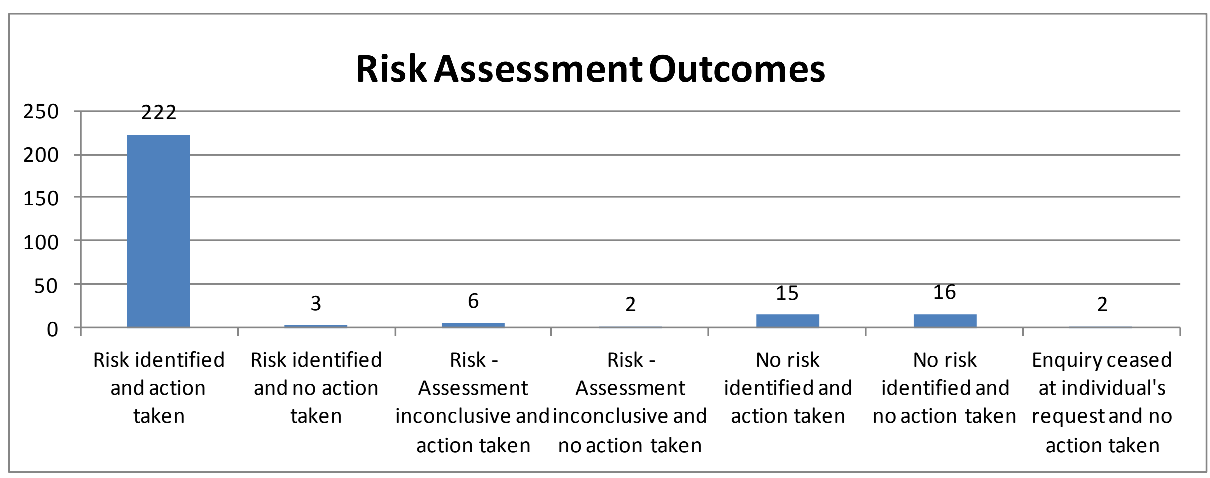


Risk Assessment Outcomes, Action taken and result

The manner in which management of risk is statutorily reported and recorded altered during 2016 -17 so there is no comparable data.

Risk Assessment Outcomes

The graph below shows concluded enquiries by reported risk assessment and action taken.
Risk identified and action taken in the majority, 83%, of cases.
Where risk was identified, no action was taken in just 3 cases – 1%.
For the remaining cases, the risk assessment was inconclusive, there was no risk identified or the enquiry ceased.



Outcome of concluded case where a risk was identified

Figure 4 shows where a risk was identified the final outcome.

Risk was removed for 28% of cases and reduced for a further 64% of cases.
Risk remains for 8% of cases.

Figure 4 – Concluded enquiries by result, 2016 17

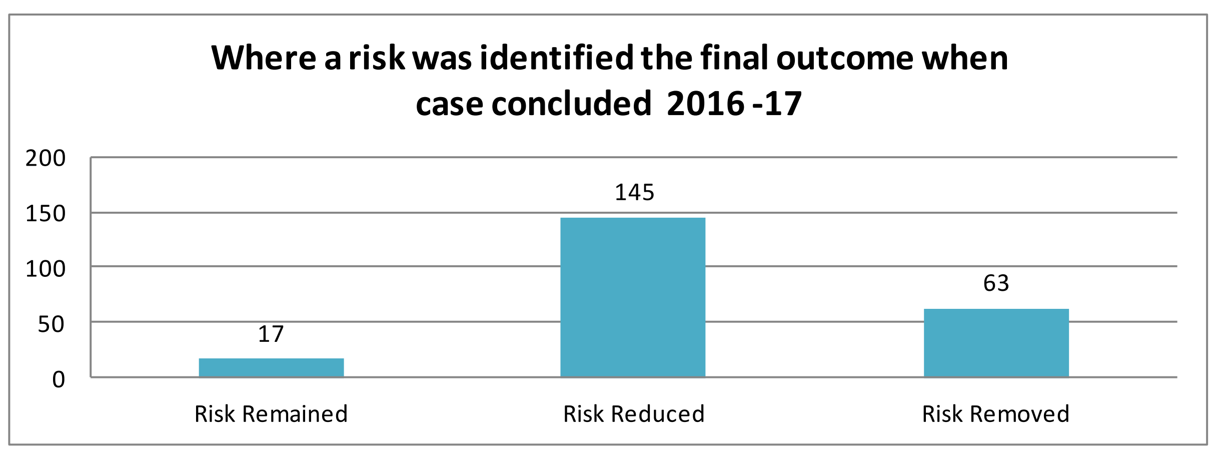
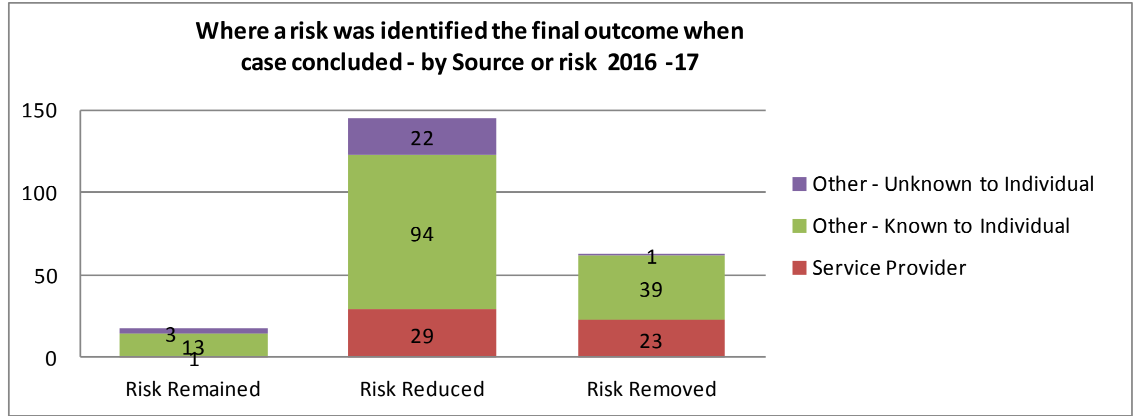


Figure 5 shows a breakdown of the final outcome for concluded enquiries by source of risk for 2015/16.

Figure 5 – Concluded enquiries by result of action taken and source of risk



Mental Capacity

In order to achieve good outcomes for individuals subject to a concern or enquiry, it is important to hear their voice. There is a statutory requirement to offer the services of an advocate to a person subject to a safeguarding intervention or review, where that person meets certain requirements if there is no other person suitable person able to advocate (for example a close family member or friend).

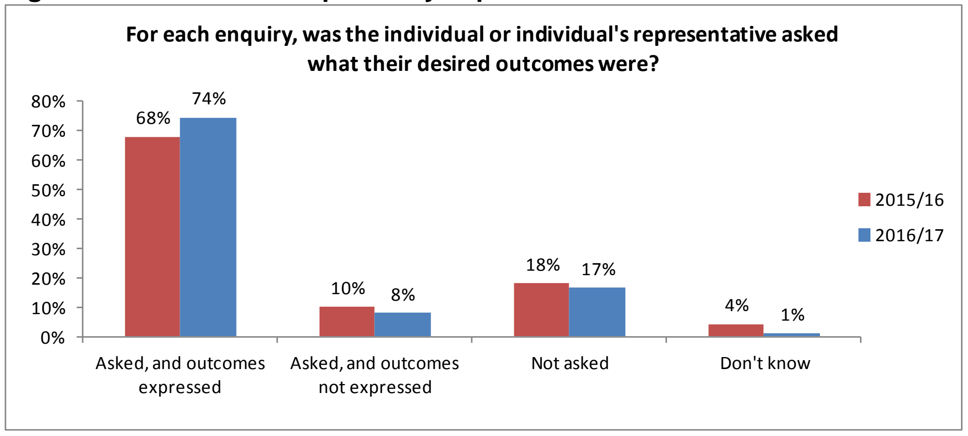
In 2016 -17, where the individual lacked mental capacity 87% were supported by an advocate, family or friend. It should be noted the national average for providing advocates in England, recorded for 2015/16, was 62%. We will seek to sustain and potentially build on this practice in 17/18. Analysis of our records sugests that we can continue to grow our understanding of how to assess mental capacity and we will focus some of our work on this area in 17/18.

Making Safeguarding Personal

Making Safeguarding Personal (MSP) is designed to improve the experiences and outcomes for adults involved in a safeguarding enquiry.

This initiative was adopted by the Government and enshrined in the Care Act 2014. Local Authorities are not currently statutorily required to report on MSP. West Berkshire Council has chosen to monitor performance in this area is as follows:

Figure 6 – Concluded enquiries by expression of outcome



By definition, a personal response to a safeguarding incident will mean different things to different people. Therefore obtaining baseline data for outcomes has presented challenges, Figure 6 demonstrates the outcome of this challenge.

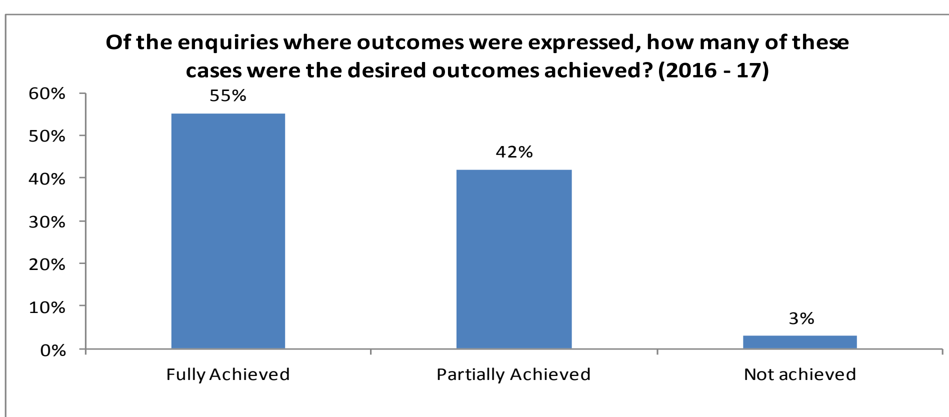
As at year end, 74% of all clients for whom there was a concluded case were asked about the outcomes they desired (either directly or through an advocate), this is an improvement from 2015 -16.

In order to benchmark usefully, options for outcomes were included as a guide, with an additional box for free text to capture those desired outcomes and wishes that were not reflected in the options provided. Clients can choose as many outcomes as

they wish and so multiple choices are normal. The option ‘to be and to feel safe’ was most frequently selected.

Of those asked, 8% did not express an outcome. Whilst this is positive, there remains 18% who did not engage in this process. These cases have been subject to further scrutiny to establish the reason engagement was not achieved and where necessary lessons learned going forward.

Figure 7 – Concluded enquiries by expressed outcomes achieved.



Of those who were asked and expressed a desired outcome, 55% were able to achieve those outcomes fully, with a further 42% partially achieved.

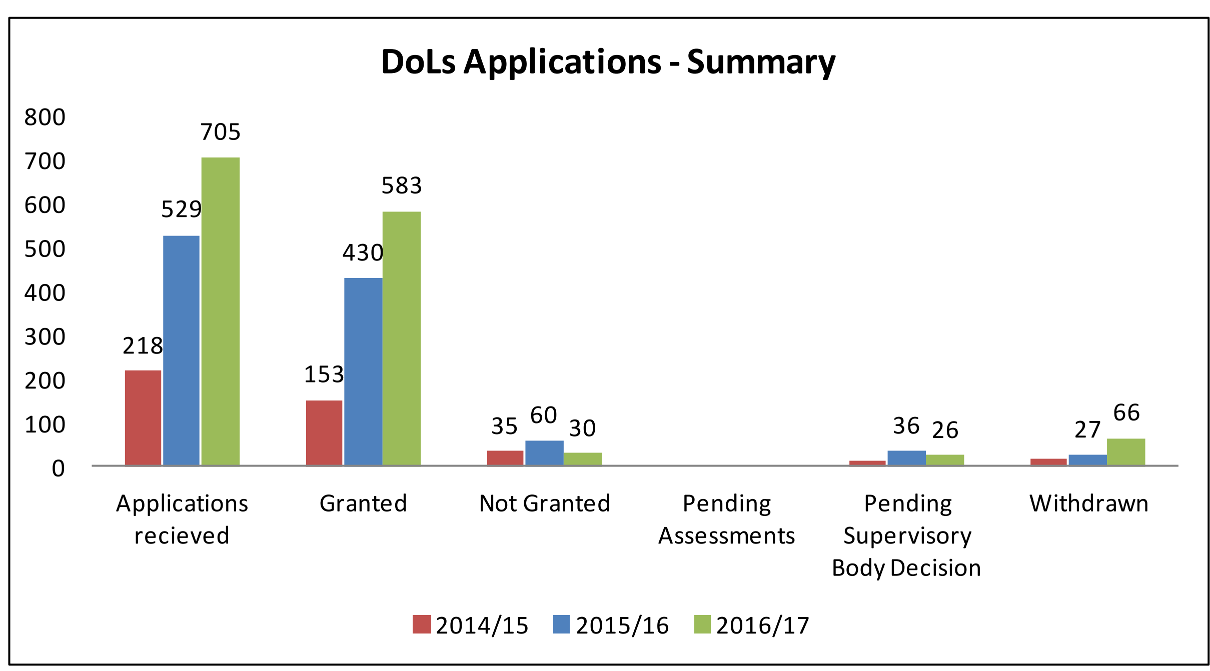
Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards (DoLS) is an amendment to the Mental Capacity Act 2005 and applies in England and Wales only. The Mental Capacity Act allows restraint and restrictions to be used – but only if they are in a person's best interests.

Extra safeguards are needed if the restrictions and restraint used will deprive a person of their liberty. These are called the Deprivation of Liberty Safeguards.

DoLS authorisations must be applied for by care homes, nursing homes or hospitals (The Managing Authority) where they believe a person is living in circumstances that amount to a deprivation of liberty and that person lacks the capacity to consent to their care, treatment and accommodation, in order to prevent them from coming to harm. They apply to the Local Authority (The Supervisory Body) whose role is to arrange for the persons circumstances to be assessed in order to determine whether to grant or refuse an authorisation for those circumstances. Those living in other settings must have their deprivation considered by the Court of Protection.

Figure 8 – Total number of DoLS applications received by outcome



DoLS applications continues to rise and remains an increasing pressure.

As at the end of 2015/16 there were 529 DoLS applications in total. In 2016 -17 this increased to 705, of which 583 of those authorised, 30 not authorised (for example a person is assessed as having capacity), 66 withdrawn (for example an application from a hospital where the patient is discharged before the assessment process is completed) and 26 pending a decision as at year end.

The figure of 705 represents a 33% increase of applications received in 2015/16, in response to this increase the structure and sufficiency of the services who support DoLs will be reviewed in 17/18.

Activities

A Safeguarding Service User Group was set up In West Berkshire to provide a setting in which service users across the spectrum of adult social care needs could engage with the safeguarding team direct, share information, solve problems and increase awareness through a cascade process.

The group was consulted on a Safeguarding Adults publicity campaign in 2016/17. They were integral to the development of the publicity material including posters and leaflets, commenting on language, visuals and accessibility. In addition the group developed a safeguarding alert card for people to carry with them when they are in the community. The card has been designed to support a person to ask for help from the community if they feel unsafe.

A series of talks and events were attended by members of the safeguarding team in order to increase awareness of safeguarding across a range of settings including an evening talk to the Newbury Neighbourhood Watch scheme, delivery of an interactive session on safeguarding for service users of a supported living scheme locally and a hosting a stall at the Parish Councillors Conference.

A peer review of the safeguarding adults function was conducted by the Association of Directors of Adult Social Services (ADASS). The peer review was conducted over three days in December 2015 and included consultation with staff, external partners and providers. Feedback from the review was positive. An action plan was developed as a result of the recommendations made and the actions werecarried out during the 2016/17 period.

This included:

- A new publicity campaign to raise awareness of our shared responsibility for adult safeguarding within West Berkshire's community
- The co-design with service users of a new system to enable individuals to describe their experience of safeguarding

The service supported a joint conference for adult and children's social care staff organised by the West of Berkshire Safeguarding Adult Partnership Board and the 3 Local Safeguarding Children's Boards in the Berkshire West area. The 16/17 conference theme focused on working with local residents who experienced disability, to continue to develop the skills and sensitivity of our workforce.

The Future

Plans for 2017/18 include:

- embedding quality assurance systems and processes, to continually review the quality of our practice in safeguarding. That helps to share good practice and identify where we still might improve

- implementing a new way of working together differently and more effectively where an individuals' situation or circumstances increase the level of risk they are exposed to (RAMP)

- implementing a new ICS system Care Director, which will help to support improved recording and support increased management oversight of the timeliness of Section 42 assessments

- improving communication with partners where low level concerns about the quality of care could impact on the safeguarding of individuals who receive care

- reviewing if we have the right people in the right places with the right skills to effectively support our responsibilities around Deprivation of Liberty (DoLs) particularly

- increasing support to our workers with undertaking mental capacity assessments

- increasing support to our managers with consistently chairing strategy meetings

- reviewing our policies and procedures for Adult Safeguarding and DoLs in light of national standards and good practice; and making these policies and procedures available online.

There are also plans to develop an effective feedback process for those who have experienced a safeguarding episode. It is intended the Service User Group will be instrumental in designing the tools that may be used to capture the feedback

A new action plan for 2017/18 developed by the Safeguarding Adults Forum develops on previous learning. This includes partnership working with our colleagues in Trading Standards to tackle scams; doorstep and online scams and to support them in raising awareness with banks and building societies of coercive tactics to get vulnerable adults to withdraw large sums.
The recommendations of the ADASS peer review have been drawn into an action plan that will continue to be carried out supporting the service to improve the safeguarding experience for people through the continued development of Making Safeguarding Personal across the Council and its partners.

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The Context

This report forms part of the West Berkshire Safeguarding Adults Board's annual report which is published each year. The safeguarding performance data (part 2) for Wokingham is submitted to the safeguarding adult's board along with the other two boroughs data, Reading and West Berkshire.

The first part of this report sets out Wokingham's achievements in meeting the priorities set by the board for this reporting year 2016/17.

Part One

1. How did Wokingham achieve the priority areas set by the Board?

The safeguarding Adults Board business plan has set 2 priority areas for 2016/17

Below is a summary of Wokingham's achievements against these priorities.

Priority 1 – *To continue to engage the community and raise awareness of safeguarding adults:*

What we did

a) We continued to increase the amount of ' Safer Places' premises (a shop or establishments that have been trained in facilitating access to help when an adult at risk enters their premises requiring help) The Borough this included the introduction of the new Safer Places Scheme Cards for vulnerable adults in the community. These cards enable vulnerable adults to ask for help when they may have difficulty to verbally express that they require assistance.
b) We ensured that a PREVENT workshop was delivered to people with a learning disability in community by the Caring Listening and Supporting Partnership (CLASP) a self-advocacy group for people with a learning disability
c) We developed a programme of community events set up for the coming year utilising existing partnership arrangements and joint initiatives.
d) Ongoing promotion and engagement of the Wokingham Safeguarding Adults Forum. – This is for open forum for customers, providers, carers and partner agencies.

Priority 2 – ***To measure outcomes for people who have experienced the safeguarding process;***

What we did

a) We developed a more formal process to gain feedback from individuals who have experienced safeguarding enquires, with a focus on measuring Making Safeguarding Personal outcomes.
b) We have improved methods of auditing to make sure we measure outcomes for individuals.
c) We supported and developed methods of better service user engagement with the work of the Safeguarding Adults Board.
d) We continue to monitor and review how the local authority responds to the demand and development of the DoLs (Deprivation of Liberty Safeguards) service and ensure that human rights are upheld for those that experience the process.

2. Workforce Training and development in Wokingham 2016/17

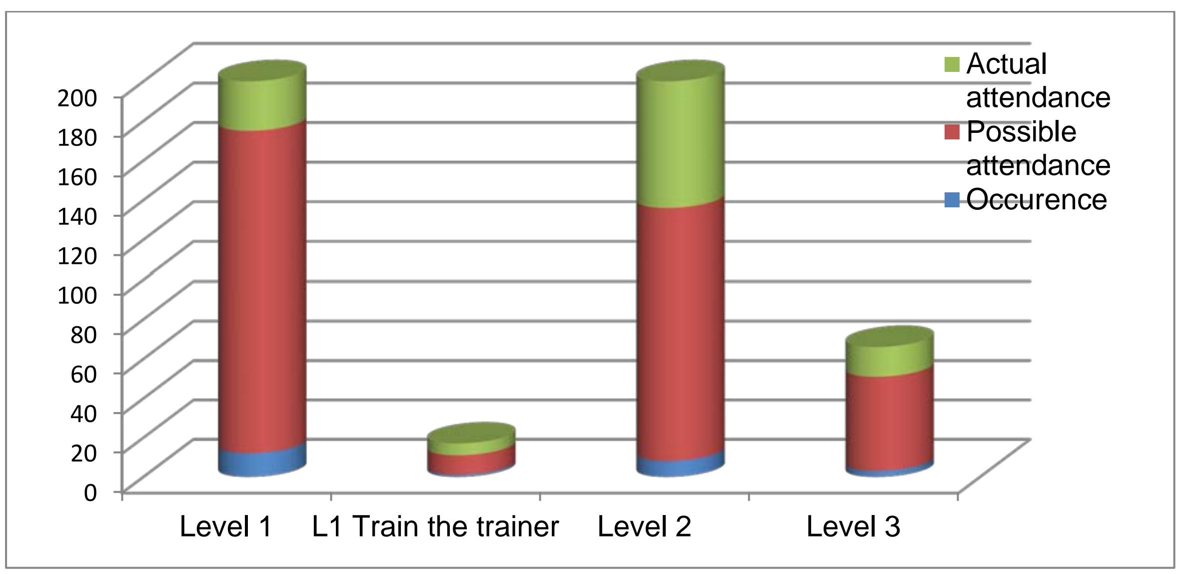
We have developed our training programme to meet the needs of the workforce and to respond to the changing landscape of safeguarding adults across our local area. The following additional training was offered alongside the levels 1, 2 and 3 safeguarding training that is routinely delivered. This training was generally delivered by external trainers.

- Self-Neglect and Hoarding
- Human Trafficking and Modern Slavery
- Person Centred Assessment and Recording Skills
- PREVENT
- Childhood Sexual Exploitation
- Positive risk taking and case management

The 2nd Conference on Mental Capacity and Deprivation of Liberty Safeguards took place this year and was hosted by Wokingham BC.

The conference was attended by approximately 100 delegates who came from various health and social care agencies from across Berkshire. It is hoped that the learning will be cascaded through all the agencies.

As part of the contribution of Boards Workforce Development Strategy the table below illustrates the frequency and volume of safeguarding training that was delivered by Wokingham Borough Council in 2016/17



Training	Occurrence	Possible attendance	Actual Attendance
Level 1	12 sessions	163	141
L1 Train the trainer	1 session	10	6
Level 2	8 sessions	128	85
Level 3	3 sessions	48	15

3. Our achievements in engaging people who use services, community awareness and prevention

1. Caring Listening and Supporting Partnership (CLASP) a self-advocacy group for people with a learning disability supported the development and creation of an online video made by people who use services. The aim was to help people understand the outcomes they wanted to achieve in keeping safe and stopping abuse. The video was commissioned by the Communications subgroup of the SAB and will be widely launched in the coming year. In addition CLASP and WBC jointly hosted a session on what Making Safeguarding Personal means and was well attended.

2. WBC in partnership with 'Involve' *(the* community voluntary sector support group), undertook some promotional work about the work of the SAB and why we have one. This was aimed at front line services, community sector and provider services in Wokingham.

4. Partnership and prevention work

1. The Care Governance Process

The work of the Care Governance Board in Wokingham which ensures quality and safety is monitored and maintained in our care homes through a process of good quality assurance mechanisms continued in 2016/17.

The monthly meetings are well attended by senior staff in our partner agencies such as in Health, Clinical Commission Group and social care partners. There is a commitment to continue with this work and some improvements have been underway in 2017/18 regarding processes. A central log is populated according by information that is referred to the local authority that is of concern. This log is a 'live' system that provides intelligence for the care governance process and enables it to make informed decisions about specific providers.

The aim of the care governance process is to deliver a sound and evidenced based quality assurance framework which is used to undertake quality assurance visits in Wokingham care home facilities.

There has been substantial and sustained improvement in 2016/17 as a result of the care governance process which reduced the impact and risk to vulnerable adults receiving services achieving positive outcomes. This year's data demonstrates a 12% reduction in concerns that where raised leading onto an enquiry in residential and nursing homes within the Wokingham borough.

As part of our preventative approach to care governance the commission of the Care Home Support Team (CHST) and Rapid Response Team (RAAT) under the Better Care Fund has proved useful in supporting providers of care in Wokingham. They have been proactive in responding to low level concerns raised about a care homes and will visit to work alongside care providers to assist them to improve their clinical practice.

2. Community Engagement

A review was undertaken of the WBC's Prevention and Community Engagement Strategy for safeguarding activity. A diary of events and activities were developed for the year ahead that involved partner agencies in raising safeguarding awareness amongst the community

In November 2016 we co-facilitated a Market Place Event for approved providers to promote themselves to ASC & WBC residents. 18 providers were available on the day with 25 visitors attending.

The **Wokingham Adult Safeguarding Partnership Forum** (WASPF) continues to meet 4 times a year. The areas that have been discussed are: Hate Crime, Community Safety, Local Policing Priorities and updates from providers. This forum gives 'a voice' to those in the community and a level of scrutiny about what services are in place and what needs to be provided.

3. The PREVENT work

In line with the Governments **PREVENT** agenda, we supported the Wokingham Learning Disability Partnership Board (WLDPB) to facilitate a session specifically for people with a learning disability. The session was well attended by 23 self-advocates plus their carer's.6 People with a learning disability attended training on 'What is Abuse'. All are either in employment or are volunteers supporting vulnerable members of the community

.

5. Qualitative case audit outcomes

As part of the Board's work in ensuring quality in safeguarding practice Wokingham participates in the quarterly audits of a selection of random safeguarding cases. The other two partner boroughs under the SAB , Reading and West Berkshire also provide data and this is considered collectively and measured against the 6 principles of the Care Act.

Accountability; Prevention; Proportionality; Protection; Partnership & Empowerment

1. Proportionality and Protection

Data shows that of the 1,523 concerns raised, 620 progressed to an enquiry (41%).

This demonstrates that there are proportionate responses to safeguarding concerns as less than half progress to an investigation stage (*section 42 enquiry*)

- **Proportionality** - The average national benchmarking of concerns leading to an enquiry has been around 48%. However it is noted that local practice in relation to transition from concern to enquiry differs depending where you live Audit outcomes indicate that staff and managers need to remain aware of when thresholds may be being applied too rigorously and to ensure enquiries are being undertaken in a timely manner when the thresholds are met.

- **Protection** - audit outcomes indicate that were protection principles have not been robust enough these have arisen from poor initial risk assessment. This is a theme that appears in audits particularly in the area of domestic violence. However it is anticipated that the additional areas included in the training strategy, such as positive risk taking principles, domestic abuse and recording skills training will support further development in these areas.

2. Empowerment , Accountability and Partnership

- **Empowerment (Making Safeguarding Personal)** - this is an area of safeguarding practice that appears to have remained one of the greatest challenges for practitioners according to the 2016/17 practice audits. We continue to promote this principle and assist practitioners to understand its relevance and meaning in good safeguarding practice. However there is anecdotal evidence that people involved in the safeguarding process are asked what outcomes they want and to request consent to progress the concern.

  Accountability and Partnership - Good partnership working was demonstrated in 69% of cases and has remain largely consistent, focus in practice for the coming year needs to ensure multi agency meetings and discussions where required are held in a timely manner and that relevant signposting or referrals are made.

3. Emerging Risks and Challenges for 2016/17

During the course of a year the SAB will identify emerging risks that may arise for one or all of the 3 boroughs. For Wokingham there were two themes

1. As per the national picture, Deprivation of Liberty Safeguards (DOLS) remains an area of corporate high risk for both the strategic safeguarding teams and operational services. Although a number of risk mitigation strategies have been implemented such as weighting list management, commissioned advocacy service monitoring, training and development, guidance policy and procedures, a full review with options appraisal will be undertaken to inform the ongoing service design and delivery.

2. Wokingham BC undertook its second Domestic Homicide Review (DHR) during this period; the Independent report is currently with the Home Office awaiting publication. Valuable learning has emerged from the review in a multi-agency context and led to specific audit outcomes for the SAB these were;

- To improve pathways for people living with dementia and the application of the principles of the Mental Capacity Act 2005.
- Learning outcomes have been incorporated in to the training strategy for multi agencies in addition to recommendations on the use of recording systems and information sharing.

The Wokigham SAB priorities for 2017/18 are:

A. To review the impact and outcomes of the previously implemented quality assurance system/process for operational safeguarding.

B. To measure improvements, identity areas for further development and ensure good safeguarding principles remain embedded in 21st century pathway design

C. To review implementation of the training strategy in operational services

D. To review of Deprivation of Liberty Safeguards strategy and risk mitigation options in readiness for possible new legislative requirements.

(These priorities will be commented on in the annual report for 2017/18)

END OF PART ONE of the Report

Part 2 - Annual Performance data and analysis 2016-17

Safeguarding activity - Concerns and enquiries

A safeguarding *concern* is reported to the local authority's Adult Social Care service by someone (ie: a professional, family member or carer) who is worried about the adult at risk who may be being neglected or abused.

A total of 1,523 safeguarding *concerns* were raised for the 2016-17 reporting year. The number of concerns has increased year on year (albeit only slightly in 2016/17) This increase suggests that safeguarding awareness amongst the public and professionals may have improved resulting in more reporting.

An *enquiry* is where a *concern* is progressed to a formal investigation stage and for 2016/17 there were 620 (41%) enquiries. The previous year there was 39% of concerns that went on to the enquiry stage.

This could suggest that while the numbers of concerns have increased the numbers that have required further investigation has remained similar over the past 2 years.

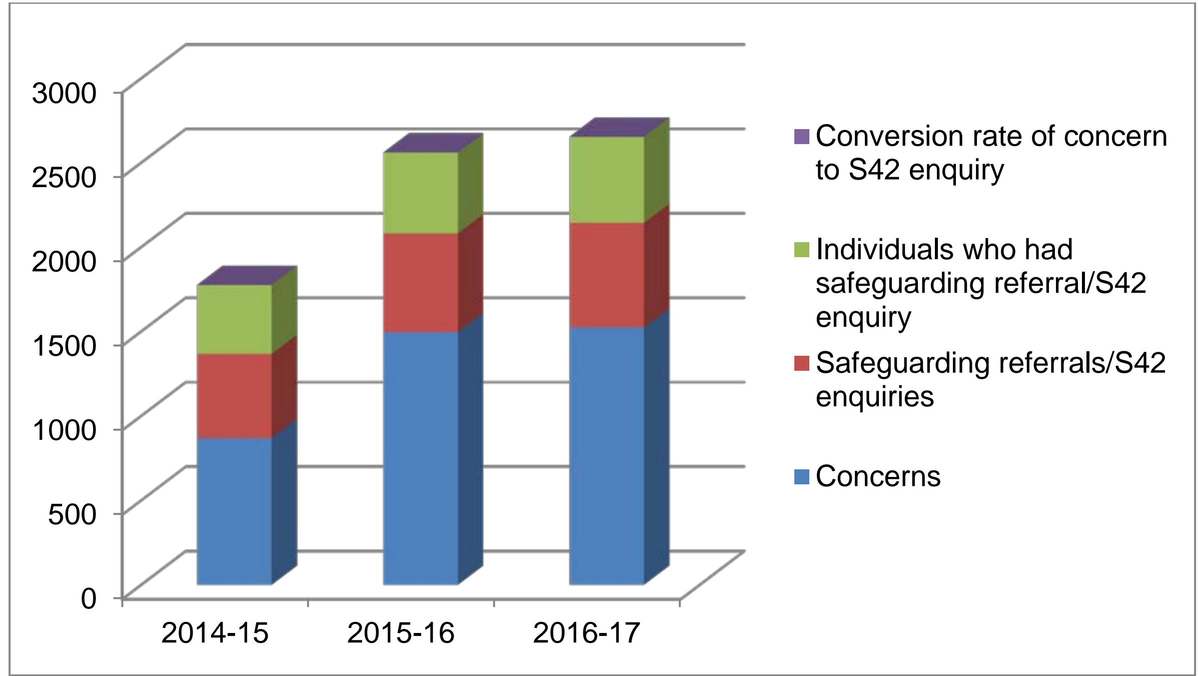


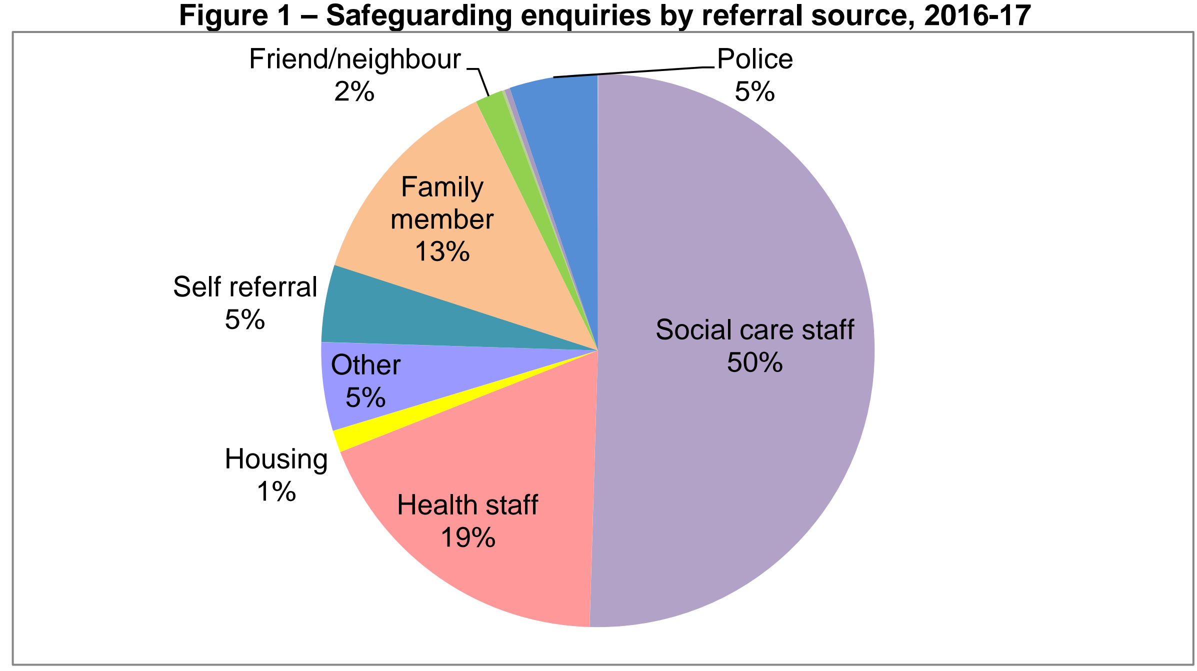
Table 1 – Safeguarding activity, 2015-17

	Concerns	Safeguarding referrals/S42 enquiries	Individuals who had safeguarding referral /S42 enquiry	Conversion rate of concern to S42 enquiry
2014-15	868	499	408	57%
2015-16	1,495	586	479	39%
2016-17	1,523	620	510	41%

Source of safeguarding enquiries

Fifty percent of safeguarding enquiries came from social care staff followed by 19% of enquiries referred by health staff. Social care staff category includes LA and independent sector staff from domiciliary, day care and residential care staff. The percentage of self-referrals and referrals from family members, friends or neighbours was 19% which shows a good level of awareness within the general community.

Figure 1 – Safeguarding enquiries by referral source, 2016-17



The table below shows comparison of safeguarding enquiries over the past 3 years. As with previous years the majority of enquiries continue to come from social care staff and health care staff. There was an increase in enquiries raised by Social Care Staff overall in 2016-17, however, those received from residential/nursing staff decreased by 12% and other service providers all showed increases.

*This could be a positive that there are fewer incidences requiring enquiries occurring in care homes, however we need to monitor ongoing data to ensure that care homes are not referring less when they should be. In addition during this period we know that some frontline staff were disproportionate in requesting providers who had care quality concerns to raise safeguarding for individuals that were not required. Guidance has been given in this respect.

Enquiries referred by Primary/community health increased in 2016-17 but enquiries raised by secondary and MH staff decreased, this is a concern and requires further exploration.

Table 2 – Safeguarding enquiries by referral source, 2014-16

	Referrals	2014-15	2015-16	2016-17
Social Care Staff	Social Care Staff total (CASSR & Independent)	259	306	313
	Of which: Domiciliary Staff	48	46	46
	Residential/ Nursing Care Staff	139	186	164
	Day Care Staff	21	15	20
	Social Worker/ Care Manager	25	35	44
	Self-Directed Care Staff	3	4	5
	Other	23	20	34
Health Staff	Health Staff - Total	77	112	115
	Of which: Primary/ Community Health Staff	38	51	65
	Secondary Health Staff	21	40	30
	Mental Health Staff	18	21	20
Other sources of referral	Self-Referral	33	21	28
	Family member	68	65	79
	Friend/ Neighbour	12	12	10
	Other service user	0	1	0
	Care Quality Commission	3	1	1
	Housing	8	3	8
	Education/ Training/ Workplace Establishment	0	2	2
	Police	6	27	32
	Other	33	36	32
	Total	**499**	**586**	**620**

Individuals with safeguarding enquiries

Age group and gender

The table below shows age groups for individuals who had a safeguarding enquiry in the previous three years. The majority of enquiries (72%) were for individuals aged 65 and over.

**compared to South East for 2015-16, Wokingham had a much higher proportion of safeguarding enquiries per 100,000 population for those aged 85+. This has reduced in 2016-17 but not by much. This would be expected in relation to a) the demographics of borough having a high aging population and b) that many individuals receiving care service in their own home or residential nursing would be older.

Table 3 – Age group of individuals with safeguarding enquiries, 2014-17

Age band	2014-15	% of total	2015-16	% of total	2016-17	% of total
18-64	117	29%	128	27%	138	27%
65-74	36	9%	61	13%	58	11%
75-84	98	24%	120	25%	150	30%
85-94	131	32%	141	29%	133	26%
95+	23	6%	26	5%	24	5%
Age unknown	3	1%	3	1%	7	1%
Grand total	**408**		**479**		**510**	

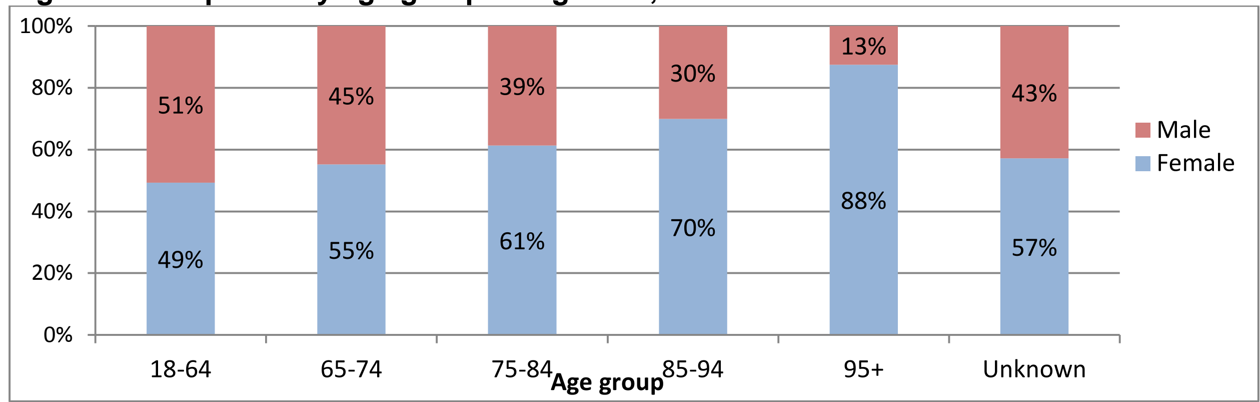
As with previous years more women were the subject of a Section 42 safeguarding enquiry than males. 61% of safeguarding enquiries started in the year were for females. This is similar to national data. 59% of Section 42 enquiries for England in 2015-16 were for females.

Table 4 – Age group and gender of individuals with safeguarding enquiries, 2016-17

Age group	Female	Male
18-64	68	70
65-74	32	26
75-84	92	58
85-94	93	40
95+	21	3
Unknown	4	3
Total	**310**	**200**

The chart below shows safeguarding enquiries increases with age for women indicating increased likelihood of abuse for older women.

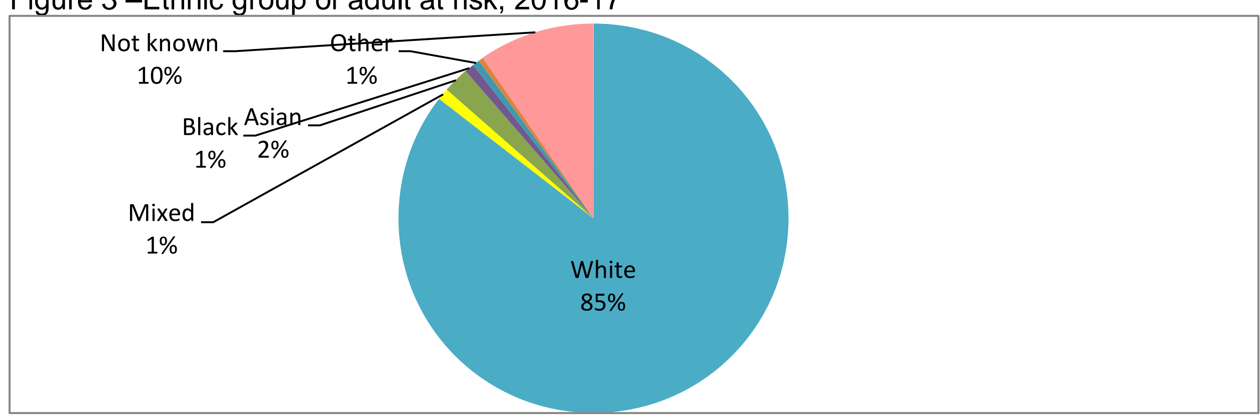
Figure 2 – Enquiries by age group and gender, 2015-17



Ethnicity

Eighty five percent of all individuals who had a safeguarding enquiry were of white ethnicity. 10% did not have any ethnicity recorded. 5% were recorded as belonging to a BME ethic group or recorded as 'other'. This is lower than the 11% reported from the 2011 Census, however comparisons are skewed by the high proportion where this information was not recorded.

Figure 3 –Ethnic group of adult at risk, 2016-17



Primary support reason

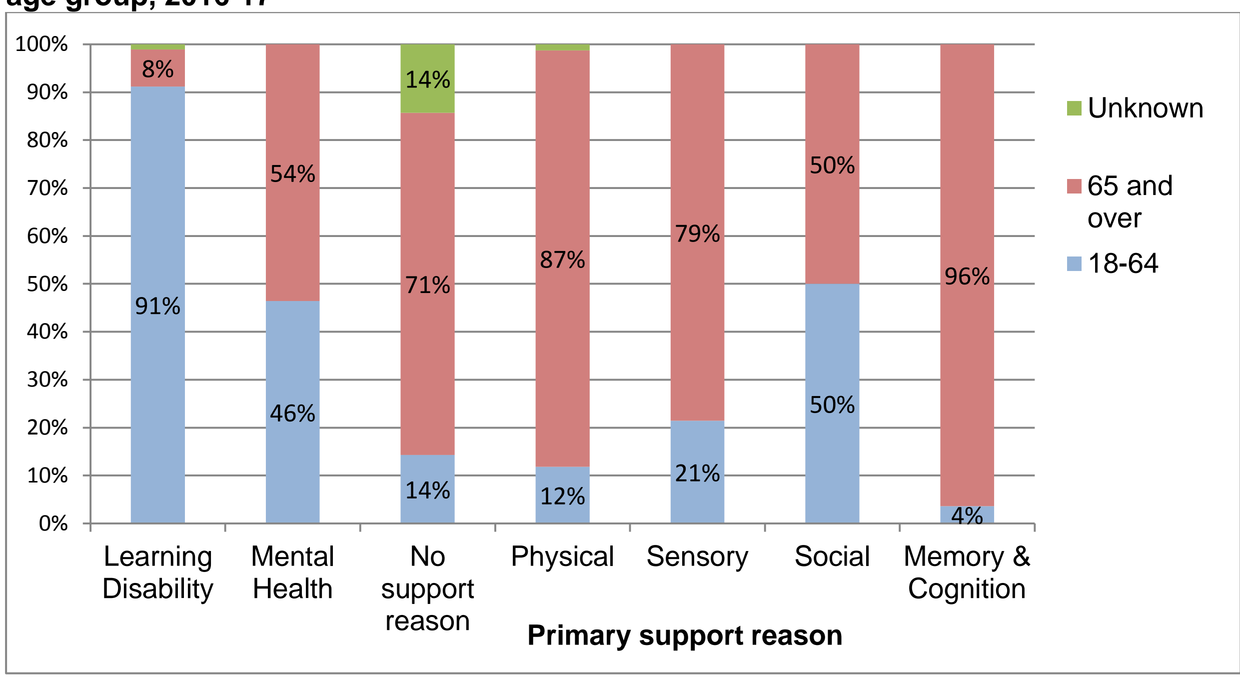
Table 5 below shows breakdown of individuals who had a safeguarding enquiry by primary support reason. For the majority of cases the primary support reason was physical support (47%) followed by support for memory and cognition (22%) and Learning disability support (18%).

The chart below (figure 4) shows enquiries broken down by age group and primary support reason. Individuals who had physical support were more likely to be aged 65 and over whereas those who had a primary support reason of learning disability were aged 18-64. This may be because even though older people may have a learning disability due to increasing frailty their primary need may be for physical support.

Table 5 – Primary support reason for individuals with safeguarding enquiries, 2014-17

Primary support reason	2014-15	% of total	2015-16	% of total	2016-17	% of total
Physical support	197	48%	225	47%	237	47%
Sensory support	8	2%	13	3%	14	3%
Support with memory and cognition	69	17%	87	18%	111	22%
Learning disability support	99	24%	101	21%	91	18%
Mental health support	17	4%	24	5%	28	5%
Social support	6	1%	9	2%	8	1%
No support reason	12	3%	19	4%	21	4%
Not known	0	0%	1	0%	0	0%
	408		479		510	

Figure 4 - Individuals who had safeguarding enquiry by primary support reason and age group, 2016-17



Case details for concluded enquiries

Type of alleged abuse

The table below shows enquiries by type of alleged abuse in the last three years.

The majority of the allegations were for neglect accounting for 39% of all recorded risks followed by physical abuse at 20% and emotional abuse at 15%.
The number of enquiries with physical alleged abuse increased in 2016-17, however the number accounts for a smaller proportion of the overall number of concluded enquiries.

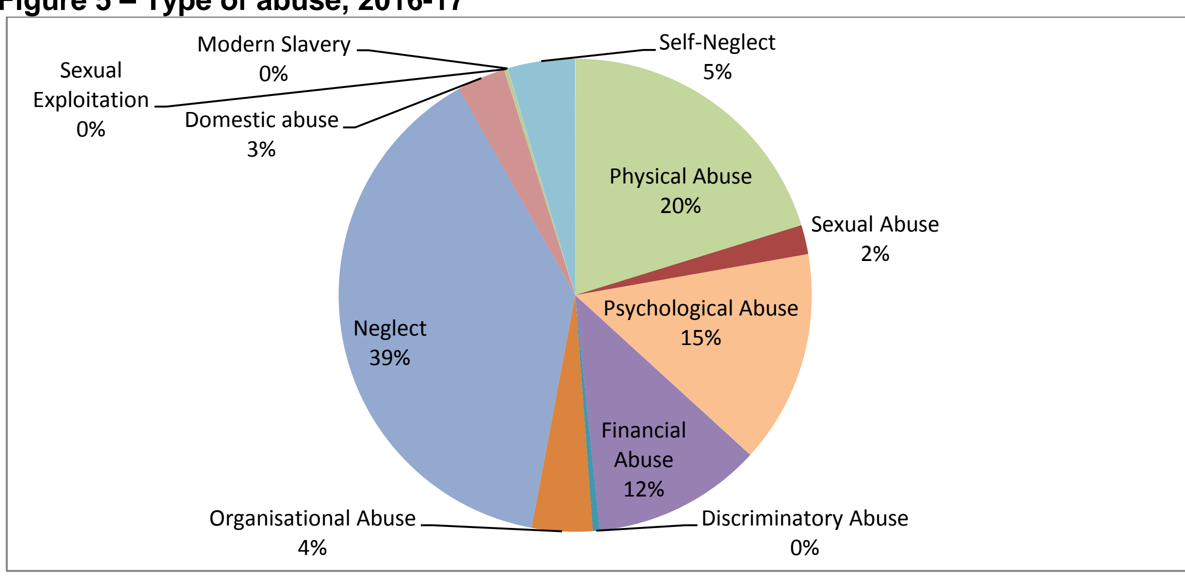
The types of abuse that increased in 2016-17 as a proportion of total concluded enquiries were self-neglect, domestic abuse and financial abuse.

**This is highly likely to be as a result of case audit outcomes and staff applying learning as these were new definitions in statutory safeguarding terms under Care Act implementation and was previously identified areas of concern in training development.

Table 6 – Concluded enquiries by type of abuse, 2015-17

Concluded enquiries	2014-15		2015-16		2016-17	
Physical	150	29%	165	26%	171	20%
Sexual	19	4%	9	1%	17	2%
Emotional/Psychological	78	15%	94	15%	123	15%
Financial	58	11%	57	9%	98	12%
Neglect	195	38%	254	41%	329	39%
Discriminatory	6	1%	4	1%	4	0%
Institutional	13	3%	23	4%	35	4%
Domestic abuse	-		8	1%	28	3%
Sexual exploitation	-		0	0%	2	0%
Modern slavery	-		0	0%	0	0%
Self-neglect	-		10	2%	39	5%

Figure 5 – Type of abuse, 2016-17



Location of alleged abuse

As with previous years the most common locations where the alleged abuse took place was a care home or the person's own home.

Table 7 – Location of abuse, 2016-17

Location of abuse	2016-17
Own Home	276
In the community (excluding community services)	33
In a community service	8
Care Home - Nursing	122
Care Home – Residential	192
Hospital - Acute	3
Hospital – Mental Health	0
Hospital - Community	4
Other	21

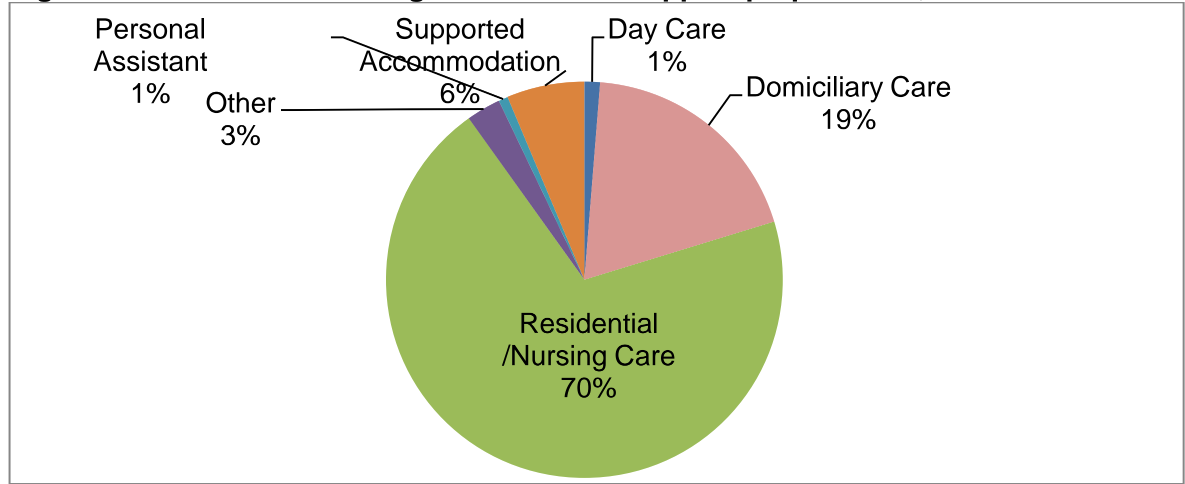
Source of risk

In the majority of cases (63%) the source of risk was social care support. Social care support refers to any individual or organisation paid, contracted or commissioned to provide social care support regardless of funding source and includes services organised by the council and residential or nursing homes that offer social care services. This category includes self-arranged, self-funded and direct payment or personal budget funded services. Health or social care staff who are responsible for assessment and care management do not fall under this category.

In 2015-16, for 60% of cases the source of risk was social care support for Wokingham. This is much greater than national and south east performance of 34% for both.

The chart below shows a breakdown of social care support category. Where the source of risk was social care support, residential and nursing care staff were most commonly reported as the alleged abuser (70%). Domiciliary care staff accounted for 19% of this category.

Figure 6 – Breakdown of alleged social care support perpetrators, 2016-17



Action taken and result

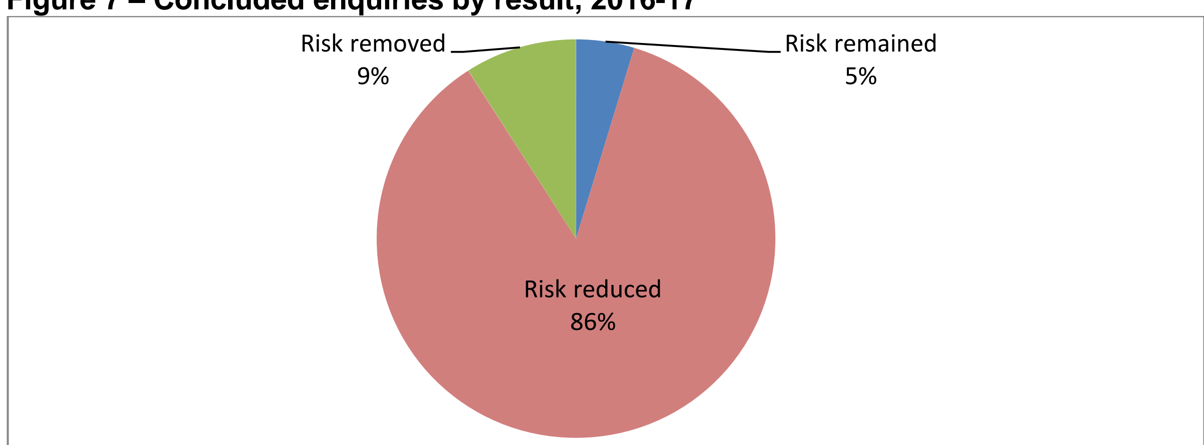
The table below shows risk assessment outcomes for concluded enquiries. In 86% of cases risk was identified and action was taken. Wokingham has a low number of concluded enquiries where no action was taken. 25% of concluded enquiries resulted in no action for all England in 2015-16, whereas Wokingham's performance was 7% for the same period.

Table 8 – Concluded enquiries by risk assessment outcomes, 2016-17

Risk assessment outcome	Total
Risk identified and action taken	542
Risk identified and no action taken	9
Risk - Assessment inconclusive and action taken	28
Risk - Assessment inconclusive and no action taken	12
No risk identified and action taken	16
No risk identified and no action taken	10
Enquiry ceased at individual's request and no action taken	10

The chart below shows concluded enquiries by result in cases where a risk was identified. In the majority of the cases the risk was reduced or removed.

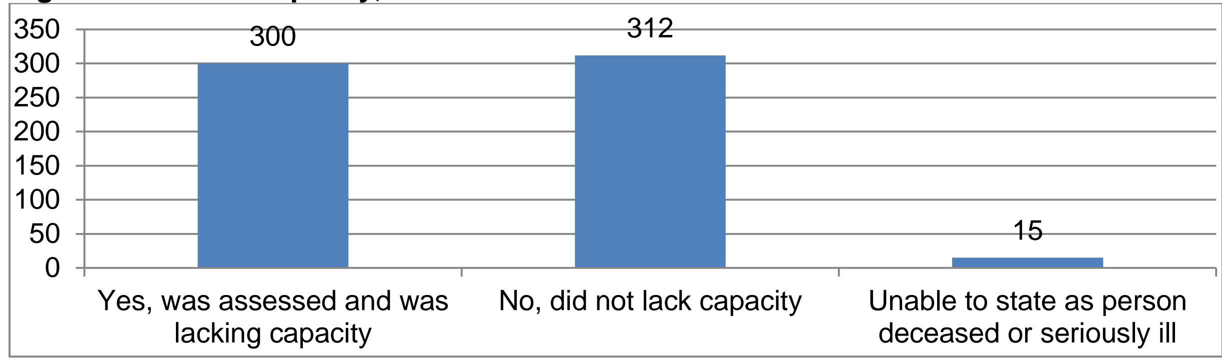
Figure 7 – Concluded enquiries by result, 2016-17



Mental Capacity and Advocacy

The chart below shows mental capacity for concluded enquiries.

Figure 8 – Mental capacity, 2016-17



Of the 300 concluded enquiries where the person at risk lacked capacity in 281 of these cases support was provided by an advocate, family or friend.

Deprivation of Liberty Standards

547 applications were received in the financial year 2016-17. This is a reduction of 3% compared to 2015-16.

333 (61%) were signed off, which is a reduction compared to 2015-16 - 425 (75%).

*This is due to an increasing waiting list and issues with internal specialist assessor capacity.

Outcome	Count 2015-16	% of total signed off	Count 2016-17	% of total signed off
Not Granted	75	16.9%	97	29.2%
Granted	369	83.1%	235	70.8%
Awaiting allocation for assessment	120		215	
Total signed off	425		332	

Fewer applications have been granted in 2016-17, this is due to the higher number of people still awaiting a decision at the end of the financial year.

The waitlist has also increased the number of applications that were not granted. This is because there are more people who have died or had a change of circumstances whilst awaiting allocation. This then ends the application and it is recorded as not granted.

The number not granted due to assessment criteria not being met has fallen due to fewer assessments taking place.

Reason not granted	Count 2015-16	Count 2016-17
Assessment criteria not met	**43**	**17**
Mental Capacity Requirement	*41*	*13*
Mental Health Requirement	*1*	*2*
Eligibility Requirement	*0*	*2*
Best Interests Requirement	*1*	*0*
Change of circumstances	**15**	**25**
Death	**17**	**55**

Appendix F Safeguarding Adults Training Activity

From 1st April 2016 to 31st March 2017

	Number of staff attended training, per sector					
Reading Borough Council	**Own Staff**	**PVI**	**BHFT**	**RBH**	**Others**	**Your PVI Delivered**
Level 1	152	169				226
Level 1 Refresher N/A						
Level 1 E-learning	74	332				
Level 2	50	29				
Level 3	21	11	2			
Advanced refresher N/A						
Level 1 Train the Trainer	5					
RBC Total	**302**	**541**	**2**	**0**	**0**	**226**
West Berkshire Council	**Own Staff**	**PVI**	**BHFT**	**RBH**	**Others**	**Your PVI Delivered**
Level 1	67	76			2	185
Level 1 Refresher	33	13				16
Level 1 E-learning	68	156				
Level 2	40	6			1	
Level 3	14	26				
Level 1 Train the Trainer	n/a					
WeBC Total	**222**	**277**	**0**	**0**	**3**	**201**
Wokingham Borough Council	**Own Staff**	**PVI**	**BHFT**	**RBH**	**Others**	**Your PVI Delivered**
Level 1	30	57	1	3	12	
Level 1 Refresher N/A						
Level1 E-learning N/A						
Level 2	33	48			13	
Level 3	11	12				
Level 1 Train the Trainer		6				
WoBC Total	**74**	**123**	**1**	**3**	**25**	**0**
Berkshire Healthcare NHS Foundation Trust	**Own Staff**	**PVI**	**BHFT**	**RBH**	**Others**	
Level 1	1154				10	
Level1 E-learning	439					
Level 2	994				4	
BHFT Total					2587	
Royal Berkshire Hospital NHS Foundation Trust	**Staff**	**PVI**	**BHFT**	**RBH**	**Others**	
Level 1						
Level 1 E-learning						
Level 2						
RBH Total	**0**	**0**			**0**	
West Berkshire CCG	**Staff**	**PVI**	**BHFT**	**RBH**	**Others (GP)**	**Other GP training: MCA**
Level 1					171	85
Level 1 E-learning	260					
Level 2					18	
West Berks CCG Total	**260**	**0**	**0**	**0**	**189**	

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	Friday 19th January 2018	AGENDA ITEM:	12
REPORT TITLE:	Update on Urgent and Emergency Care Delivery Plan		
REPORT AUTHOR:	Maureen McCartney	TEL:	0118 982 2917
JOB TITLE:	Director of Operations	E-MAIL:	m.mccartney@nhs.net
ORGANISATION:	North & West Reading CCG		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 To update the HWBB on progress in delivery of a modernised and improved urgent and emergency care service as described in the "Urgent and Emergency Care Delivery Plan" which was published by NHS England in April 2017

2. RECOMMENDED ACTION

2.1 *Update for the Health & Wellbeing Board to note.*

3. BACKGROUND

3.1 In July 2017 The HWBB received a briefing paper on plans for a modernised and improved urgent and emergency care service as described in the " *Urgent and Emergency Care Delivery Plan* " which was published by NHS England in April 2017. The paper also confirmed the steps that had been taken locally to support delivery of the plan.

This paper provides an update on progress in delivering the plan and also describes the winter planning process in place for the Winter of 2017/18.

4. "URGENT AND EMERGENCY CARE DELIVERY PLAN" 7 PRIORITIES

The 7 key areas of change are listed below together with, where appropriate, a summary of where we are locally in responding to these.

4.1 NHS 111 online: In line with NHS England expectations of 111 Online being available nationally by December 2018, the Thames Valley CCGs intend to collaborate with CCGs across Hampshire to procure a solution across the footprint of South Central Ambulance Service, the lead provider of Integrated Urgent Care within Thames Valley and NHS 111 in Hampshire. This partnership approach will allow us to ensure optimal integration with GP online services and provide seamless access to patients across the region. We plan to procure and mobilise a 111 Online Provider during 2018, so that the service is in place by December 2018.

4.2 **NHS 111: Increase the number of 111 calls receiving clinical assessment to a third by March 2018, so that only patients who genuinely need to attend A&E, or use the ambulance service, are advised to do this.** The new Integrated NHS111 for Thames Valley – the new 'front door' for urgent care, went live from 5th September 2017. This service offers patients access to a seamless 24/7 urgent clinical assessment and treatment service – bringing together NHS 111, GP out of hours and other clinical advice, such as dental, medicines and mental health. The new service has been developed around the patient, with a team of clinicians available on the phone when needed, and is linked into a new NHS Clinical Hub, a group of healthcare professionals who can help get the patient the right care at the right time, in the right location. The service was recently assessed by the national clinical governance team for Integrated Urgent Care (IUC), who spent the day interviewing staff and seeing the call centre in action. The national team were impressed with the robust clinical processes in place, the expertise and the enthusiasm shown by staff and the integrated working displayed between the previously disparate services. The service is already demonstrating value to patients with a greater number of patients receiving definitive treatment within the call centre compared to the previous 111 service, avoiding the need for further care. The percentage of patients advised to attend the Emergency Department and those advised that they require an ambulance response within 60 minutes (known as a Green ambulance) have both decreased, indicating that the clinicians within the IUC service are able to appropriately manage patients who may previously have been recommended a service that was greater than their level of clinical need. Since August the number of calls triaged by clinicians has increased from 2517 in August to 4285 in November. The percentage of calls being directed to A&E has decreased from 8.3% in August to 6.12% in October and the percentage being sent a 999 emergency response has decreased more marginally by 0.3% over the same time period.

4.3 **Expanding evening and weekend GP appointments to 50 per cent of the public by March 2018, then 100 per cent by March 2019**:
Across Berkshire West GPs are currently commissioned to provide an additional 42 minutes per 1000 population outside of core hours i.e. Monday to Friday 8am to 6:30pm. In Reading 23 out of 25 eligible practices provide extended hours services, up to 37,648 additional appointments per year.

4.4 **Roll out of around 150 standardised 'urgent treatment centres' to offer diagnostic and other services to patients who do not need to attend A&E**: Discussions are taking place to re-designate the current Minor Injuries Unit at West Berkshire as an Urgent Treatment Centre in 2018. This means it will move from being a Nurse led Minor Injuries Unit to a GP led Urgent Treatment Centre open 12 hours per day 365 days per year, staffed by GPs, nurses and other clinicians and with access to simple diagnostics. Patients will be able to walk in to the service or have an appointment booked directly by NHS 111. Urgent Treatment Centres are required to conform to 27 national standards and the Minor Injuries Unit at WBCH is already compliant with 16 of these standards with a plan under development for achievement of the remaining standards.

4.5 **Comprehensive front-door clinical streaming at every Acute hospital by October 2017:** Clinical Streaming at the front door of A&E was introduced at the Royal Berkshire Hospital in October. This means that all patients attending A&E as walk-ins are assessed by a senior Nurse and if clinically appropriate immediately directed to a service that better meets their needs. As stated in the July briefing RBH were fortunate to be allocated national capital monies to support the development of their building infrastructure to support the new model of care at the front door of ED. This is a Primary/Ambulatory Care model which encompasses the following:

Minor injury stream: This operates 24/7 365 days per annum. It is nurse led as before with low tech diagnostics and there have been no proposed changes to clinical pathways or current governance arrangements.

Minor illness stream: This operates 0800 – 2300 7 days a week. It is GP and Nurse led with access to low tech diagnostics and prescribing but is not a GP Practice. Patients who attend on more than one occasion receive advice on how to access their own GP appropriately or how to register with a GP if they are not currently registered. This element of the model has commissioned on a trial basis and its impact will be reviewed in February 2018. It is expected that the development of Primary Care Hubs in Reading will negate the need for the service to be provided in the longer term. .

Ambulatory Care stream: This operates 1000 – 2200 365 days per annum. It is Consultant and Nurse led and delivers ambulatory care pathways supported by rapid access diagnostics. The pre-existing ambulatory care unit at the RBH was a bedded area and when the hospital came under pressure the unit was used to accommodate patients requiring an overnight stay. The new Ambulatory Care Unit, which is co-located with the minor illness stream, cannot be used for bedded patients which means that even at times of pressure the ambulatory care unit is protected and patients can continue to be treated on same day pathways avoiding the need for overnight stays.

4.6 Hospital to Home: Hospitals, primary care, community care and local authorities working together to address delayed transfers of care. The CCGs have been working closely with health and social partners to ensure that patients are discharged from hospital as soon as possible and if home is not the most appropriate place for their needs, that they will be promptly transferred to the most appropriate care setting for their needs. This is a major focus of our Better Care Fund Plans and in Reading progress on this is overseen by the Reading Integration Board. The CCGs and Reading LA are not yet meeting the national target of having no more than 3.5% of bed days lost due to delayed transfers but we expect the November figures, which will be published on 11th January, to show an improvement and all our efforts are focused on achieving the target. An Integrated Health (Hospital and Community) Discharge Service is now in place at RBFT and a new jointly appointed (RBFT and BHFT) Manager came into post in December 2017.

4.7 Ambulances: Implementing the recommendations of the Ambulance Response Programme by October 2017, freeing up capacity for the service to increase their use of Hear & Treat and See & Treat, thereby conveying patients to hospital only when this is clinically necessary:

On 30th October SCAS went live with the launch of the national Ambulance Response Programme. This was the biggest change of operating model for the ambulance service in a decade and the Chief Operating Officer at SCAS confirmed that the switch over went smoothly and to plan with no adverse patients incidents. It is early days in terms of understanding the impact of the new model but the focus remains on:

- Quicker recognition of life threatening conditions (through rollout of the national ambulance response programme)
- Delivery of a more clinically focused response for patients linking into the Integrated Urgent Care service to offer a wider range of alternatives to conveyance to hospital
- Ending long waits for an ambulance and minimising hospital handover delays.

- This will be delivered by developing the ambulance workforce, increasing their diagnostics and assessment skills, thus enhancing the assessment and treatment provided outside the hospital setting.

5. WINTER PLAN

5.1 The Royal Berkshire Hospital and the Berkshire West CCGs are required to meet the Government's 17/18 mandate to the NHS that the majority of Trusts meet the 95% A&E standard in March 2018 and that the NHS overall returns to the 95% standard during 2018. Within this there is an expectation that performance of 90% against the A&E standard is maintained throughout winter. Year to date A&E performance at RBH as at 31st December 2017 was 91.49%.

The Berkshire West A&E Delivery Board which comprises partners from health and social care in Berkshire West is responsible for co-ordinating planning for winter which started in August 2017. There is one overarching system plan and each of the partner Organisations have also developed their own organisational plan for Winter. The System plan which has been assured as "Green" by NHS England covers the following key areas of focus:

- Demand and capacity plans
- Front door processes and primary care streaming
- Flow through the Urgent & Emergency Care (UEC) pathway
- Effective discharge processes
- Planning for peaks in demand over weekends and bank holidays
- Ensuring the adoption of best practice as set out in the NHS Improvement guide: *Focus on Improving Patient Flow.*
- Resilience in the 999 and Integrated Urgent Care services
- Business Continuity including management of disease outbreaks

5.2 The Royal Berkshire Hospital and the rest of the Urgent Care System, including Adult Social Care partners, have been operating at *"high escalation"* levels since mid-December to maximise patient flow throughout the acute and community hospitals, ensure timely discharges for onward care and help minimise delays in A&E. A *"Winter Escalation Team"* is having regular senior level telephone conferences to lead the whole system response in line with the National Escalation Framework.

6. CONTRIBUTION TO READING'S HEALTH AND WELLBEING STRATEGIC AIMS - N/A

7. COMMUNITY & STAKEHOLDER ENGAGEMENT - N/A

8. EQUALITY IMPACT ASSESSMENT - N/A

9. LEGAL IMPLICATIONS - N/A

10. FINANCIAL IMPLICATIONS - N/A

11. BACKGROUND PAPERS - N/A

TO:	HEALTH & WELLBEING BOARD		
DATE:	24 JANUARY 2018	AGENDA ITEM:	13
TITLE:	READING HEALTH & WELLBEING ACTION PLAN 2017-20: PROGRESS REPORT		
AUTHOR:	JANETTE SEARLE	TEL:	0118 937 3753
JOB TITLE:	PREVENTATIVE SERVICES MANAGER, WELLBEING TEAM	E-MAIL:	Janette.Searle@reading.gov.uk
ORGANISATION:	READING BOROUGH COUNCIL		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This report presents an update on delivery against the Health and Wellbeing Action Plan which supports the 2017-20 Health and Wellbeing Strategy.

1.2 Alongside the Health and Wellbeing Dashboard (presented today under cover of a separate report), the Health and Wellbeing Action Plan update provides the Board with an overview of performance and progress towards achieving local goals. This also gives the Board a context for determining which parts of the Action Plan it wishes to review in more depth at subsequent meetings. Identifying priorities from the Health and Wellbeing strategy to provide themes for Health and Wellbeing Board meetings is in line with the Peer Review recommendation that the Health and Wellbeing Strategy should be used to drive the agenda of the Health and Wellbeing Board.

1.3 Current progress against each element of the 2017-20 Health and Wellbeing Action Plan is set out at Appendix A.

2. RECOMMENDED ACTION

2.1 That the Health and Wellbeing Board notes the progress to date against the 2017-20 Reading Health and Wellbeing Strategy Action Plan as set out at Appendix A.

3. POLICY CONTEXT

NHS
North and West Reading
Clinical Commissioning Group

3.1 The Health and Social Care Act 2012 sets out the requirement on Health and Wellbeing Boards to use a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS) to develop plans which:

- improve the health and wellbeing of the people in their area;
- reduce health inequalities; and
- promote the integration of services.

3.2 Reading's 2017-20 Health and Wellbeing Strategy sets out local plans as required under the Health and Social Care Act, and also addresses the local authority's obligations under the Care Act 2014 to promote the wellbeing of individuals and to provide or arrange services that reduce needs for support among people and their (unpaid/family) carers in the local area.

3.3 The current strategy is founded on three 'building blocks' – issues which underpin and are expected to be considered as part of the implementation plans to achieve all of the strategic priorities. These are:

- Developing an integrated approach to recognising and supporting all carers
- High quality co-ordinated information to support wellbeing
- Safeguarding vulnerable adults and children

3.4 The Strategy then sets out eight priorities:

- Supporting people to make healthy lifestyle choices (with a focus on tooth decay, obesity and physical activity)
- Reducing loneliness and social isolation
- Promoting positive mental health and wellbeing in children and young people
- Reducing deaths by suicide
- Reducing the amount of alcohol people drink to safe levels Making Reading a place where people can live well with dementia
- Increasing breast and bowel screening and prevention services
- Reducing the number of people with tuberculosis

4. CONTRIBUTION TO STRATEGIC AIMS

4.1 The 2017-20 Health and Wellbeing Strategy and accompanying Action Plan draw on the findings of the Joint Strategic Needs Assessment (JSNA) for Reading to identify priorities. The Strategy complements plans for health and social care integration, and supports the drive towards co-commissioning across the Health and Wellbeing Board's membership. The 2017-20 strategy also incorporates wellbeing responsibilities towards residents with current or emerging care and support needs so as to be comprehensive and Care Act compliant.

5. COMMUNITY & STAKEHOLDER ENGAGEMENT

5.1 Delivery of the Health and Wellbeing Action Plan is through a range of multi agency forums which bring together representatives of the Health and Wellbeing Board with other local partners. These are referred to in the appendixed update.

6. LEGAL IMPLICATIONS

6.1 The Health and Social Care Act (2012) gives duties to local authorities and clinical commissioning groups (CCGs) to develop a Health and Wellbeing Strategy and to take account of the findings of the JSNA in the development of commissioning plans. In addition, the Council has a duty under the Care Act (2014) to develop a clear framework for ensuring it is meeting its wellbeing and prevention obligations under the Care Act.

7. EQUALITY IMPACT ASSESSMENT

7.1 The Health and Wellbeing Strategy and Action Plan are vehicles for addressing health inequalities, and accordingly delivery is expected to have a differential impact across groups, included those with protected characteristics. This differential impact should be positive, and so delivery of the Action Plan supports the discharge of Health and Wellbeing Board members' Equality Act duties.

8. FINANCIAL IMPLICATIONS

8.1 There are no new financial implications arising from this report.

9. APPENDICES

Appendix A – Reading Health and Wellbeing Strategy 2017-20 – Action Plan updated January 2018

10. BACKGROUND PAPERS

Reading Health and Wellbeing Strategy 2017-20

Appendix A: Reading Health and Wellbeing Strategy 2017-20 - Action Plan - updated January 2018

PRIORITY No 1	Supporting people to make healthy lifestyle choices – dental care, reducing obesity, increasing physical activity, reducing smoking				
What will be done – the task	**Who will do it**	**By when**	**Outcome – the difference it will make**	**Supporting national indicators**	**Progress Update - Jan 2018**
Weight Management **To commission and implement an accessible tier 2 lifestyle adult weight management service that aligns with NICE guidance for overweight and obese adults aged 16 and over within the locality. This will form an integral part of the weight management service in Reading.** **To target access to the service in line with local Joint Strategic Needs Assessments** **To monitor and evaluate the delivery and outcomes of the service to the stated objectives**	**Wellbeing Team**	**Currently mid-contract. New contract to be procured to commence June / July 2017.**	**To contribute to halting the continued rise in unhealthy weight prevalence in adults.**	**2.21 Excess weight in adults.** **2.13i Percentage of physically active and inactive adults – active adults.** **2.13ii Percentage of physically active and inactive adults – active adults.** **2.11i - Proportion of the adult population meeting the recommended '5-a-day' on a 'usual day' (adults).**	**Contract commenced July 2017.**

To commission and implement a school based Tier 2 children's healthy lifestyle and weight management programme in line with NICE guidance within the locality. This will form an integral part of the weight management service in Reading. **To target access to the service in line with local Joint Strategic Needs Assessments** **To monitor and evaluate the delivery and outcomes of the service in line with the stated objectives** **To pilot a legacy pack for schools who host our Tier 2 children's healthy lifestyle and weight management programme in order to encourage schools to continue supporting the principles of the course beyond the 10-week intervention.**	**Wellbeing Team**	**Currently mid-contract for tier 2 service.** **Legacy pack to be developed for spring 2017.**	**To contribute to halting the continued rise in unhealthy weight prevalence in children and young people.** **To promote a 'whole family approach' to healthy eating and physical activity.**	**2.06i - % of children aged 4-5 classified as overweight or obese.** **2.06ii - % of children aged 10-11 years classified as overweight or obese.** **2.11iv – Proportion of the population meeting the recommended "5-a-day" at age 15**	**Of those attending the course:** **- 50% of those not already eating '5 a day' increased their fruit and vegetable intake;** **- 50% reduced their intake of sugary snacks and drinks;** **- 50% reduced their sedentary behaviour;** **- 50% achieved an improvement in the shuttle run challenge.** **Legacy pack (Let's Keep Going) launched September 2017.**

To include promotion of healthy eating and physical activity within the 0-19s service **Take proactive steps to raise awareness in schools of priority Public Health messages especially around healthy life-styles, including oral health** **To look at options for programmes that could be delivered in Early Years settings with colleagues from children's services.**	**Wellbeing Team/Children's Services**	**From October From April 2017**	**Lead, co-ordinate and provide services for children and young people as set out in the Healthy Child Programme 5 – 19 years**	**2.06i - % of children aged 4-5 classified as overweight or obese.** **2.06ii - % of children aged 10-11 years classified as overweight or obese.** **2.11iv – Proportion of the population meeting the recommended "5-a-day" at age 15** **2.11v – Average number of portions of fruit consumed daily at age 15 (WAY survey)** **2.11vi – Average number of portions of vegetables consumed daily at age 15 (WAY survey).**	**Completed April 2017. Promotion of healthy eating and physical activity included in the service specification.**
To seek opportunities to promote and support local walking and cycling programmes for leisure and active travel. For example: **'Develop a Local Cycling &**	**Transport, Leisure and Wellbeing Teams**	**From April 2017**	**Increase in the number of people walking and cycling to work** **Increase in the number of children benefitting from**	**1.16 - % of people using outdoor space for exercise/health reasons.** **2.13i Percentage of physically active and**	**RBC Transport team now delivering EMPOWER supported programmes, including** **-Training & education (e.g.**

Walking Infrastructure Plan, as a sub-strategy to the Local Transport Plan. **Hold 'Walking Volunteer recruitment workshops' for voluntary and community services who work with people who have low physical activity levels** **To work with partners in support of bidding for funding to develop more walking and cycling initiatives e.g. Reading Museum, transport.**	**Reading Museum / Wellbeing team.**	**January 2017**	**Bikeability** **Increase in the number of children walking or cycling to school** **Reduce congestion** **Increase the local capacity to deliver health walks to people who have low physical activity levels** **Support planned bid in development by Reading museum linking local heritage and walking.**	**inactive adults – active adults.** **2.13ii Percentage of physically active and inactive adults – active adults.**	**cycle training)** **-Travel advice & marketing campaigns** **-Advice on the development of school & workplace travel plans.** **41 walk leaders have trained as of 31.03.2017** **Walks Programme being sustained by Leisure Team.**
To offer MECC training to the local voluntary and community sector	**Wellbeing Team**	**From January 2017**	**To increase knowledge, skills and confidence to make appropriate use of opportunities to raise the issue of healthy lifestyle choices and signpost to sources of support.**	**Potentially all PHOF indicators highlighted in this section relating to healthy weight, healthy eating and physical activity.**	**Online MECC training module developed. 'In principle' resource agreed from STP for further development.**
To ensure delivery of the National Child Measurement Programme	**Wellbeing Team**	**Ongoing**	**Weight and height measurements offered to all children attending**	**2.06i - % of children aged 4-5 classified as overweight or obese.**	**Meeting uptake of 95%**

			state funded primary school children who are in Reception Year (age 5) and Year 6 (aged 10,11) in accordance with NCMP guidance	**2.06ii - % of children aged 10-11 years classified as overweight or obese.**	
To Prevent Uptake of Smoking - **Education in schools** - **Health promotion** - **Quit services targeting pregnant women/families** - **Underage sales**	**Wellbeing Team; Trading Standards; CS; S4H; Youth Services; Schools;**	**From April 2017**	**Maintain/reduce the number of people >18 years who are estimated to smoke in Reading** **Improve awareness of impact of smoking on children** **Reduce the illegal sale of tobacco to >18 years** **Increase uptake of smoking cessation >18 years**	**PHOF 2.03 - Smoking status at the time of delivery** **PHOF 2.09i – Smoking prevalence at age 15-current smokers (WAY survey)** **PHOF 2.09ii – Smoking prevalence at age 15 – regular smokers (WAY survey)** **PHOF 2.09iii – Smoking prevalence at age 15 – occasional smokers (WAY survey)** **PHOF 2.09iv – Smoking prevalence at age 15 – regular smokers (SDD**	**Health promotion activity is ongoing and has included:** **- Stoptober** **- Raising awareness of illegal tobacco sales** **- health education sessions delivered to Yr 9 pupils** **- work in Targeted primary schools year 6 pupils on development of peer resilience and health harms.** **- Smokefreelife Berkshire has completed a programme of targeted work with routine and manual workers on smoke free homes**

				survey) **PHOF 2.09v – Smoking prevalence at age 15 – occasional smokers (SDD survey)**	**Planning for the 2017/18 schools survey is at an advanced stage.**
To provide support to smokers to quit - **Health promotion** - **Referrals into service** - **VBA training to staff** - **Workplace and community smoking policies**	**S4H; RBC; CCGs;**	**From April 2017**	**Achieve minimum number of4 week quits - 722** **Achieve minimum number of 12 week quits** **Supporting national campaigns – 463** **Achieve minimum of 50% quitters to be from a priority group** **Increase referrals to S4H by GPs;** **Increase self-referrals to S4H**	**PHOF 2.03 - Smoking status at the time of delivery** **PHOF 2.14 – Smoking prevalence in adults – current smokers (APS)** **PHOF 2.14 – Smoking prevalence in adults in routine and manual occupations – current smokers (APS)** **NHS OF 2.4 - Health related quality of life for carers**	**Provider is continuing to meet targets per contract specification.**
To take action to tackle illegal tobacco and prevent sales to <18 - **Health promotion**	**Tobacco Control Co0rdinator, Trading Standards; S4H**	**From April 2017**	**Increase awareness of impact of illicit/illegal sales have on community** **Improve the no of**		**Sniffer Dog was used by Trading Standards to raise awareness of illegal tobacco sales.**

- **Act on local intelligence** - **Retailer training – challenge 25** - **Test purchasing**			**successful completions of Retail Trainer Training (challenge 25)** **Reduce the number of retailers failing test purchasing**		
Local Smoking Policy – workplace, communities - **Update workplace smoking policy (wellbeing policy)** - **Smoking ban in community (RBC sites, school grounds; RSL; Broad Street)**	**Wellbeing Team; Health & Safety; Trading Standards; Environmental health;**	**From April 2017**	**Increase referrals to S4H smoking cessation services** **Prevent harm to community through restriction of exposure to second hand smoke.**		**Ongoing Wellbeing Team input into local development plans**
To collect dental epidemiology data for Reading	**Wellbeing Team**	**From January 2017**	**Reading Borough Council will have access to dental epidemiological data in order to be able to monitor progress in relation to Public Health Outcomes Framework indicators on oral health**	**PHOF 4.2: tooth decay in 5 year old children**	**Report to be compiled from 16-17 data now collected.**

PRIORITY No 2	Reducing Loneliness and Social Isolation				
What will be done – the task	**Who will do it**	**By when**	**Outcome – the difference it will make**	**Supporting national indicators**	**Progress Update - Jan 2018**
Establish a Reducing Loneliness Steering Group	**Health & Wellbeing Board**	**February 2017**	**A cross-sector partnership is in place to oversee an all-age approach – covering prenatal, children and young people, working age adults and later life**		**Steering Group now meeting bi monthly representing a range of interests.**
Develop a reducing loneliness and social isolation module as part of the Reading Joint Strategic Needs Assessment	**Wellbeing Team, RBC**	**April 2017**	**We will understand the local loneliness issue, in particular which groups of Reading residents are at greatest risk of experiencing health inequalities as a result of loneliness**	**PHOF 1.18i / ASCOF 1.i - % of adult social care users who have as much social contact as they would like** **PHOF 1.18ii / ASCOF 1.1 - % of adult carers who have as much social contact as they would like**	**Tthe Loneliness and Social Isolation Steering Group has overseen the development of an in-depth local loneliness analysis, which is due to published in March 2018, including a summary as a JSNA module.**

				PHOF 2.23 i-iv – self-reported wellbeing	
Map community assets for building social networks (groups, agencies and services which have the potential to have a direct or an indirect impact)	**Reducing Loneliness Steering Group**	**April 2017**	**Shared understanding of existing assets to underpin better targeting of resources and development at a neighbourhood level**		**Initial community asset mapping completed in April, but this is being developed and extended through other forums.**
Produce a communication plan to raise awareness of community assets for building social networks, targeting potential community navigators and community champions	**Reducing Loneliness Steering Group**	**June 2017**	**Those in a position to identify and signpost individuals at risk of loneliness can access tools to help them integrate people into enabling and supportive social networks**		**Members of the Loneliness Steering Group have committed to this as an ongoing action.**
Support the neighbourhood Over 50s groups to grow and	**Wellbeing Team, RBC**	**Ongoing**	**Older residents are able to be part of developing opportunities for**	**PHOF 1.18i / ASCOF 1.i - % of adult social care users who have as**	**There are now four thriving Over 50s clubs – in Caversham,**

be self-sustaining			**neighbours to know one another better**	**much social contact as they would like** **PHOF 1.18ii / ASCOF 1.1 - % of adult carers who have as much social contact as they would like** **PHOF 2.23 i-iv – self-reported wellbeing**	**Southcote, Whitley and Coley.**
Develop and raise the profile of community transport solutions	**Reducing Loneliness Steering Group**	**Ongoing**	**At-risk individuals know how to access transport as needed to join in social networks**		**There is a community transport representative on the Loneliness and Social Isolation Steering Group**
Develop volunteering and employment opportunities for adults with care and support needs	**Wellbeing Team, RBC**	**Ongoing**	**There will be more opportunities for adults with care and support needs to enjoy supportive and enabling social connections through work**	**PHOF 1.18i / ASCOF 1.i - % of adult social care users who have as much social contact as they would like** **PHOF 1.18ii / ASCOF 1.1 - % of adult carers who have as much social contact as they would like**	**New volunteering and employment opportunities have been created as part of:** **- The relocation and reshape of The Maples Day Service** **- The development of the Recovery College** **- The development of the Over 50s clubs**

Review and promote tools to assess and evaluate services' impact on social connectivity	**Reducing Loneliness Steering Group**	**August 2017**	**Local commissioners and providers will be able to measure the contribution of a range of services to reducing loneliness, and ensure provision is sensitive to local need**	**PHOF 1.18i / ASCOF 1.i - % of adult social care users who have as much social contact as they would like** **PHOF 1.18ii / ASCOF 1.1 - % of adult carers who have as much social contact as they would like** **PHOF 2.23 i-iv – self-reported wellbeing**	**Ongoing - the Loneliness Steering Group is being used as a vehicle to share ideas and best practice on evaluation.**
Prioritise local actions for reducing loneliness for 2017-19	**Reducing Loneliness Steering Group**	**October 2017**	**Activity and resources will be targeted based on local 'loneliness need'**	**PHOF 1.18i / ASCOF 1.i - % of adult social care users who have as much social contact as they would like** **PHOF 1.18ii / ASCOF 1.1 - % of adult carers who have as much social contact as they would like** **PHOF 2.23 i-iv – self-reported wellbeing**	**The Loneliness and Social Isolation Steering Group has identified a programme of focus groups to develop local understanding of risk factors and effectiveness of various interventions.**

PRIORITY No 3	Promoting positive mental health and wellbeing in children and young people Actions to support delivery of this priority are set out in the Reading Future In Mind Transformation plan that covers the key issues. This has been published at: http://www.southreadingccg.nhs.uk/our-work/children/camhs-transformation

PRIORITY 4	Reducing Deaths by Suicide				
What will be done – the task	Who will do it	By when	Outcome – the difference it will make	Supporting national indicators	Progress Update - Jan 2018
Identify local sponsors to oversee Reading's Suicide Prevention Action Plan	Health & Wellbeing Board (Berkshire West Mental Health Strategy Group / Reading Mental Health Strategy Group)	February 2017	Reading actions to reduce deaths by suicide will be co-ordinated across agencies / There will be consistent local representation on the Berkshire Suicide Prevention Planning Group		Terms of Reference now agreed for Reading Mental Wellbeing Group to include oversight of Reading's Suicide Prevention Action Plan

Develop a communication plan to raise awareness of Reading's Suicide Prevention Action Plan, including: **- the formal launch of the Berkshire Suicide Prevention Strategy** **- contributions to the 'Brighter Berkshire' Year of Mental Health 2017** **- marking World Suicide Prevention Day (10 September)**	**RBC Communications Team**	**April 2017**	**Individuals will have increased awareness of support available /** **Partners will know how to engage with and support the Reading Suicide Prevention Action Plan**		**Media Summit on responsible suicide reported held on 11th September to mark Suicide Prevention Day** **RBC signed Time to Change pledge on 6th October.** **Berkshire Suicide Strategy formally launched on 17th October.**
Target initiatives on groups at higher risk of death by suicide: **- Support the review of CALMzone and development of future commissioning plans for support services which target men**	**Wellbeing Team, RBC**	**October 2017**	**Suicide risk will be mitigated for higher risk groups: men, people who abuse drugs or alcohol, people who have been in contact with mental health services**	**PHOF 4.10 – suicide rates**	**Work being led by Wokingham BC - On target** **Completed**

- Review local DAAT contracts to ensure suicide prevention objectives are included **- Develop post discharge support for people who have used mental health services via the Reading Recovery College**		**April 2017** **Ongoing**			**There were a total of 558 attendances at Reading Recovery College sessions in 2016-17. In addition, 51 people attended social groups linked to the College.**
Tailor approaches to improve mental health in specific groups: - **Support delivery of the local 'Future in Mind' programme to improve mental health in children and young people** - **Recognise the mental health needs of survivors and links to suicide prevention in the implementation of the Reading**	**Reading Mental Wellbeing Group as local sponsors (see above)**	**Ongoing**	**Mental health will be improved for some specific groups (children and young people, survivors of domestic or sexual abuse) through tailored approaches**	**See Action Plan for Priority 3 for details in relation to children and young people.**	**See Priority 3 update**

Domestic Abuse Strategy - **Raise awareness of support available to survivors of sexual abuse through Trust House Reading** - **Contribute to a Berkshire wide review of targeted community based interventions, including suicide prevention and mental health first aid training**		**ongoing** **ongoing**	**Future commissioning of community based interventions will be informed by a review of impact**		**Survivors Trust hosted a workshop at the Berkshire Suicide Strategy launch in October** **Wrk being led by Wokingham BC – on target**
Analyse local data gathered from the suicide audit and/or real-time surveillance to identify trends and clusters and recommend appropriate action(s)	**Public Health Team, Wokingham**	**ongoing**	**Access to the means of suicide will be reduced where possible**		**Next audit deferred until after April 2018 so as to encompass a four year data period (based on date of inquest rather than date of death)**

Review pages on the Reading Services Guide to include national resources (e.g. 'Help is at Hand' and National Suicide Prevention Alliance resources) and signposting to local services **Map local bereavement support and access to specific support for bereavement through suicide**	**Wellbeing Team, RBC**	**June 2017**	**Those bereaved or affected by suicide will have access to better information and support**		**Reading Services Guide has been developed to include these additional resources.**
Ensure local media and communications staff are aware of Samaritans guidance on responsible suicide reporting **Support a Berkshire-wide Summit on journalism and reporting standards with local press and media organisations, to develop and agree standards for reporting.**	**Wellbeing Team, RBC**	**February 2017** **July 2017**	**Local media will be supported to report on suicide and suicidal behaviour in a sensitive manner**		**Media summit held on 11th September, with information cascaded to those who were unable to attend**
Update Reading JSNA module on suicide and self-harm	**Wellbeing Team, RBC**	**tbc**	**Local and county-wide Suicide Prevention Action**		**A refreshed Suicide and Self Harm module of the Reading**

Refresh Reading Mental Health Needs Analysis	**Adults Commissioning Team, RBC**	**May 2016**	**will be informed by up to date research, data collection and monitoring**		**JSNA was published in March 2017. An update is e to be published by September 2018.** **Am updated Mental Health Needs Analysis is due to be published by September 2018.**

PRIORITY No 5	**Reducing the amount of alcohol people drink to safer levels**				
What will be done – the task	**Who will do it**	**By when**	**Outcome – the difference it will make**	**Supporting national indicators**	**Progress Update - Jan 2018**
Treatment					
Increase the number of people receiving support at the appropriate level to address risky, harmful and dependent use of alcohol. **Review current alcohol pathways to enable the specialist service to gain capacity to work with more risky, harmful and dependent drinkers.**	**All Partners required to support an alcohol pathway** **DAAT Contract Manager, CCG Leads, IRIS Reading Borough Manager, GP Lead**	**Ongoing**	**Lower level drinkers understand the risks to their drinking and prevent become more harmful/ hazardous drinkers.** **Other Stakeholders become a part of the alcohol pathway and understand their role in preventing people becoming harmful/ hazardous drinkers.**	**PHOF 2.15iii – Successful completion of alcohol treatment** **PHOF 2.18 – Admission episodes for alcohol-related conditions (narrow) (Persons, M and F)**	**Alcohol Pathway under review.**
	CAP Lead		**Encourage IBA in the**	**PHOF 2.18 – Admission**	**Business case still being drafted**

Business Case for a Community Health Bus		**April 2018**	**community. More 'Community Alcohol Champions' to promote lower drinking levels and behaviours.** **Alcohol Champions, via the Community Health Bus in the community will be able to deliver information and brief advice to members of the public.**	**episodes for alcohol-related conditions (narrow) (Persons, M and F)**	
Promote knowledge and change behaviour by promoting understanding of the risks of using alcohol and by embedding screening and brief intervention in primary care, social care and criminal justice settings, housing and environmental health contacts.	**All partners**	**Ongoing**		**PHOF 2.15iii – Successful completion of alcohol treatment** **PHOF 2.18 – Admission episodes for alcohol-related conditions (narrow) (Persons, M and F)**	**NHS Health Check provides opportunistic conversation around alcohol use as Audit C is part of a check. Number of invites and health checks completed by GPs (providers) have declined from 2015/17 to 2016/17.** **Alcohol brief intervention training programme being drafted for the Autumn**
Deliver IBA Training across all sectors – Need to encourage uptake of more Alcohol Champions	**CAP Lead and Source Team Manager**	**Ongoing**	**More individuals trained to deliver an intervention – Making every contact count approach to managing alcohol issues/ signposting**		**Alcohol training for Older People completed during June and July 2017.**
Alcohol Mapping Group to	**Alcohol**	**April 2018**		**PHOF 2.18 – Admission**	**Work ongoing with CCGs –**

present a business case for an Alcohol Liaison Nurse to help reduce alcohol related admissions to hospital.	**Mapping Group**			**episodes for alcohol-related conditions (narrow) (Persons, M and F)**	
Need to gain authority for Peer Mentors to be on the (selective) Wards at RBH **Alcohol Peer mentors – to visit clients on hospital wards and assist in transition into community (including following detox).**	**IRIS Reading Borough Manager/ Peer mentors**	**April 2018**	**Peer mentors can advise patients on specialist community services and alcohol service available locally.** **To prevent re-admissions to hospital.**	**PHOF 2.18 – Admission episodes for alcohol-related conditions (narrow) (Persons, M and F)**	**SLA drafted and awaiting sign off with peer mentors and RBH**
GP Lead to promote IBA training in primary care. **Promotion of IBA training in secondary care**	**Dr. H George** **DAAT contract Manager**	**Ongoing**	**Primary and secondary care professionals have the skills to deliver IBA and knowledge to make appropriate referrals on discharge**	**PHOF 2.15iii – Successful completion of alcohol treatment** **PHOF 2.18 – Admission episodes for alcohol-related conditions (narrow) (Persons, M and F)**	**Ongoing – this has been to the South Reading GP council and a list of resources provided, and also included in GP newsletter.** **RBC Trading Standards has also run a course for local stakeholders.**
Monitor and review existing interventions and develop a robust multi agency model to reduce alcohol-related hospital admissions.	**All**	**Ongoing**		**PHOF 2.18 – Admission episodes for alcohol-related conditions (narrow) (Persons, M and F)**	**South Reading CCG has reviewed the alcohol pathway with IRIS, Reading Borough Council DAAT, BHFT, RBH inpatients and A&E. Service improvements from other CCGs have also been reviewed. A proposed model for a community alcohol nurse,**

					initially developed and piloted by Brighton and Hove CCG, has been developed into a business case for funding.
Licensing					
A community free of alcohol related violence in homes and in public places, especially the town centre. **Create responsible markets for alcohol by using existing licensing powers to limit impact of alcohol use on problem areas and by promoting industry responsibility.** **Address alcohol-related anti-social behaviour in the town centre and manage the evening economy** **Address alcohol-related anti-social Neighbourhoods**	**CAP Lead**	**Ongoing**	**Reduction in alcohol admissions to hospital.** **Responsible drinking in public spaces.**	**PHOF 2.18 – Admission episodes for alcohol-related conditions (narrow) (Persons, M and F)**	**Street drinking initiative underway since June.**
Review all extended new applications under the Licensing Act – Public Health review and consider all new applications.	**Public Health/ Licensing**	**Ongoing**	**Control of licensed outlets and review of Reading's late night economy.**		**Ongoing**
Licencing to promote	**CAP / Licensing**	**Ongoing**	**Stricter licensing**		**Commenced**

responsible retailing, 4 Licensing objectives. **CAP to increase Test Purchasing – Challenge 25, Under 18.** **Licensed Retailer Passport to be rolled out to all retailers.** **Retailer Training to commence.** **Encourage retailers to restrict the sale of higher ABV % cans**			**restrictions will be in place.** **There is a minimum price for a unit of alcohol as a mandatory condition of a License.**		**Qtrly test purchasing of Challenge 25. Test Purchasing of under 18 to take place during August each year** **Ongoing** **Can marking to commence June 2017**
Promotion of better marketing of soft/ mixer-diluted drinks in Bars and Pubs.	**CAP/ licensing**	**Ongoing**	**Promote healthier non-alcoholic options to customers**		**Work to commence in Autumn**
Encourage neighbourhoods to report street drinking to the Police via NAG meetings	**All**	**Ongoing**	**Reduce street drinking and ASB**		**Ongoing. RSG to include a link for reporting alcohol issues**
Education					
Parent education – School age children to be set an alcohol questionnaire to complete with their parents to promote knowledge on alcohol and the health risks	**CAP lead**	**completed.** **New questionnaire to be developed during 2018**			**Completed** **Collation of figures to inform future educational activities**
Education if for all ages. **Alcohol awareness sessions**	**CAP Lead**	**Ongoing**	**Educating everyone on the risks of alcohol and promote drinking**		

for all. **Comic Project to encourage alcohol awareness.** **Increase PHSE lessons in schools.** **Commence a Youth Health Champion role – encourage youngsters to be active in tackling alcohol and understanding the risks of drinking alcohol.** **Work in partnership with Colleges and University to promote alcohol awareness to students** **Volunteers from the Specialist Treatment Service to visit school age children to educate them about the risks of alcohol and how their lives have been affected.**			**responsibly.**		**Christmas and Easter project completed; weekly drop in at Library – Further Summer Holiday activities to be planned.** **Ongoing – 2 qualified Youth Health Champions. 12 children are signed up and involved in the programme. Workshops to continue – Looking at a Wellbeing initiative.** **PSHE presentations are taking place. Peer Mentors are willing to visit schools and this is co-ordinated when required.**
Promote diversionary activities to all – via schools, colleges, website	**CAP Lead**	**Ongoing**	**Promote social activities and exercise as alternatives to drinking alcohol.** **Resolve the "boredom" and social issues associated with alcohol.**		**Ongoing**

Prevention					
Promotion of Dry January campaign. **Promotion of January alcohol detox via IRIS Reading as part of the Dry January campaign**	**CAP Lead, DAAT Contract & Project Manager, IRIS Reading IRIS Reading Borough Manager & RBC Press team**	**December 2017 and January 2018**	**Encourage awareness of effects of alcohol on staff, clients and local community.** **Promote drinking responsibly.**		**10th Jan 2018 – Massage session for RBC staff.** **18th Jan – RBH staff welfare day (alcohol session)**
Explore with the street care team whether we can promote drinking responsibly at recycling depots.	**DAAT / Street Care Team**		**Encourage drinking responsibly and increase public awareness of the risks of alcohol**		**Action still needed**
Work in partnership with RVA to promote Public Health messages through their newsletter	**Public Health Lead/ RVA**	**Ongoing**	**Encourage healthier lifestyles.**		**Ongoing**

PRIORITY NO 6	**Making Reading a place where people can live well with dementia**				
What will be done – the task	**Who will do it**	**By when**	**Outcome – the difference it will make**	**Supporting national indicators**	**Progress Update - Jan 2018**

Establish a Berkshire West Dementia Steering Group to implement the Prime Ministers Dementia 2020 challenge and ensure up-to-date local information about dementia can be reflected into dementia care services and that there is an opportunity to influence and inform local practice			**The Berkshire West Dementia Steering Group will report to the three Berkshire West Health and Wellbeing Boards as required from time to time, contributing updates and commentary on performance in relation to local dementia priorities and issues identified by those Boards. The Berkshire West Dementia Steering Group will also report to the Berkshire West Long Term Conditions Programme Board and will in addition keep the Thames Valley Commissioning Forum updated**		**The Berkshire West Dementia Steering Group is representative of local partners involved in dementia awareness and care. Quarterly meetings provide the opportunity to influence and inform local practice.**
Raise awareness on reducing the risk of onset and progression of dementia through building on and promoting the evidence base for dementia risk reduction	**Public Health (LAs), GPs, Schools**	**May 2017**	**By 2020 people at risk of dementia and their families/ carers will have a clear idea about why they are at risk, how they can best reduce their risk**	**PHOF 4.16 and NHS 2.6i– Estimated diagnosis rate for people with dementia** **PHOF 4.13 – Health**	**Reading DAA delivered 20 awareness raising sessions throughout 2017, including presentations at Older People's Day.**

(including education from early years/school age about the benefits of healthy lifestyle choices and their benefits in reducing the risk of vascular dementia) and health inequalities and enhancing the dementia component of the NHS Health Check.			**of dementia and have the knowledge and know-how to get the support they need.** **This will contribute towards the national ambition of reduced prevalence and incidence of dementia amongst 65-74 year olds, along with delaying the progression of dementia amongst those that have been diagnosed.**	**related quality of life for older people** **ASCOF 2F and NHS Outcomes Framework 2.6ii – effectiveness of post-diagnosis care in sustaining independence and improving quality of life for people with dementia.** **ASCOF 1B – People who use services who have control over their daily life** **NHS OF 2.1 - Proportion of people feeling supported to manage their condition**	**Dementia awareness is now included in the NHS Health Check programme for patients aged 65-74.**
Identify patients early including those from Black, Asian and Minority Ethnic origin and other seldom heard groups enabled	**Primary care, Social Care (LAs), Memory Clinics, Care homes**	**March 2018**	**More people diagnosed with dementia are supported to live well and manage their health**	**ASCOF 2F - a measure of the effectiveness of post-diagnosis care in sustaining independence and**	**'Top Ten Tips' pack launched to assist non-medical staff recognise dementia signs** **Care home assessments use**

through greater use by health professionals of diagnostic tools that are linguistically or culturally appropriate; encourage self-referral by reducing stigma, dispelling myths and educating about benefits of obtaining a timely diagnosis				**improving quality of life** **NHS OF 2.6ii - effectiveness of post-diagnosis care in sustaining independence for people with dementia**	**the Diagnosis of Advanced Dementia[1] [DiADeM] and General Practitioner Assessment of Cognition[2] [GPCOG] tools to identify missed cases of memory impairment.** **Ongoing community engagement, including work led by Alliance for Cohesion and Racial Equality** **Annual reports from the Memory Clinics enable the monitoring of progress.**
Play a leading role in the development and implementation of personalised care plans including specific support working in partnership with memory assessment services and care plan design and implementation.	**Primary Care/BWCCGs/BHFT**	**March, 2018**	**GPs ensuring everyone diagnosed with dementia has a personalised care plan that covers both health and care and includes their carer. This will enable people to say “I know that services are designed around me and my needs”, and “I have personal choice and control or influence over**	**PHOF 4.13 - Health related quality of life for older people** **ASCOF 2F- a measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life**	**Care Plans uploaded on DXS, easily accessed by GPs and practice staff.** **DCAs who are commissioned through the CCG’s at the Alzheimer’s Society complete a support plan for every service user. These are not yet directly accessible in primary care pending interoperability**

[1] DiADeM is a protocol developed by the Yorkshire and Humber Dementia Strategic Clinical Network aimed at supporting Gps to diagnose dementia for people living advanced dementia in a care home setting. See https://dementiapartnerships.com/resource/diadem-diagnosis-of-advanced-dementia-mandate-in-care-homes/ for further information.
[2] GPCOG is an instrument to screen for dementia specifically in primary care settings. For more information about CPCOG please visit http://gpcog.com.au/index/more-about-the-gpcog

			decisions about me"	**NHS OF 2.6ii - effectiveness of post-diagnosis care in sustaining independence for people with dementia** **ASCOF 1B - People who use services who have control over their daily life** **NHS OF 2.1 - Proportion of people feeling supported to manage their condition**	**solution.** **Personalised care plans for use in GP practices are being developed by TVSCN.**
Ensure coordination and continuity of care for people with dementia, as part of the existing commitment that everyone will have access to a named GP with overall responsibility and oversight for their care.	**BWCCGs**	**March, 2018**	**Everyone diagnosed with dementia has a named GP as well as a personalised care plan that covers both health and care and includes their carer.**	**PHOF 4.13- Health related quality of life for older people** **ASCOF 2F- a measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of**	**Every diagnosed dementia patient has a named GP – now a requirement.** **DCA service support in this with a robust referral route from GP.**

				life **NHS OF 2.6ii - effectiveness of post-diagnosis care in sustaining independence and improving quality of life for people with dementia.** **ASCOF 1B - People who use services who have control over their daily life** **NHS OF 2.1- Proportion of people feeling supported to manage their condition**	
Provide high quality post-diagnosis care and support, which covers other co-morbidities and increasing frailty.	**Primary care/ Memory Clinics/ Social Care (LAs),**	**Ongoing**	**Reduced: unplanned hospital admission, unnecessary prolonged length of stay, long-term residential care**	**ASCOF 1B - People who use services who have control over their daily life** **NHS OF 2.1- Proportion of people feeling supported to**	**Initial referrals are to the Memory Clinic, accredited with MSNAP.** **Dementia Care Advisors employed by the Alzheimers Society are commissioned to provide support to a Pathway**

				manage their condition	**devised by the Tames Valley Cincal trategic Network.** **BHFT, RBH and GP practices all have programmes to increase staff awareness of and responsiveness to dementia.** **RBC commissioned care services are required to meet minimum training standards.**
Target and promote support and training to all GP practices, with the aim of achieving 80% Dementia Friendly practice access to our population	**BW CCGs project Lead/ DAA co-ordinators**	**March, 2018**	**80% of practices in Berkshire West will have adopted the iSPACE and sign up to the Dementia Action Alliance to become dementia-friendly.**	**PHOF 4.16 - Estimated diagnosis rate for people with dementia** **NHS 2.6ii-effectiveness of post-diagnosis care in sustaining independence and improving quality of life for people with dementia** **PHOF 4.13 – Health related quality of life for older people**	**Tier 1 training has been offered to all Practice staff across South Reading and North & West Reading CCGs. All practices in Reading have put plans in place to become dementia friendly.** **Training is under development specifically focused on GP practices which will encourage participation. All practices are encouraged to have a Dementia Champion to facilitate. This will be further assessed using the iSPACE**

					model and supported by the Dementia Action Alliance.
Work with local organisations, care homes and hospitals to support more providers to achieve Dementia Friendly status	**DAA/ LAs/ Alzheimers society/BHFT**	**Ongoing - reviewed in December 2017, 2018 and 2019**	**More services will be staffed or managed by people with an understanding of dementia and the skills to make practical changes to make their service more accessible to those with dementia**	**PHOF 4.16 - Estimated diagnosis rate for people with dementia** **NHS 2.6ii - effectiveness of post-diagnosis care in sustaining independence and improving quality of life for people with dementia** **PHOF 4.13 – Health related quality of life for older people**	**7 new members have joined the Reading DAA and completed local action plans, including John Lewis Partnership, Launchpad, Reading libraries, Get Berkshire Active, Salvation Army.** **973 people in the Reading have completed online Dementia Friends training.** **238 Dementia Friends sessions have been delivered in Reaing.** **4,919 people in the Reading area have become a Dementia Friend following a session**

Maximise the use of Dementia Care Advisors & training opportunities & roll out a training package/train the trainer model for NHS & Social Care staff and other frontline workers	**BWCCGs/Alzheimers Society/ HEE/BHFT**	**March, 2018**	**People with dementia and their carers will be supported by health and care staff in all types of service that will have the appropriate level of dementia awareness and training.**	**NHS OF 2.1- Proportion of people feeling supported to manage their condition**	**All DCAs are trained in Tier 1 dementia training.** **Plans for Tier 2 are underway through the TVSCN, and need identified for a rolling Tier 1 programme led by champions who have undertaken Train the Trainer.** **RBH has a Dementia Champions programme.** **BHFT have achieved their target of training 80% of staff in dementia awareness**
Ensure commissioned services contractually specify the minimum standards of training required for providers who care for people with dementia including residential, nursing and domiciliary care settings.	**Local authority and NHS commissioning teams**	**March, 2018**	**People with dementia and their carers will be supported by health and care staff in all types of service that will have the appropriate level of dementia awareness and training.**	**NHS OF 2.1- Proportion of people feeling supported to manage their condition**	**RBC commissioned services contractually specify minimum standards of training required for providers who care for people with dementia in residential, nursing and domiciliary care settings. Providers are expected to have in place a learning and development framework for staff to ensure a skilled workforce is available to meet the diverse needs of**

					the individuals who access their service. Dementia awareness is currently desirable training for support staff. All providers carrying out registered activities in Reading are inspected by the Care Quality Commission. Reading Borough Council's Quality and Performance Monitoring Team in Adult Care and Health Services also monitor local services.
Review benchmarking data, local JSNA , variation, & other models of Dementia Care to propose a new pathway for Dementia Diagnosis/Management.	**BWCCGs/ Public Health/BHFT – not clear who leads on what here**	**March, 2017**	**National dementia diagnosis rate maintained at two-thirds prevalence, and reduced local variation between CCGs following agreement and implementation of an appropriate and affordable plan to bring services into line within the national framework for treatment and care.**	**PHOF 4.16 - Estimated diagnosis rate for people with dementia** **NHS 2.6ii - effectiveness of post-diagnosis care in sustaining independence and improving quality of life for people with dementia**	**Updated JSNA module due to be completed by March 20018.** **ACS Outpatient workstream is currently reviewing the memory service pathway against vanguard/best practice examples and this will be used to inform the JSNA. Thical pathway will be linked to a national MCI pathway currently being developed through the**

					TVSCN.
Identify & map opportunities, learning from similar and neighbouring CCGs, Providers and Local Authorities, for future service delivery to meet the 2020 Challenge. e.g. annual assessment, shared care, carer identification & support	**BWCCGs/ BHFT**	**April, 2017**	**Diagnosis rate maintained at two-thirds prevalence, and reduced local variation between CCGs following agreement and implementation of an appropriate and affordable plan to bring services into line within the national framework for treatment and care**	**PHOF 4.16 - Estimated diagnosis rate for people with dementia** **NHS 2.6ii - effectiveness of post-diagnosis care in sustaining independence and improving quality of life for people with dementia**	**The Berkshire West Steering Group meets quarterly and brings together key health, social care, community and voluntary sector partners to share progress and identify opportunities for learning.** **A webinar and checklist is under development specifically focused on GP practices to improve identification, coding and raising awareness of dementia in primary care.**
Raise awareness of and ensure that at least 80% of people with dementia and their carers have a right to a social care assessment.	**LAs/ Memory Clinics/ Primary Care/ CMHT/ DCAs**	**March, 2018**	**At least, 80% of people with dementia and their carers are able to access quality dementia care and support.**	**PHOF 4.13– Health related quality of life for older people** **ASCOF 2F- a measure of the effectiveness of post-diagnosis care in sustaining**	**Action update:** **Anyone with the appearance of care or support needs is entitled to a social care assessment. The local priority is to raise awareness of this statutory right and the national eligibility criteria.**

				independence and improving quality of life **NHS OF 2.6ii - effectiveness of post-diagnosis care in sustaining independence and improving quality of life for people with dementia** **ASCOF 1B- People who use services who have control over their daily life** **NHS OF 2.1- Proportion of people feeling supported to manage their condition**	

Provide opportunities for people with dementia and their carers to get involved in research through signposting them to register with joint dementia research (JDR)	**BHFT/Alzheimers Society /LA/BWCCGs/ University of Reading**	**March, 2018**	**More people being offered and taking up the opportunity to participate in research and to support the target that 10% of people diagnosed with dementia are registered on JDR by 2020. Future treatment and services to be based on and informed by the experiences of people living with dementia**		**Several Memory Clinics are installing Joint Dementia Research (JDR) kiosks which enable people with dementia and/or their carers to register.** **BHFT Research Team also provide information about JDR and how to join.** **In addition to JDR, patients and carers attending memory clinics are routinely asked about participation in research.**
Enable people to have access to high quality, relevant and appropriate information and advice, and access to independent financial advice and advocacy, which will enable access to high quality services at an early stage to aid independence for as long as possible.	**BHFT/LAs**	**March, 2018**	**People with dementia and their carers are able to access quality dementia care and support, enabling them to say "I have support that helps me live my life", "I know that services are designed around me and my needs", and "I have personal choice and**		**DAA partners include local information and advice hubs and solicitors who specifically provide independent advice and advocacy. These partners support the larger community events to raise awareness of this information. This has also been fed into the local Dementia Friends sessions.** **The Berkshire Dementia**

			control or influence over decisions about me"		**handbook for Carers is offered to the main carer of all who are newly diagnosed. Carers are also offered a place on the 6 session Understanding Dementia Course for Carers.** **PWD and Carers are all advised that they can contact the Memory Clinic for advice/information.**
Evaluate the content and effectiveness of dementia friends and dementia friendly communities' programme.	**AS/DAA/UoR**	**March, 2018**	**More research outputs on care and services.**		**This is led by the Alzheimers Society nationally.**

PRIORITY NO 7	**Increasing take up of breast and bowel screening and prevention services**				
What will be done – the task	**Who will do it**	**By when**	**Outcome – the difference it will make**	**Supporting national indicators**	**Progress Update Jan 2018**

Identify Practices where screening uptake is low and target initiatives and practice support visits to increase uptake.	**NHSE/PHE Screening Team** **Cancer Research UK Facilitator**		**Improved Screening Coverage and detection of cancers in early stages.**	**PHOF 2.19 Cancer Diagnosed at early stage** **2.20iii Cancer Screening coverage-bowel cancer** **2.20i Cancer screening coverage- breast cancer** **4.05i Under 75 mortality rate from cancer (persons)** **4.05ii Under 75 mortality rate from cancer considered preventable (persons)**	**Teachable moment pilot project for South Reading rolled out from August (see below).** **Tailored GP Surgery bowel screening letters sent to patients from the Hub** **Offer from Cancer Research UK Facilitator to visit all South Reading practices to improve cancer screening uptake**
To work in partnership with key stakeholders to increase public /patient awareness of signs and symptoms and screening programmes	**Public Health Berkshire** **Macmillan**		**Patients seek advice and support early from their GP** **Increase uptake of screening programmes**		**Local authority supporting the promotion and engagement of Macmillan Cancer Education Project.** **The project is being led by Rushmoor Healthy Living with funding from Macmillan Cancer Support.** **Macmillan Cancer Educator has**

					been appointed to raise awareness of the signs and symptoms of cancer among hard to reach groups in South Reading, **Over 30 people from the community have signed up to become cancer champions. A number of community events and meetings have been held.** **CRUK bowel screening promotional video has been shared through local authority web pages.**
To plan and implement a pilot project that provides motivational behaviour change interventions to patients who have had a 2WW referral and a negative result ("teachable moments")	**Public Health Berkshire** **Cancer Research UK Facilitator**		**Patients motivated to make significant changes to lifestyle behaviours that will help to reduce their risk of developing cancer**		**Project rolled out in August with 7 practices participating** **Evaluation report due in February**

PRIORITY NO 8	Reducing the number of people with tuberculosis				
What will be done – the task	**Who will do it**	**By when**	**Outcome – the difference it will make**	**Supporting national indicators**	**Progress Update - Jan 2018**
Offer training in Reading for health professionals , community leaders and other professionals who come in contact with at risk population	**FHFT & RBH TB service /South Reading CCG**	**Jan-17**	**Increase awareness about TB amongst local health and social care professionals as well as third sector organisations**	**PHOF 3.05ii - Incidence of TB (three year average)**	**Workshops were held for health professionals and for RBC staff during March 2017. Sessions have also been delivered to other groups by the New Entrant Screening Nurse / TB nurse team from RBH.** **A dedicated TB project manager has been appointed to South Reading CCG using with funding from NHS England to work with clinicians and the TB operational group to support delivery of the LTBI New Entrant Screening Service, this includes scoping a suitable training programme.**

Develop resources / training materials for wide range of LA staff to enable them to discuss TB and signpost to local services	**Berkshire shared PH team / TB Alert**		**Increase awareness about TB amongst local authority staff working with those at increased risk of TB**	**PHOF 3.05ii - Incidence of TB (three year average)**	**A workshop was held on 5th December with clinical representation from Slough and Reading along with local stakeholders and representatives from NHS England and Public Health England. The groups worked through how to reduce the DNA rate, how to improve community engagement and data reporting. The outputs of this will form an action plan for the next 12 months.**
Develop and run a joint public-facing communications / social marketing campaign to raise awareness of TB, latent TB and the local New Entrant Screening Service in order to reduce stigma and encourage those invited for LTBI screening to attend	**Berkshire shared PH team / CCG comms / NESS nurses**	**March 2017**	**Address social and economic risk factors related to TB**	**PHOF 3.05ii - Incidence of TB (three year average)**	**Work to develop campaign materials was initially co-ordinated by a cross Berkshire working group. Responsibility for further communication and engagement is now with the LTBI Operational Group, with oversight from Berkshire TB Strategy Group.** **Reading Wellbeing team organised 2 TB awareness sessions for the Nepalese & Pakistani community in partnership with Healthwatch Reading and SRCCG** **- 40 participants and 32 surveys filled in total including both**

					sessions **TB information stands organised during four local events to raise awareness on LTBI screening services** **– Health & Wellbeing Week targeting staffs at RBH (8th Sep);** **- Compass Recovery College Prospectus Launch event (16th August);** **- New Directions event (16th Sept)** **- Older People's Day event (9th Oct)**
Include TB data and service information in JSNA	**Reading Wellbeing team**	**February 2017**	**Address social and economic risk factors related to TB**	**PHOF 3.05ii - Incidence of TB (three year average)**	**Key information on active and latent TB and a map of high risk countries has been made available on the Reading Services Guide and JSNA profile to facilitate public access to TB information.** **TB data will be refreshed in 2018 as part of the JNSA rolling update schedule.**

Provide service users with a means to feed into service design discussions	**PH / TB Teams**	**Ongoing**	**Future treatment and services are based on and informed by the experiences of people living with TB** **Repeat service user survey annually**	**PHOF 3.05ii - Incidence of TB (three year average)**	**The TB team utilises the Friends and Family test**
Continue to work closely with PHE health protection colleagues to ensure robust and effective contact tracing takes place as standard	**TB Nurses / Berkshire TB Strategy Group**		**Contract tracing is monitored through the Thames Valley TB Cohort Review**	**PHOF 3.05ii - Incidence of TB (three year average)**	**Public Health England is routinely notified of cases of Tuberculosis (TB) and implements public health actions to prevent and control onward transmission, including identification of close contacts of active TB cases and offer of appropriate TB testing. Eight cases of TB infection that were notified to the Thames Valley Health Protection Team over the previous two years have been found to be linked by genetic testing. Further genetic testing of all cases is being undertaken using an alternative technique that can provide higher discriminatory power. Investigation is ongoing to further explore any links.**

Maintain robust systems for providers to record and report BCG uptake	**NHS England**		**Monitor provision and uptake of BCG vaccination as new policies are implemented**	**PHOF 3.05ii - Incidence of TB (three year average)** **Local indicator on BCG update could be developed in partnership with NHSE**	**A risk-based strategy to offer BCG to infants at increased risks of TB (based on National Guidance) has been adopted by RBH Maternity Services and is supported by the Berkshire TB Strategy Group**
Develop / maintain robust systems for providers to record and report uptake and to re-call parents	**Midwifery teams in FHFT and RBH**	**January 2017**	**Ensure registers of eligible infants who have missed vaccination due to shortages are kept to up to date and a mechanism exists to re-call when vaccine is available**	**PHOF 3.05ii - Incidence of TB (three year average)**	**Catch up campaign was successful. BCG vaccine is no longer in short supply.**
Continue to communicate clearly on BCG shortage and ordering arrangements to allow planning	**NHS England**	**Ongoing**	**Vaccinating teams have timely information on which to base decisions**	**PHOF 3.05ii - Incidence of TB (three year average)**	**BCG vaccine is no longer in short supply. See above**
Ensure processes are in place to identify eligible babies, even in low-incidence areas	**Midwifery teams in FHFT and RBH**	**Ongoing**	**Midwifery Teams use agreed service specification to identify eligible babies**	**PHOF 3.05ii - Incidence of TB (three year average)**	**A risk-based strategy to offer BCG to infants at increased risks of TB (based on National Guidance) has been adopted by RBH Maternity Services and is supported by the Berkshire TB Strategy Group.**

Tackle the clinical and social risk factors associated with development of drug resistance in under-served populations by maintaining high treatment completion rates and ensuring thorough contact tracing around MDR cases	**Reading Wellbeing Team / Reading** **Reading Housing Team / NESS nurses/CCGs**	**Jan-17**	**Work to develop the provision of appropriate and accessible information and support to under-served and high-risk populations.**	**PHOF 3.05ii - Incidence of TB (three year average)**	**Reading Healthwatch has conducted a Knowledge and Behaviours Survey. Over 300 people have taken part indicating their views and knowledge towards TB. The results of this will provide a baseline to measure impact of communication and engagement work.** **This information will also be used to further shape engagement with under-served and other at-risk groups**
Ensure patients on TB treatment have suitable accommodation	**Reading Wellbeing Team / Reading** **Reading Housing Team / NESS nurses/CCGs**		**Development of robust discharge protocol**	**PHOF 3.05ii – Treatment completion for TB**	**PHE have developed Thames Valley guidance to inform the process for assessment and discharge of homeless TB patients - both with and without recourse to public funds.** **This guidance has been used to inform process across the Berkshire LAs during 2017, demonstrating it is fit for purpose.**

Develop and promote referral pathways from non-NHS providers	**LA public health / NESS nurses/CCGs**		**Align local service provision to these groups as per NICE recommendations**	**PHOF 3.05ii - Incidence of TB (three year average)**	**Work with under-served groups is priority for CCG LTBI Project Manager and LA PH team in 2018**
Engagement with SE TB Control Board to share best practice	**DPH / PHE CCDC**		**Work to decrease the incidence of TB in Berkshire through investigating how co-ordinated, local latent TB screening processes can be improved**	**PHOF 3.05ii - Incidence of TB (three year average)**	**The SE TB Control Board held a workshop in Reading in November 2017 to review its objectives for 2018.** **There are 2 face to face board meetings a year, and 2 TB network lead meetings to share work streams.** **There is a public facing website with links to general information, and a TB nurse forum**
Fully implement EMIS and Vision templates in all practices in South Reading	**South Reading CCG**	**Ongoing**	**Ensure that new entrants are referred routinely to local services for screening through addressing issues with local pathways**	**PHOF 3.05ii - Incidence of TB (three year average)**	**Templates installed in all practices. Majority of 16 South Reading practices are returning monthly lists to NESS. 199 patients were screened from April-November 2017 compared with 55 in the previous year.**

					DNA rates are still higher than ideal, work is ongoing to identify and address barriers.

NHS
North and West Reading
Clinical Commissioning Group

NHS
South Reading
Clinical Commissioning Group

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	19 JANUARY 2018	AGENDA ITEM:	14
REPORT TITLE:	INTEGRATION PROGRAMME UPDATE		
REPORT AUTHOR:	MICHAEL BEAKHOUSE	TEL:	01189 373170
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ORGANISATION:	READING BOROUGH COUNCIL / NORTH, SOUTH AND WEST CCGs		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The purpose of this report is to provide an update on the Integration Programme – notably, progress made within the Programme itself, as well as progress made against the delivery of the national Better Care Fund (BCF) targets.

1.2 Progress against the BCF Programme is on-track.

1.3 Of the 4 national BCF targets, performance against two (limiting the number of new residential placements & increasing the effectiveness of reablement services) are currently on track or very nearly on track to be met.

1.4 We are not currently reducing the number of delayed transfers of care (DTOCs) in line with our targets, but based on recent trends shown in our weekly analysis of recent DTOC data across November onwards, we are optimistic that our performance across the remainder of Q3 will see further improvement; while our performance is markedly improved over performance shown 12 months ago. Additionally, a number of workstreams within the Programme have commenced with an aim to further improving performance.

1.5 We are not currently reducing the number of non-elective admissions (NELs) in line with our targets and this remains a focus particularly for the Berkshire West wide BCF schemes. In addition the A&E Delivery Board will have a focused discussion on this at its December meeting to consider what further action is required. In terms of the local versus national position on NELs the 4 Berkshire West CCGs are in the top 10 out of 211 CCGs for lowest numbers of NELs.

1.6 A copy of the most recent BCF Performance Dashboard at the time of writing (issued in December 2017) is appended.

2. RECOMMENDED ACTION

2.1 Please note that this paper is presented for information - the Health and Wellbeing Board are asked to note the general progress to date.

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 Groups (CCG) and Local Authorities to pool budgets and to agree an integrated spending plan for how they will use their BCF allocation to promote / deliver on integration ambitions.

3.2 As in previous years, the BCF has a particular focus on initiatives aimed at reducing the level of avoidable hospital stays and delayed transfers of care (DTOCs) as well a number of national conditions that partners must adhere to (including reducing the number of non-elective admissions to hospital, reducing admissions to residential accommodation, and increasing the volume of individuals remaining at home 91 days after receiving reablement services).

4. BCF PERFORMANCE UPDATE

4.1 A dashboard report summarising performance against key targets for the Better Care Fund (such as delayed transfer of care rates) is attached. Please note that at the time of writing, data relating to DTOCs is only available to the end of October 2017.

4.2 Please note the following in relation to performance against our national BCF targets:

4.3 DTOC = Our target for Q2 (July-September) was to have no more than 1036 bed days lost. Our performance equates to 1931 bed days lost. However, while this represents an increase in delayed transfers compared to the downward trajectory shown in Q1, it should be noted that the number of bed days lost has decreased from 747 in August to 647 in September, which represents positive progress. Additionally, our performance in Q2 represents a substantial decrease against the figures for Q2 in 16/17 (where 3133 bed days were lost).

In regards to Q3 (October-December): while the DTOCs reported for October represent a slight increase from those reported in September (710, an increase of 63 bed days lost), they remain lower than the high demonstrated in August, and continue to represent positive progress against our performance for October in 16/17 (where 1105 bed days were lost). Based on recent trends shown in our weekly analysis of recent DTOC data across November onwards, we are also optimistic that our performance across the remainder of Q3 will see further improvement as a result of actions taken under our “Systems to Monitor Patient Flow” workstream of the High Impact Model.

Please note that:

- An analysis of the DTOC codings in the year to date suggests that there are a variety of reasons for delays which include - Care packages in home; Further non-acute NHS; Residential home; Nursing home; and completion of assessment.

- RBC’s commissioning teams are working hard to bring more Home Care providers into the marketplace, following the withdrawal of several providers from the market.

- Under the “Early Discharge Planning” workstream of our High Impact Model, work will soon commence to create a reference document for discharge staff that has the scope to increase awareness and encourage greater use of alternatives to residential and nursing care.

- Recruitment for more RBC discharge workers has taken place, and there are now 5x workers supporting discharge planning.

4.4 Residential admissions = Our target is to have no more than 116 new residential admissions. Based on our performance in the year to date of having 74 new residential admissions, we estimate that we will have 111 new placements across the financial year.

However the drive is to consider alternatives and to also utilise the Extra Care facilities we have in Reading.

4.5 Reablement rates = Our target is to maintain an average of 88% of people remaining at home 91 days after discharge from hospital into reablement / rehabilitation services.

- Based on the data from November (representing the current accommodation arrangements for the 39 clients who departed reablement services at the close of July), 87% (34 clients) were residing at home 91 days after discharge.

- Based on the data from December (representing the current accommodation arrangements for the 46 clients who departed the service at the close of August), 78% (36 clients) were residing at home 91 days after discharge. We believe that the figure has decreased re to the fact that of the 10 clients who are no longer at home, two have passed away and a third has moved; though this does not necessarily reflect on the successfulness of the reablement provided. We believe that other 7 clients are likely to have been inappropriate referrals, will also have contributed to the figure.

- A fuller analysis of data from additional months will enable us to ascertain whether we are achieving an 88% average.

4.6 NEL admissions = Our target is to achieve a 0.97% reduction (expressed as 93 fewer admissions) against the number of NEL admissions seen in 2016/2017. Based on the most recent data, we have seen a 3.32% increase across April-September. Performance improvement remains a focus particularly for the Berkshire West wide BCF schemes. In addition the A&E Delivery Board will have a focused discussion on this at its December meeting to consider what further action is required. In terms of the local versus national position on NELs the 4 Berkshire West CCGs are in the top 10 out of 211 CCGs for lowest numbers of NELs.

5. PROGRAMME UPDATE

5.1 At the time of the last Health & Wellbeing Board, Reading's BCF Submission had been assembled and submitted to Reading's NHS England Senior Relationship Manager, Kevin Johnson, and a decision as to whether it had been approved was pending. We have subsequently been informed that our submission has been approved without support.

5.2 Since October, the following items have been progressed:

- The Section 75 agreement underpinning the BCF Pooled Fund has been written and agreed by both Reading Borough Council (RBC) and the CCGs, in time for the national deadline of 30th November.

- A governance structure has been designed and implemented for the three BCF-funded schemes[1] that were established to drive performance against targets within Reading:

    - Nominated representatives from each scheme now meet with the Programme Manager on a monthly basis to complete a newly designed highlight report which tracks and analyses performance against their targets, together with any planned actions to address underperformance.

    - A new monthly Project Board is being trialled, at which each scheme's nominated representatives have the opportunity to discuss performance, actions and support needs with each other and with stakeholders from RBC's

[1] The Community Reablement Team (CRT); the Discharge to Assess service based within The Willows; and the High Impact Model (a collection of 8 workstreams designed to reduce delayed transfers of care).

Commissioning Team, the voluntary sector and RBC's wellbeing team. The Board is chaired by the Head of Adult Social Care.

- An Integration Programme Plan has been drafted and has been presented to key stakeholders for comments/changes/approval, which have been incorporated. The Programme Plan is currently pending approval at the next Reading Integration Board meeting on the 24th January. As agreed with stakeholders at the September and October meetings of the Reading Integration Board (RIB), the Programme for 2017/2018 is focused on delivering milestones that support the delivery of the BCF targets referenced in 3.2:

    - The Programme is split into 3 projects, each focusing on supporting the development and/or embedding of one of the aforementioned BCF-funded schemes to enable greater levels of performance against targets.

    - A fourth area of work relates to back-office Programme functions (such as recruitment of Programme resources, research into national best practice, and ensuring that local and national reporting is completed on time).

    - All three projects have been supported by the Programme Manager. Following the Project Manager's induction in January 2018, support duties will be split between the two posts, allowing for more intensive support to be provided to the High Impact Model project.

    - Further activity will take place in Quarter 1 of the financial year 2018/2019 to explore additional opportunities for achieving fuller integration by 2020. Once scoped and agreed with stakeholders, these will be incorporated into the Programme Plan moving forwards.

- A Project Manager has successfully been recruited to assist with the delivery of the programme and started in post in January 2018. To support their induction, they have been shadowing stakeholders during key meetings in order to ensure a smooth and successful induction.

- Some of the Pooled Fund has been allocated to the recruitment of 1x FTE Performance & Data Analyst and we aim to have them in place during Quarter 4. Part of their remit will be to produce a revised BCF Dashboard that will provide additional clarity on the impact made by the BCF-funded schemes. The role will also support our local and national reporting duties.

- Value for Money reports have been requested in relation to several additional BCF-funded schemes and will be presented to future RIB meetings. These will outline the extent to which the funded services have delivered against their remits.

6. NEXT STEPS

6.1 At the time of writing, the planned next steps for January are to:

- Present the draft Programme Plan to stakeholders for comment / amendment / approval.

- Plan and complete the Project Manager's induction.

- Oversee the return of the Value for Money reports and their discussion/analysis at RIB meetings.

- Complete the Quarter 3 DCLG return.

- Complete research into national best practice in integration (the outcomes of which will inform later discussions regarding further opportunities for integration).

7. CONTRIBUTION TO STRATEGIC AIMS

7.1 While the BCF does not in itself and in its entirety directly relate to the HWB's strategic aims, Operating Guidance for the BCF published by NHS England states that: *The expectation is that HWBs will continue to oversee the strategic direction of the BCF and the delivery of better integrated care, as part of their statutory duty to encourage integrated working between commissioners* […] *HWBs also have their own statutory duty to help commissioners provide integrated care that must be complied with.*

8. COMMUNITY & STAKEHOLDER ENGAGEMENT

8.1 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".

8.2 In accordance with this duty, the Programme Manager has met with Healthwatch to review and refine the existing service user engagement metrics set against the CRT, Discharge to Assess and High Impact Model schemes services, to ensure that they reflect best practice. Meetings have taken place with the services to review the reporting requirements associated with the new/refined targets, and these will be reported against moving forwards.

8.3 At the time of writing, a meeting between the Locality Manager and Healthwatch is provisionally scheduled for late January 2018 to review the mechanisms used by the services to gather service user feedback, and to ensure that they mirror Healthwatch's understanding of best practice.

9. EQUALITY IMPACT ASSESSMENT

9.1 N/A – no new proposals or decisions recommended / requested

10. LEGAL IMPLICATIONS

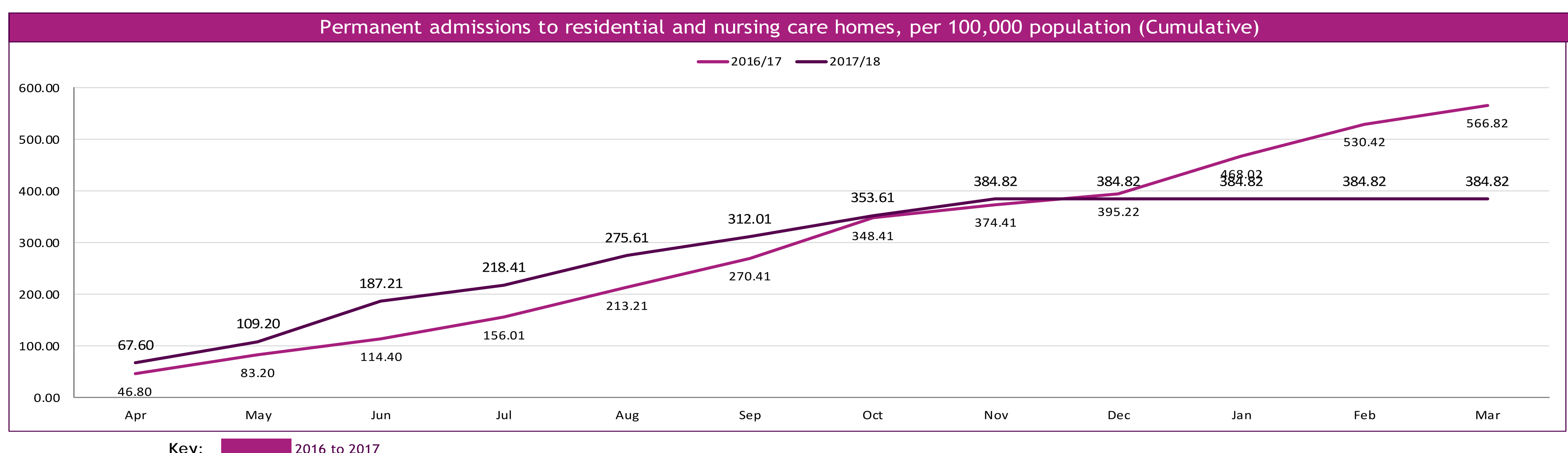
10.1 N/A – no new proposals or decisions recommended / requested.

11. FINANCIAL IMPLICATIONS

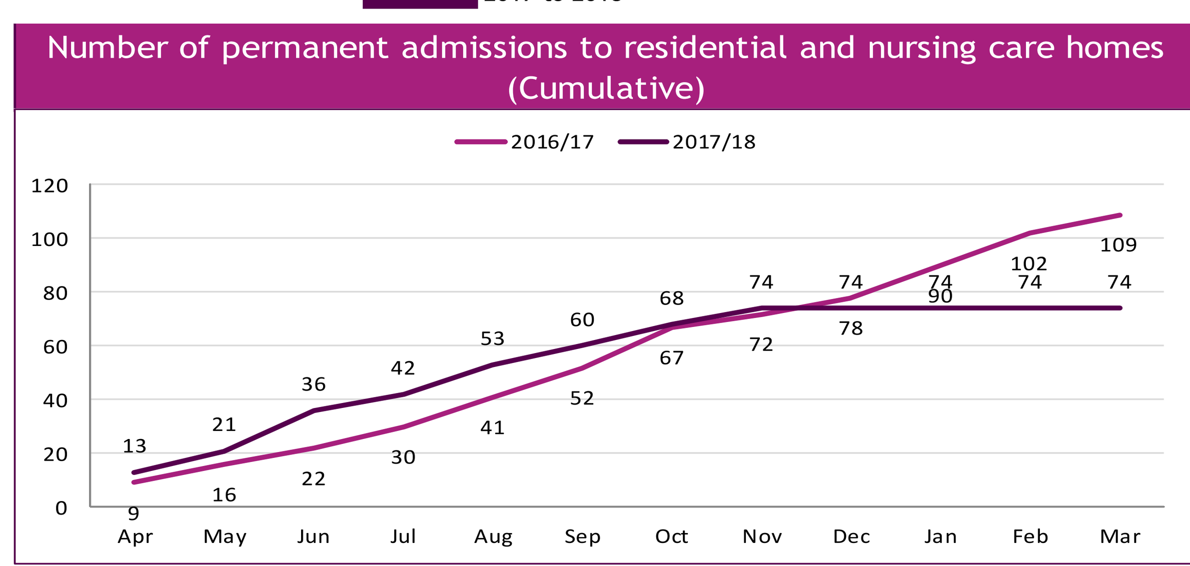
11.1 Based on the most recent BCF budget report submitted to the Reading Integration Board, there are some minor variations on actual to date spend compared to budget, though for the year end forecast position the majority of spend is on track against the budget and no underspends or overspends are anticipated.

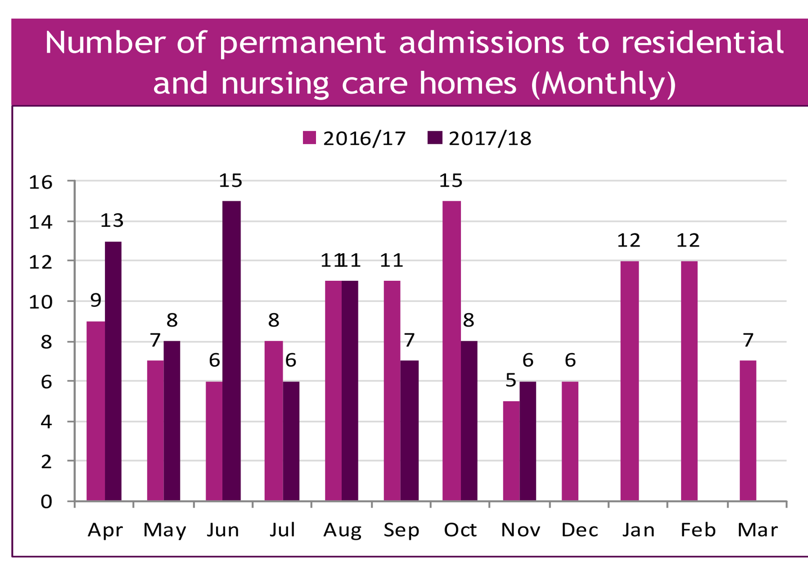
12. BACKGROUND PAPERS

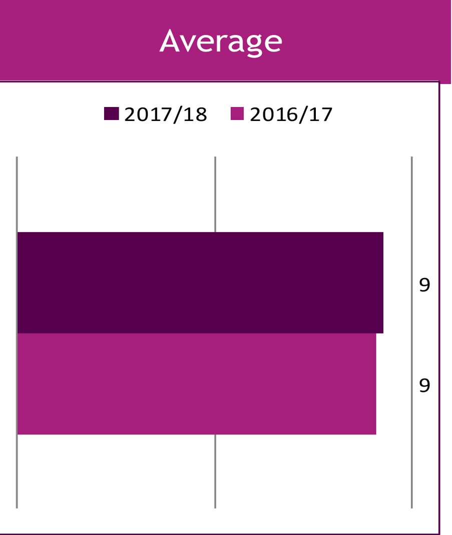
12.1 BCF Dashboard (issued December 2017).



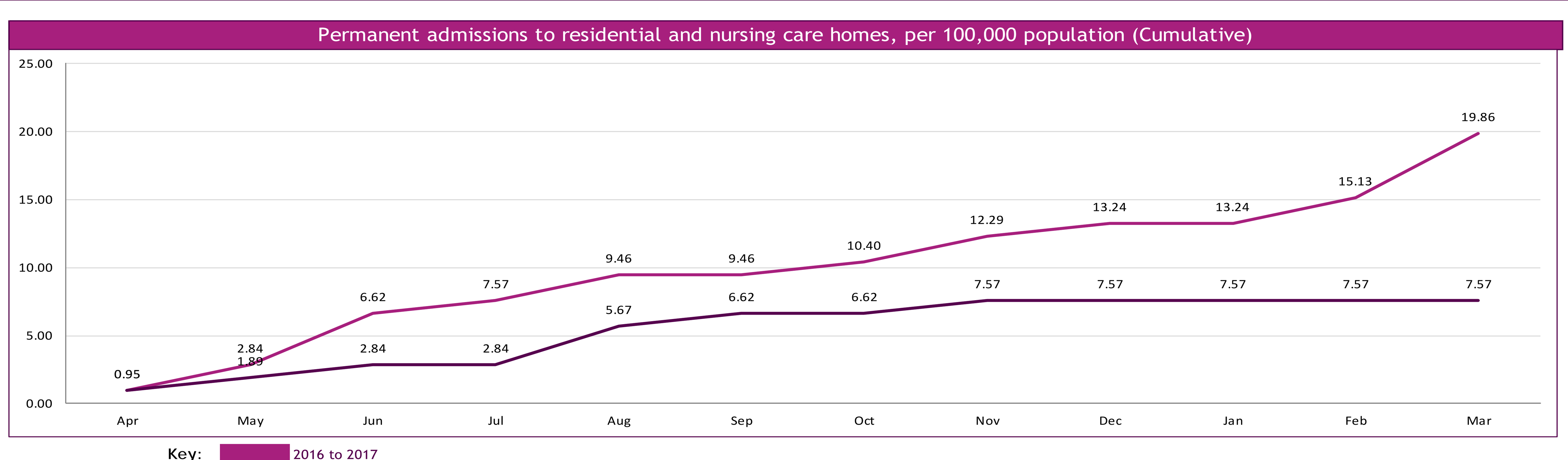
Key: 2016 to 2017
2017 to 2018



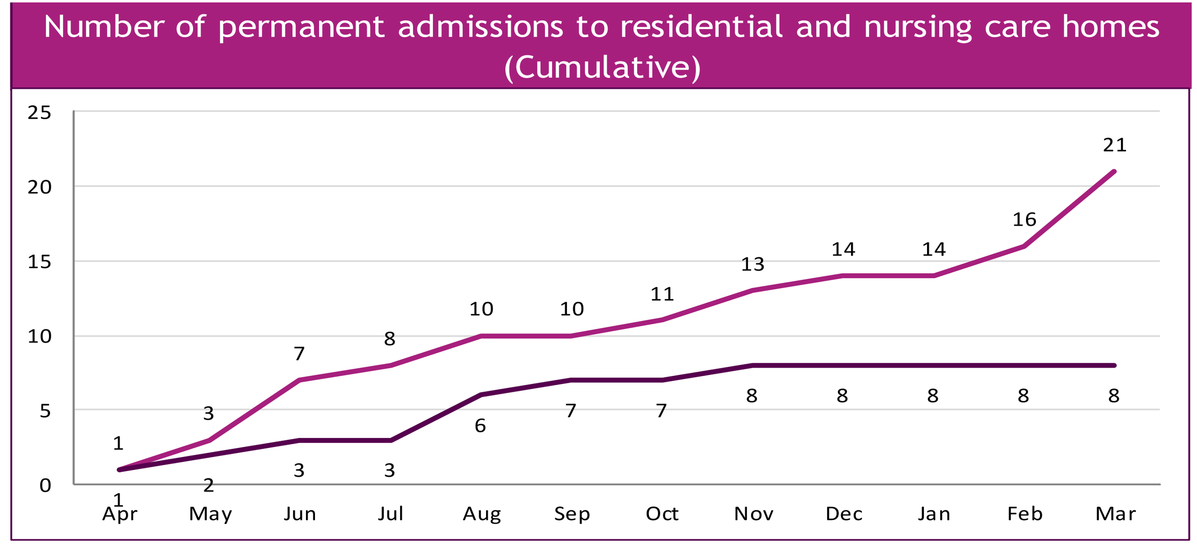


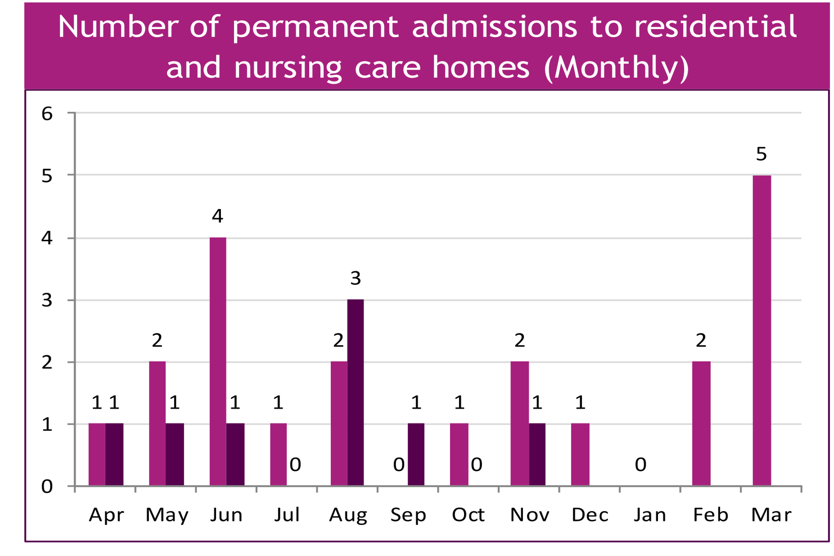


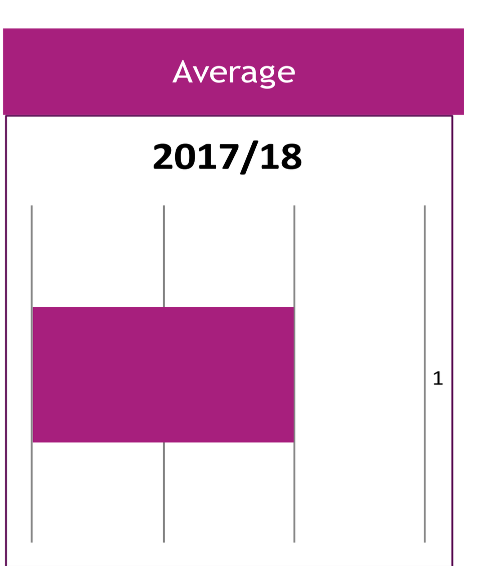
Younger Adults



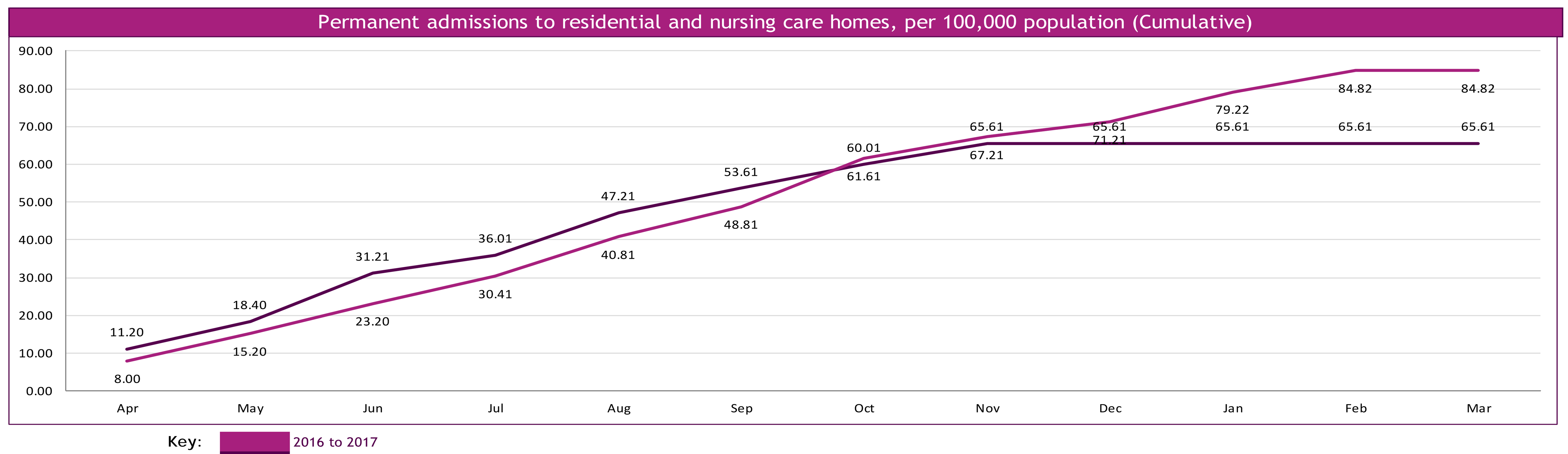
Key: 2016 to 2017
2017 to 2018



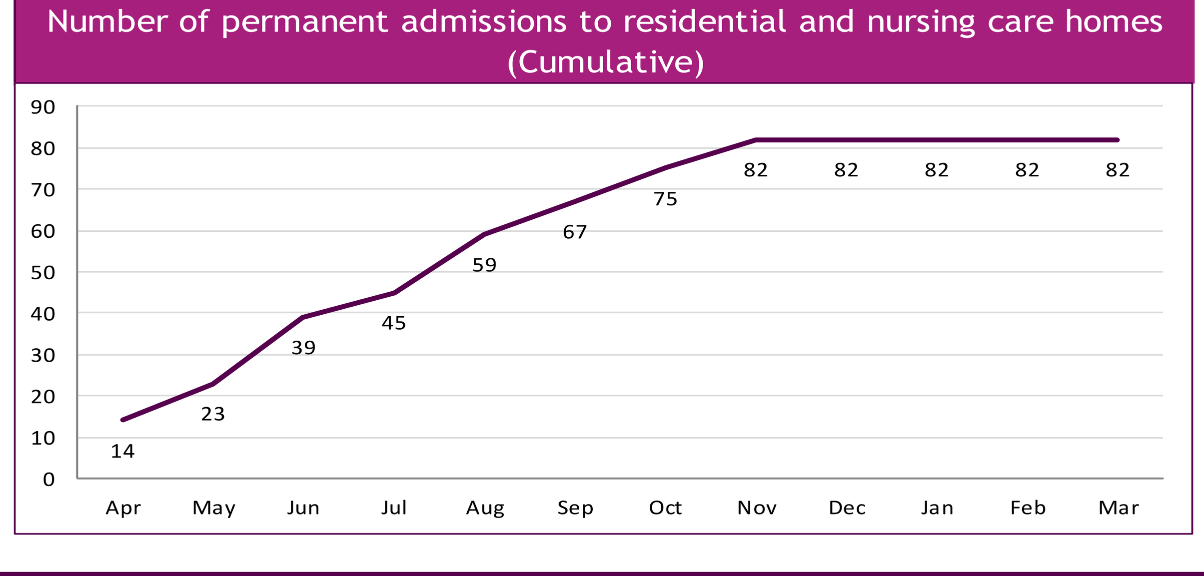


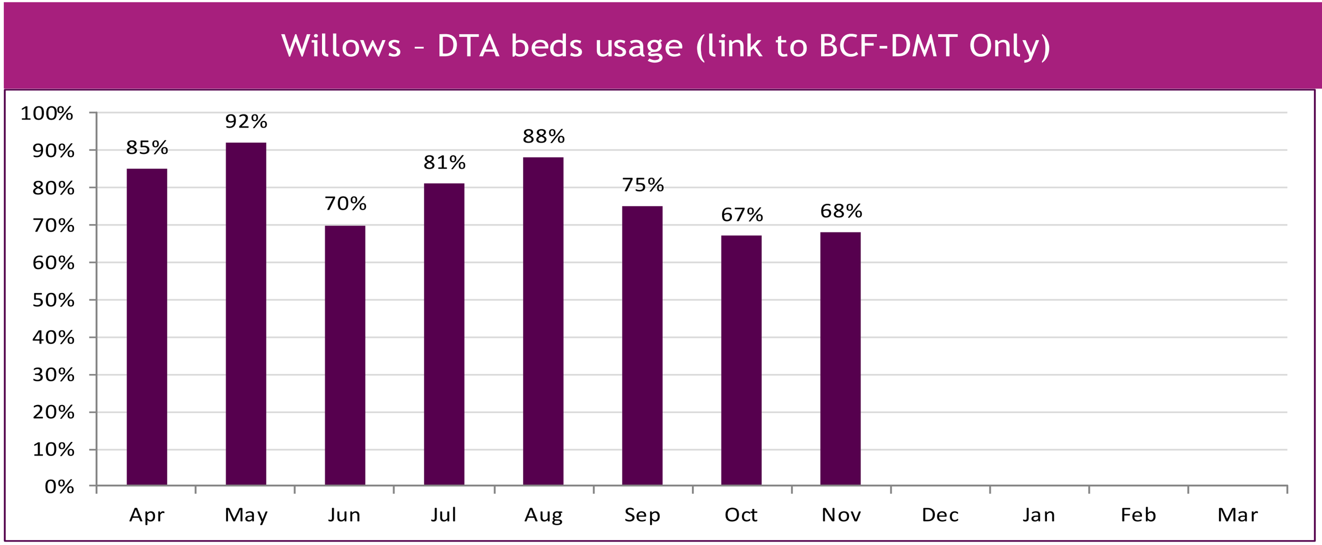


All Adults



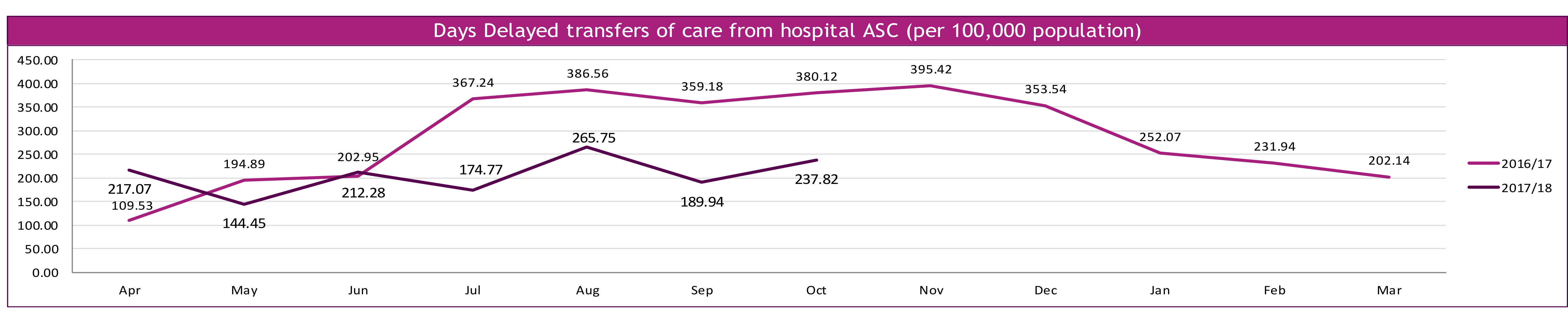
Key: 2016 to 2017
2017 to 2018

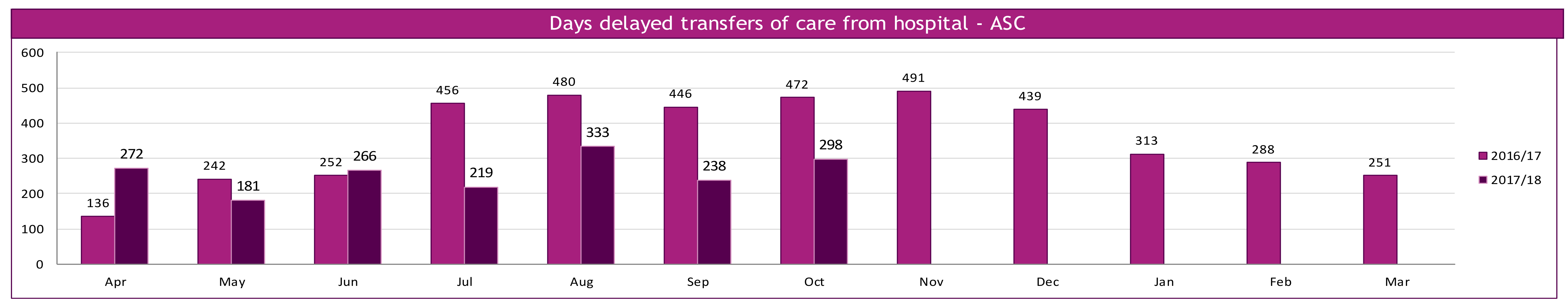


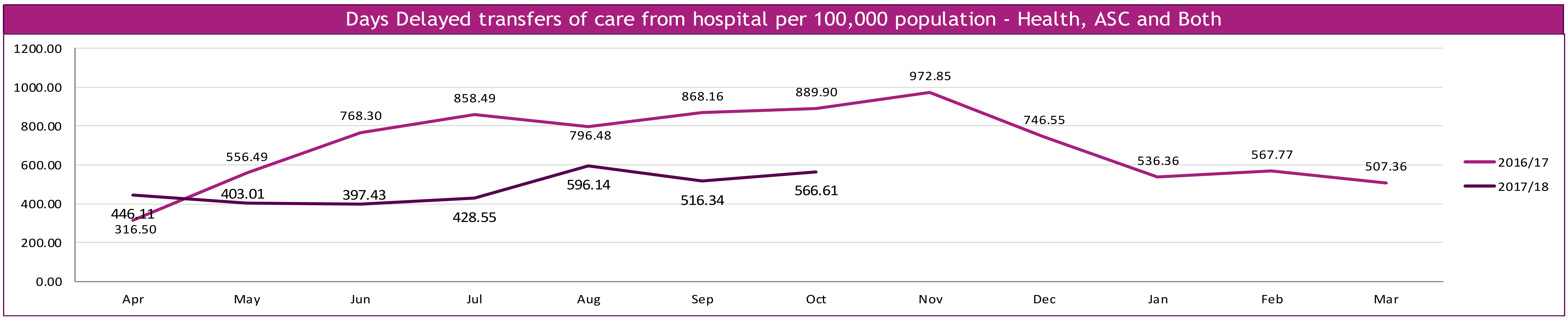


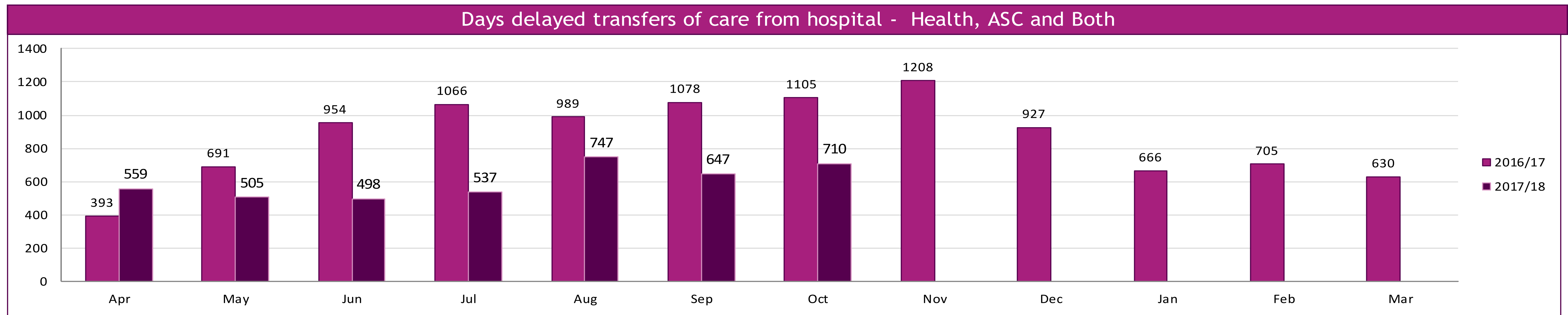
Performance Analysis Team
November - 2017

Report





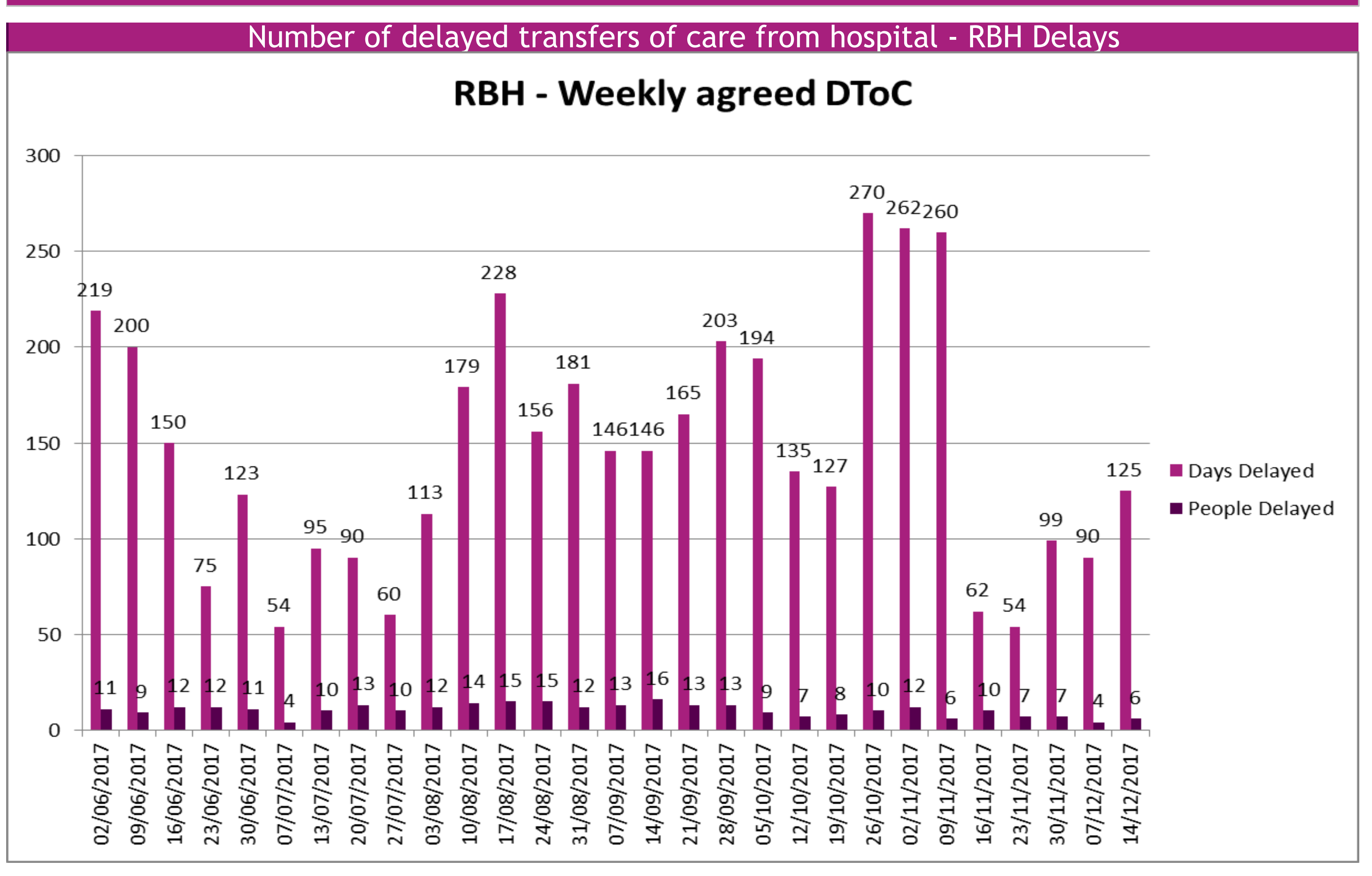




Delayed Transfers of Care (DToC) from Hospital - RBH Data

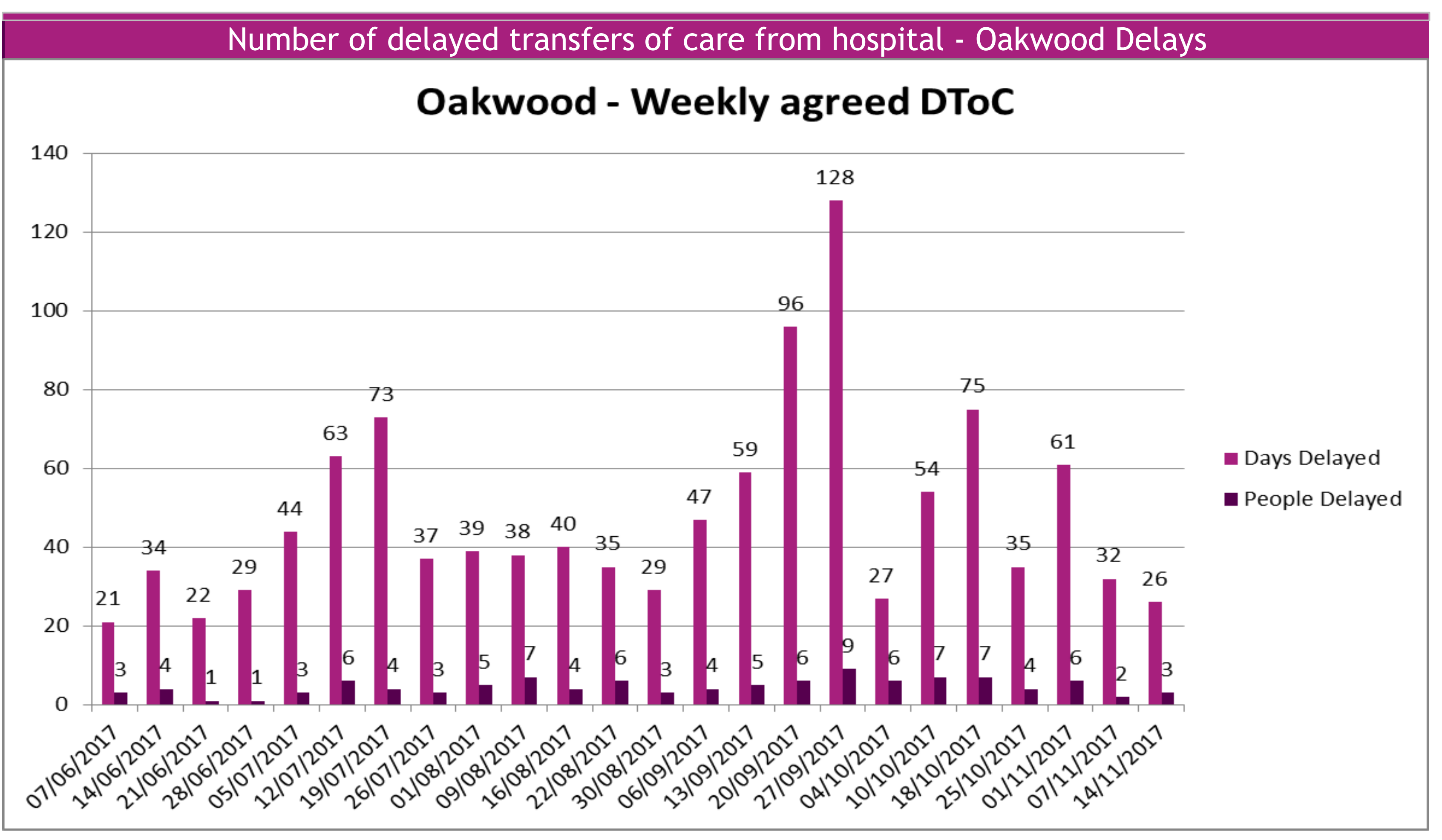
The number of people and days delayed at RBH Hospital is generally showing great improvement. An OT and other discharge staff are having a really positive impact on getting people out of hospital promptly.

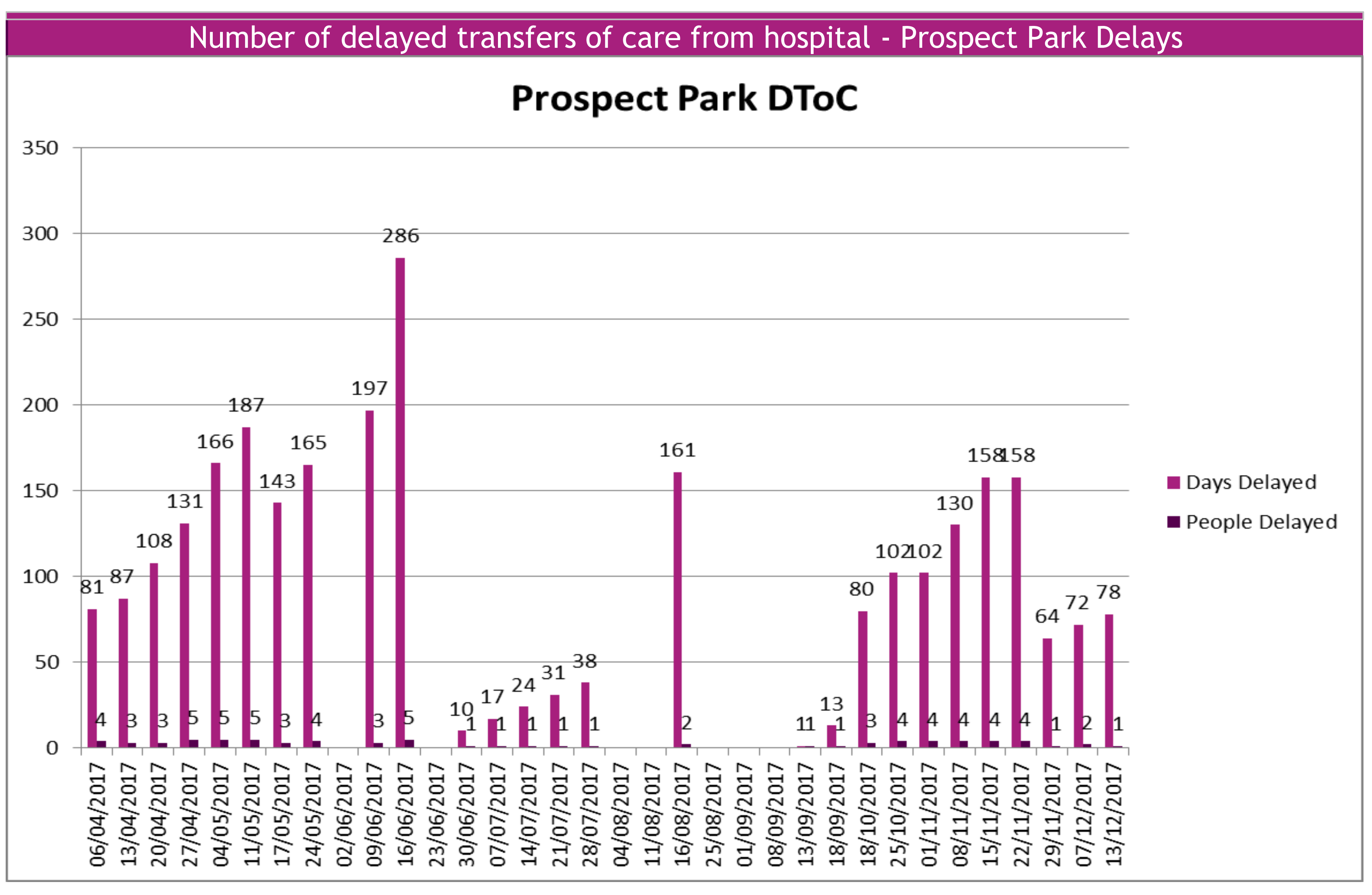
Number of delayed transfers of care from hospital - RBH Delays



Delayed Transfers of Care (DToC) from Hospital - Oakwood Data

Number of delayed transfers of care from hospital - Oakwood Delays

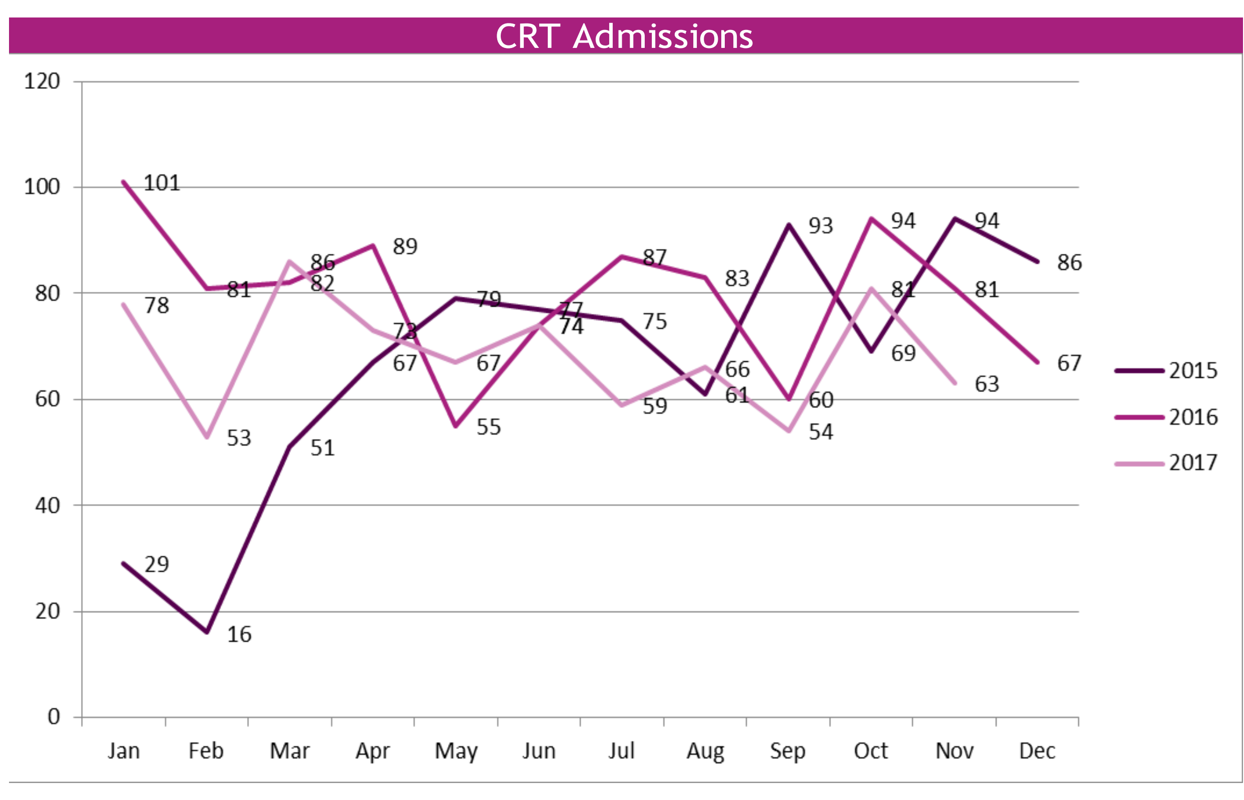



Delayed Transfers of Care (DToC) - Prospect Park Hospital
Number of delayed transfers of care from hospital - Prospect Park Delays
Prospect Park DToC
350
300
250
200
150
100
50
0
Days Delayed
People Delayed
06/04/2017
13/04/2017
20/04/2017
27/04/2017
04/05/2017
11/05/2017
17/05/2017
24/05/2017
02/06/2017
09/06/2017
16/06/2017
23/06/2017
30/06/2017
07/07/2017
14/07/2017
21/07/2017
28/07/2017
04/08/2017
11/08/2017
16/08/2017
25/08/2017
01/09/2017
08/09/2017
13/09/2017
18/09/2017
18/10/2017
25/10/2017
01/11/2017
08/11/2017
15/11/2017
22/11/2017
29/11/2017
07/12/2017
13/12/2017
81 4
87 3
108 3
131 5
166 5
187 5
143 3
165 4
197 3
286 5
10 1
17 1
24 1
31 1
38 1
161 2
11
13 1
80 3
102 4
102 4
130 4
158 4
158 4
64 1
72 2
78 1

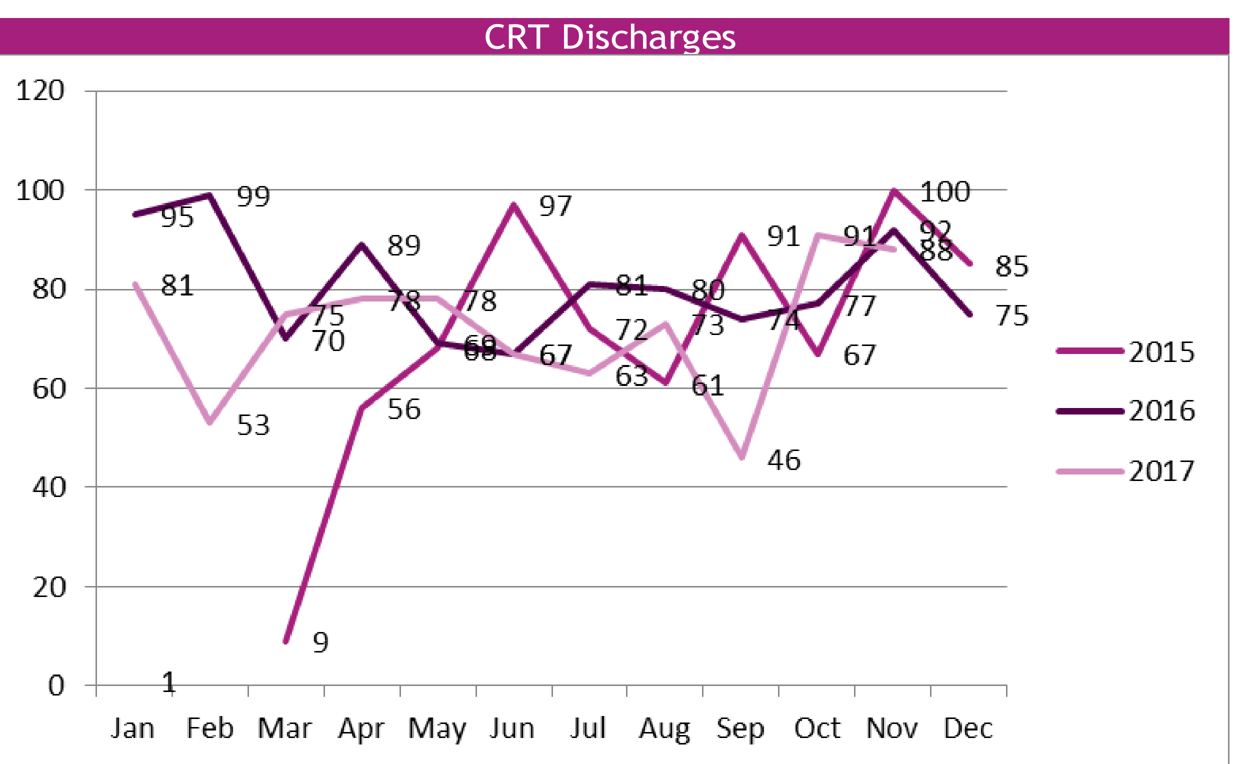
Community Reablement Team

The admissions and discharges should balance out to maintain flow through the service.

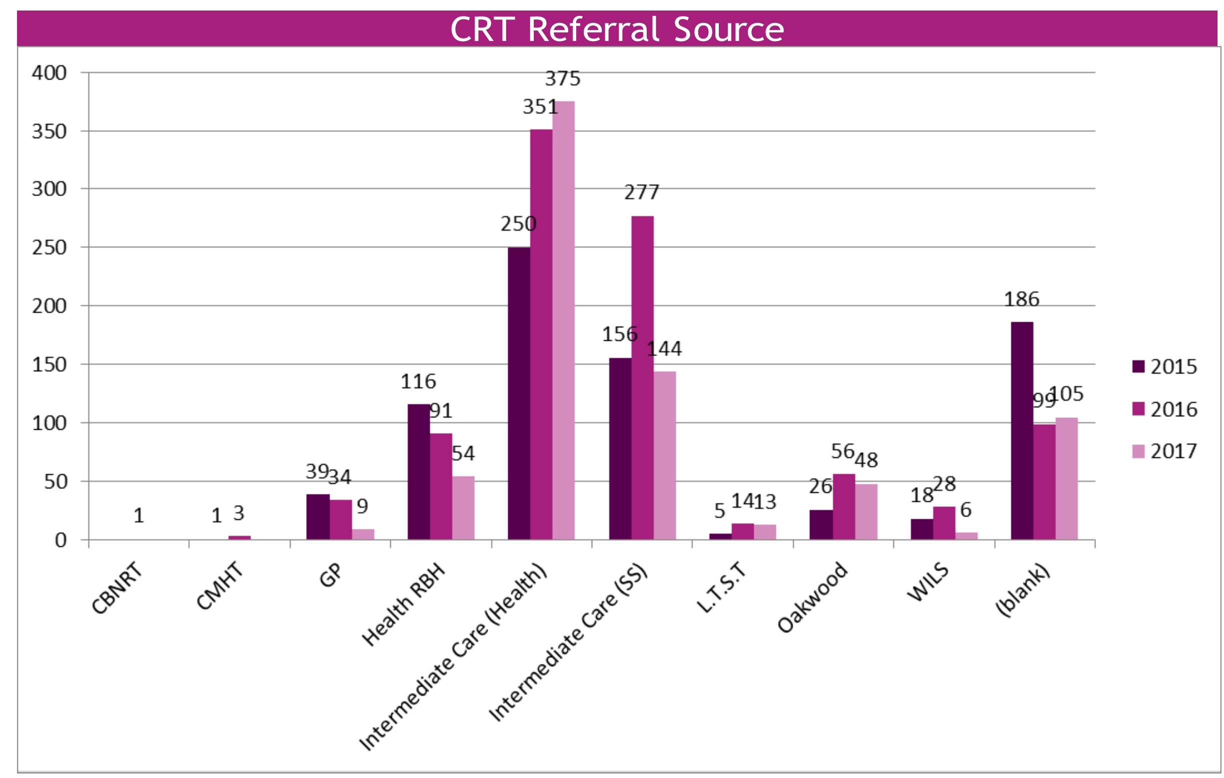
CRT Admissions



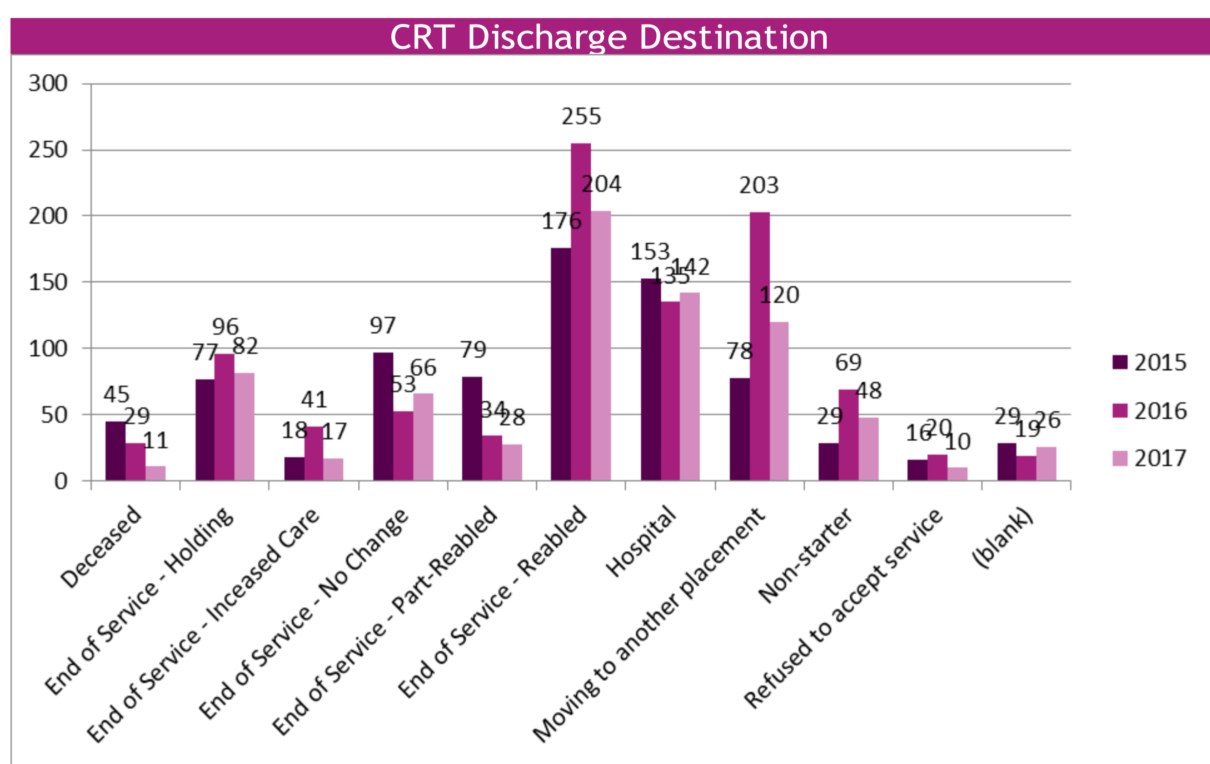
CRT Discharges



CRT Referral Source

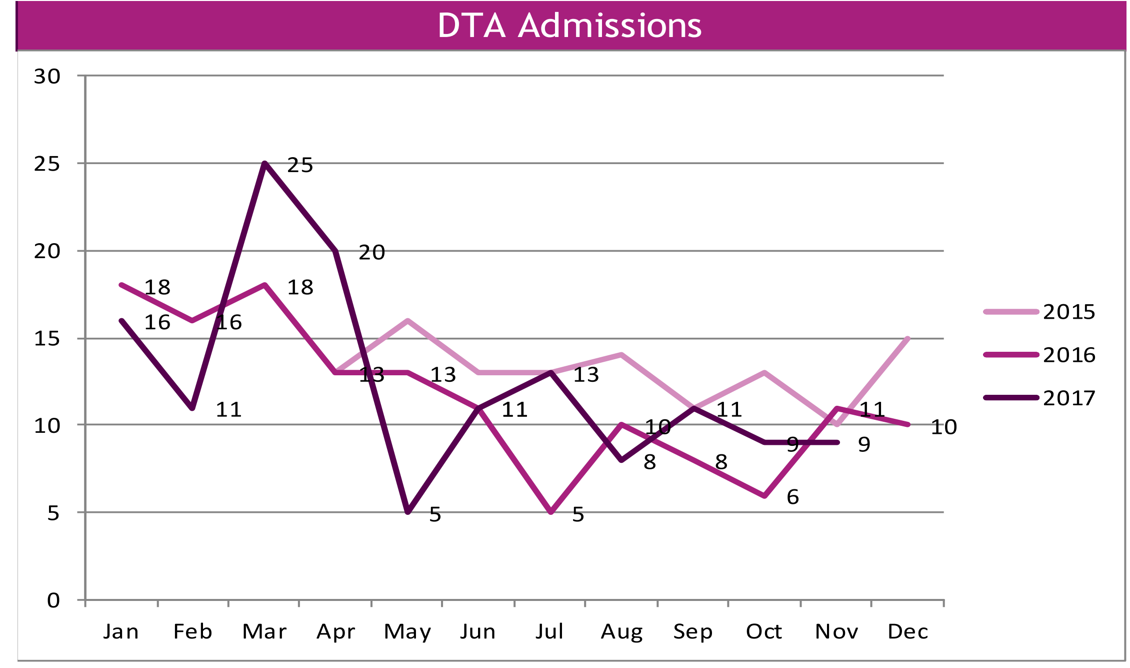


CRT Discharge Destination

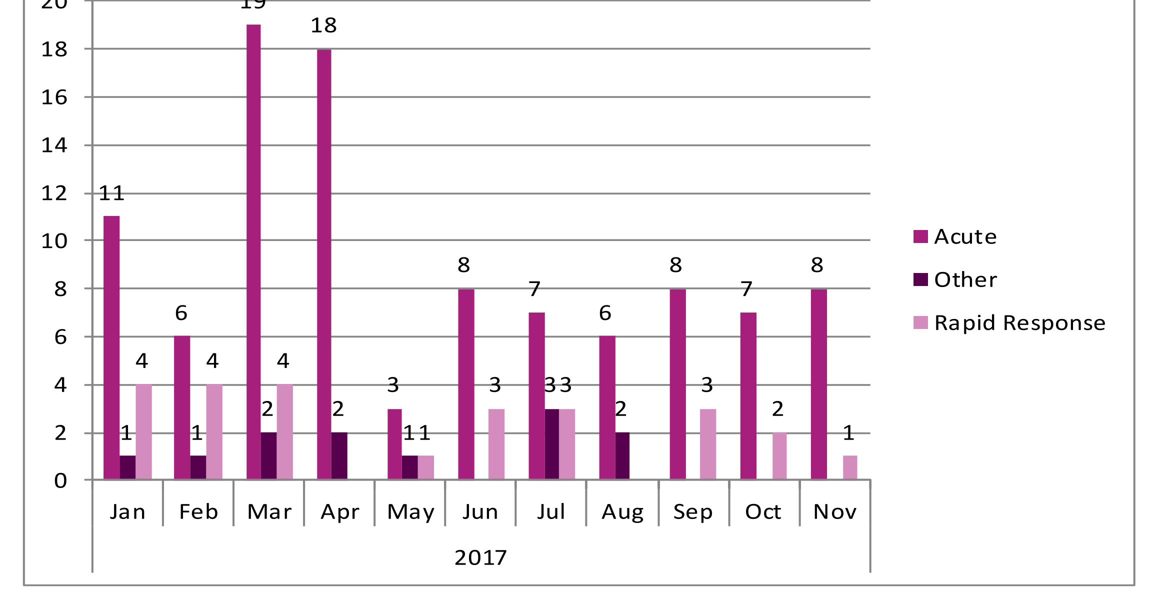


Discharge to Assess (DTA)

DTA Admissions



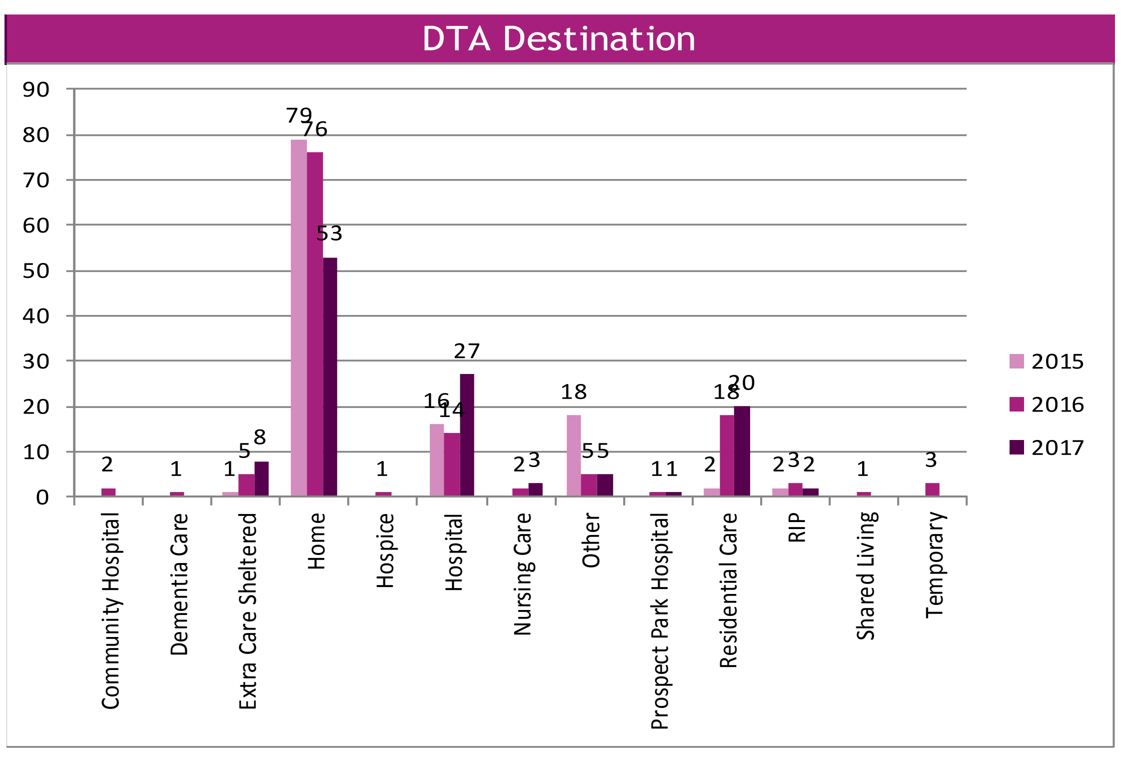
DTA referral Source



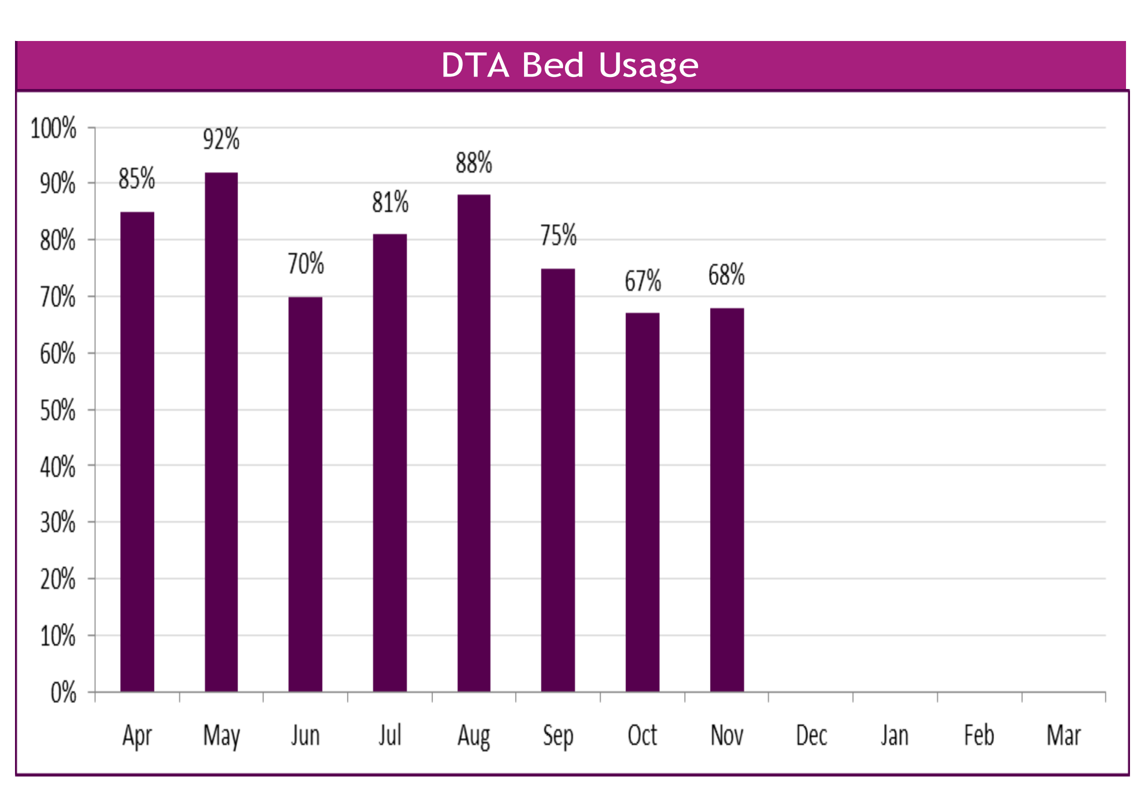
Comments

Comments

DTA Destination



DTA Bed Usage



Comments

Comments

November - 2017

Reading BCF Performance - M12 - March 2017

<-------------------- ACTIVITY & BENEFITS -------------------->

Discharge to Assess

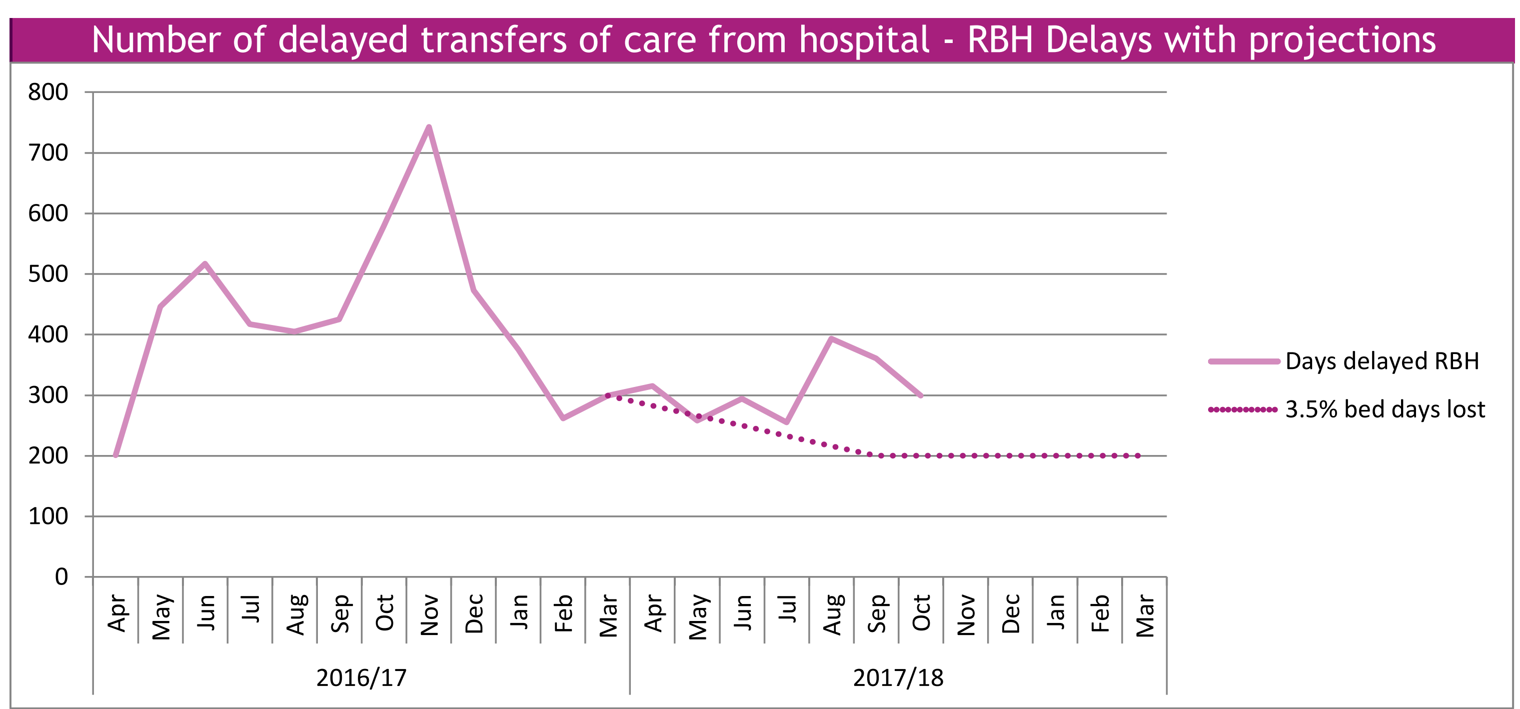
	Y-T-D 12 months to March 2017					Full Year				
	Target Reduction	Actual Reduction	Target savings (£2225/NEL) (£26,000/ Care Home admission)	Actual savings (£2225/NEL) (£26,000/ Care Home admission)	Variance to target	Target Reduction	FOT Reduction	Target savings (£2225/NEL) (£26,000/ Care Home admission)	FOT savings (£2225/NEL) (£26,000/ Care Home admission)	Variance to target
			£	£	£			£	£	£
NEL	12	28	26,700	62,300	35,600	12	30	26,700	66,750	40,050
Permanent admissions of older people to residential/nursing care	6	1	156,000	26,000	-130,000	6	1	156,000	26,000	-130,000

CRT/Full Intake Model

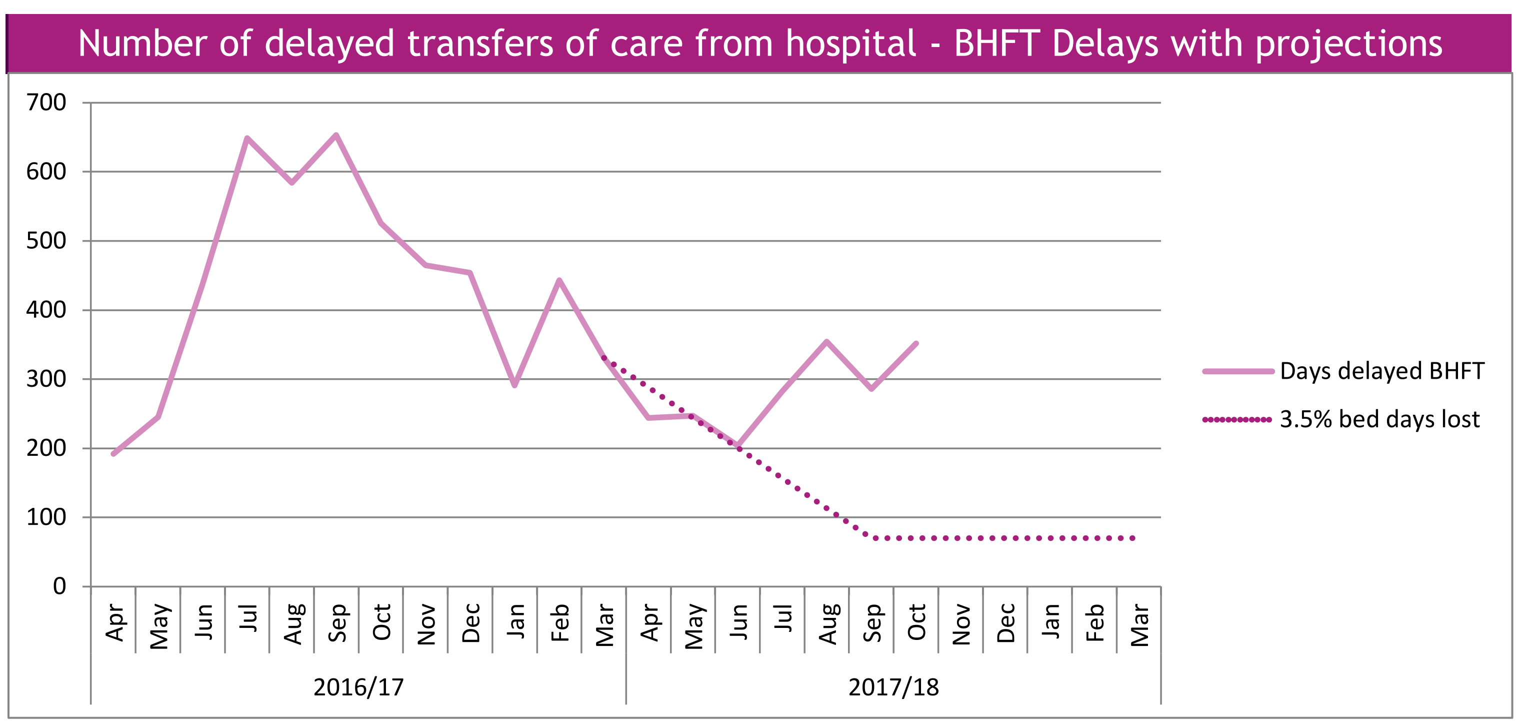
	Y-T-D 12 months to March 2017					Full Year				
	Target Reduction	Actual Reduction	Target savings (£2225/NEL) (£26,000/ Care Home admission)	Actual savings (£2225/NEL) (£26,000/ Care Home admission)	Variance to target	Target Reduction	FOT Reduction	Target savings (£2225/NEL) (£26,000/ Care Home admission)	FOT savings (£2225/NEL) (£26,000/ Care Home admission)	Variance to target
			£	£	£			£	£	£
NEL	36	112	80,100	249,200	169,100	48	122	106,800	271,855	165,055
Permanent admissions of older people to residential/nursing care	6	1	156,000	26,000	-130,000	6	1	156,000	26,000	-130,000

Delayed Transfers of Care (DToC) from Hospital - By Trust

Number of delayed transfers of care from hospital - RBH Delays with projections



Number of delayed transfers of care from hospital - BHFT Delays with projections



Years	2016/17												2017/18											
Months	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Days delayed	393	691	954	1066	989	1078	1105	1208	927	666	705	630	559	500	441	381	322	262	262	262	262	262	262	262
Days delayed RBH	201	446	517	417	405	425	579	743	473	375	262	299	315	258	294	255	393	361	299					
3.5% bed days lost												299	283	266	250	233	216	200	200	200	200	200	200	200
RBH Actuals												299	315	258	294	255	393	361	299					
Days delayed BHFT	192	245	437	649	584	653	526	465	454	291	443	331	244	247	204	282	354	286	352					
3.5% bed days lost												331	288	244	201	157	113	70	70	70	70	70	70	70
BHFT Actuals												331	244	247	204	282	354	286	352					

Delayed Transfers of Care (DToC) - Reading UA

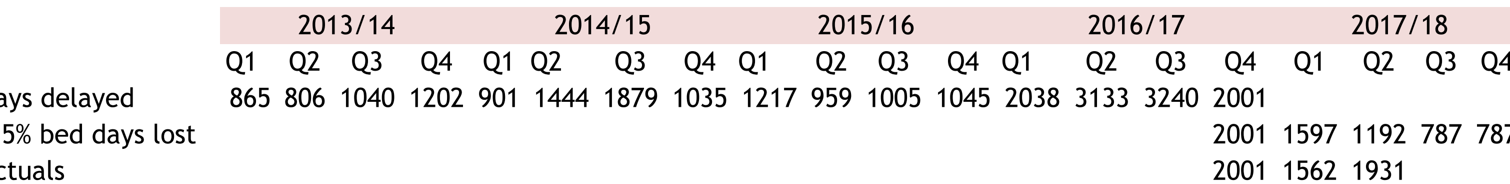
Reading Days Delayed with 3.5% bed days lost projections

3500
3000
2500
2000
1500
1000
500
0

Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4 Q1 Q2 Q3 Q4

2013/14 2014/15 2015/16 2016/17 2017/18

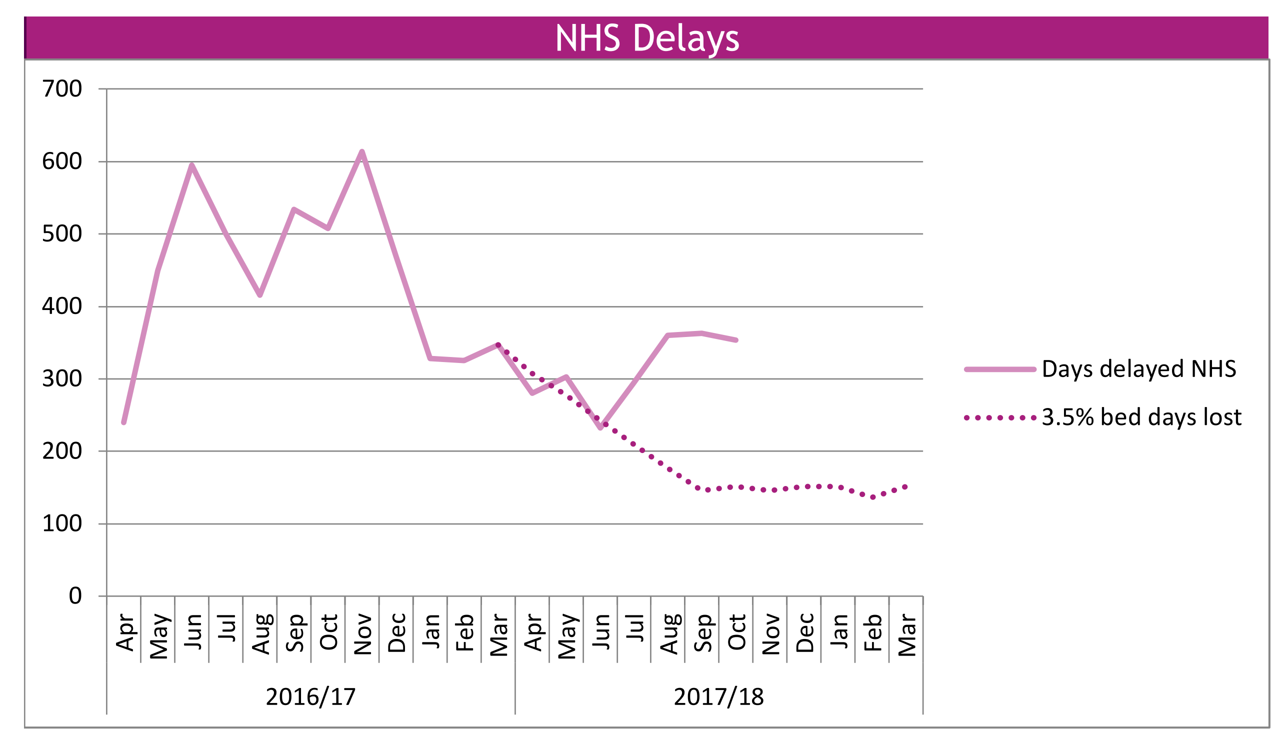
Days delayed
3.5% bed days lost
Actuals



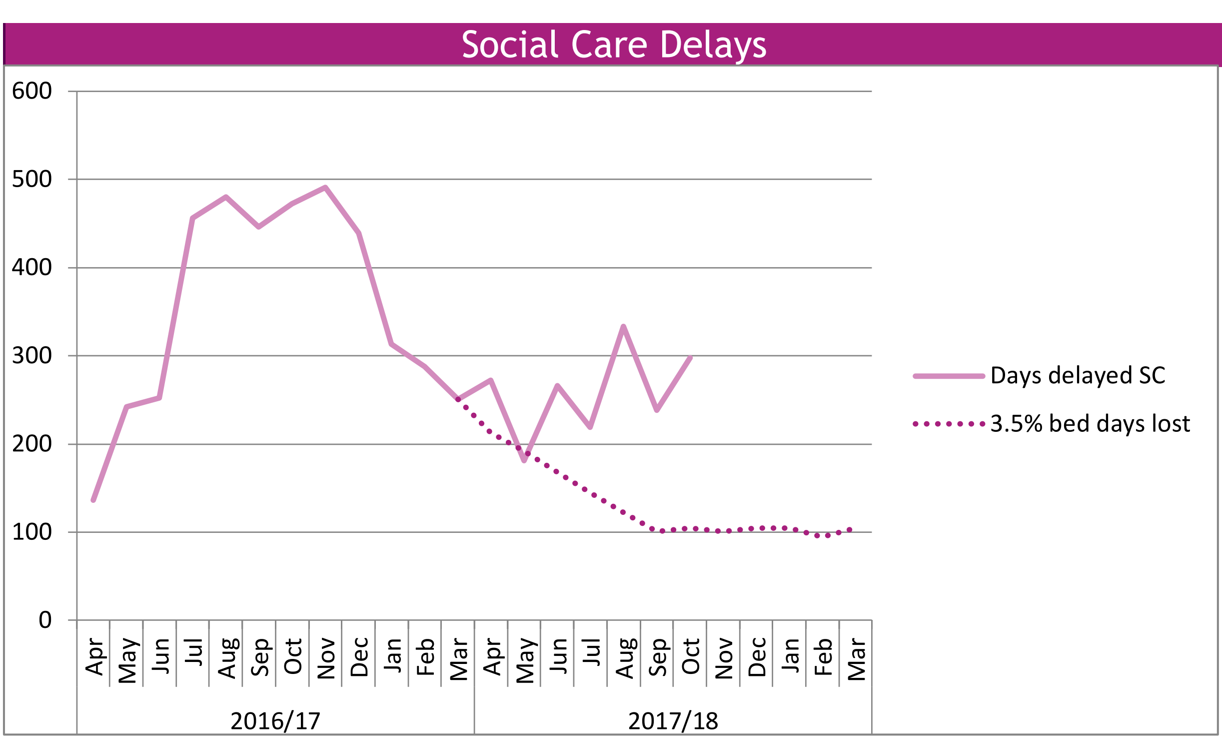
	2013/14				2014/15				2015/16				2016/17				2017/18			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Days delayed	865	806	1040	1202	901	1444	1879	1035	1217	959	1005	1045	2038	3133	3240	2001				
3.5% bed days lost																2001	1597	1192	787	787
Actuals																2001	1562	1931		

Delayed Transfers of Care (DToC) - By Attribution with projections

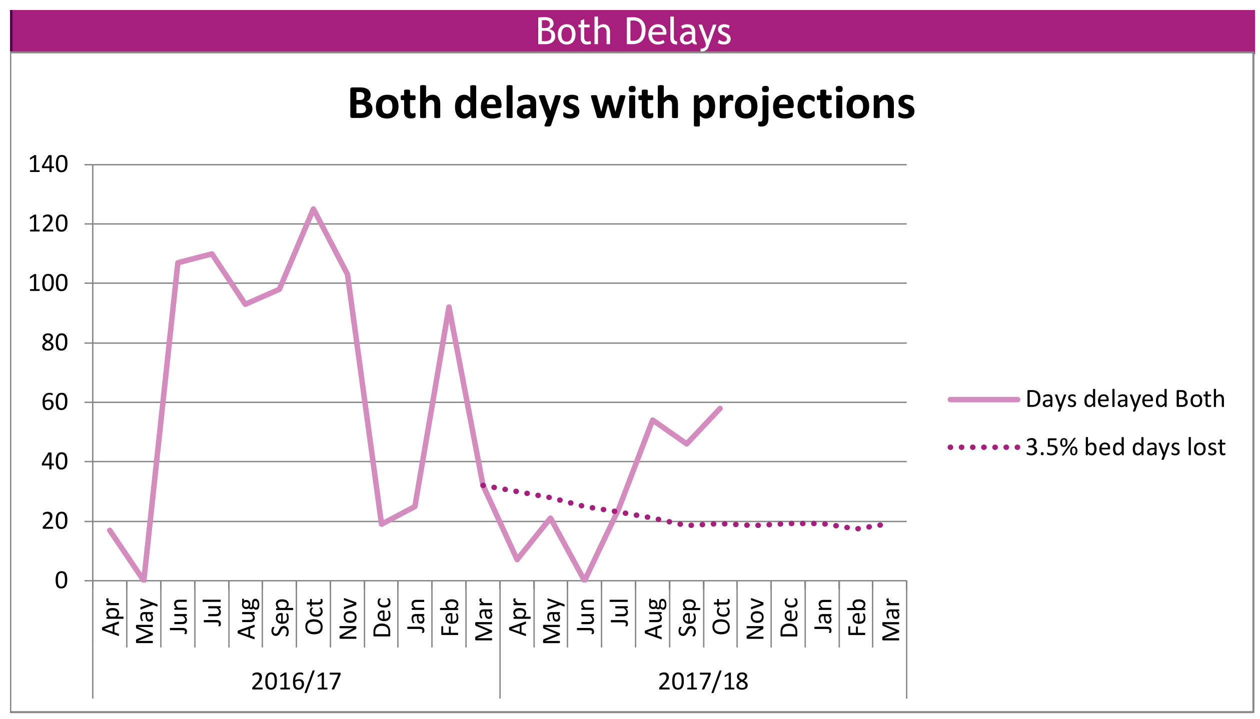
NHS Delays



Social Care Delays



Both Delays



Years	2016/17												2017/18											
Months	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Days delayed	393	691	954	1066	989	1078	1105	1208	927	666	705	630	559	505	441	381	322	266	275	266	275	275	248	275
Days delayed NHS	240	449	595	500	416	534	508	614	469	328	325	347	280	303	232	294	360	363	354					
3.5% bed days lost												347	307.45	277.75	243	209.55	177.1	146.3	151.25	146.3	151.25	151.25	136.4	151.25
Days delayed SC	136	242	252	456	480	446	472	491	439	313	288	251	272	181	266	219	333	238	298					
3.5% bed days lost												251	212.42	191.9	168	144.78	122.36	101.08	104.5	101.08	104.5	104.5	94.24	104.5
Days delayed Both	17	0	107	110	93	98	125	103	19	25	92	32	7	21	0	24	54	46	58					
3.5% bed days lost												32	30	28	25	23	21	19	19	19	19	19	17	19

		For HWB DToC Metric Plan Collection										
55	NHS											
38	SC	209.55	177.1	146.3	151.25	146.3	151.25	151.25	136.4	151.25		
7	Both	75.8571	64.1102	52.9606	54.7525	52.9606	54.7525	54.7525	49.3768	54.7525	N&West C	36.2
		1.2573	1.0626	0.8778	0.9075	0.8778	0.9075	0.9075	0.8184	0.9075	Oxf CCG	0.6
		126.9873	107.3226	88.6578	91.6575	88.6578	91.6575	91.6575	82.6584	91.6575	SR CCG	60.6
		5.65785	4.7817	3.9501	4.08375	3.9501	4.08375	4.08375	3.6828	4.08375	Wok CCG	2.7

NHS
North and West Reading Clinical Commissioning Group

NHS
South Reading Clinical Commissioning Group

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	19th January 2018	AGENDA ITEM:	15
REPORT TITLE:	Health and Wellbeing Dashboard - December 2017 Update		
REPORT AUTHOR:	Jo Hawthorne	TEL:	0118 937 3623
JOB TITLE:	Head of Wellbeing	E-MAIL:	Jo.hawthorne@reading.gov.uk
ORGANISATION:	Wellbeing, Reading Borough Council		

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This report updates the Board on the development of the Health and Wellbeing Dashboard, which will be used to keep Board members informed of local trends in priority areas identified in the Health and Wellbeing Strategy.

1.2 The Board agreed in July 2017 that the Dashboard would be presented on an annual basis at the end of each financial year but revised this decision in October 2017, when it was agreed that the dashboard would be presented at each quarterly Health and Wellbeing Board meeting. HWB Strategy Leads have been asked to identify appropriate indicators and targets in partnership with local stakeholders in order to facilitate this.

1.3 Indicators and targets have been agreed for most of the priority areas. Indicators and targets for Priority 4 (Promoting positive mental health and wellbeing for children and young people) need to be aligned with the local Future in Mind plan; and some of the indicators for Priority 5 (Living well with dementia) are still to be finalised. The latest version of the Dashboard appears at Appendix A, and includes the latest available published data in December 2017 for each indicator agreed for inclusion.

2. RECOMMENDED ACTION

2.1 That the Health and Wellbeing Board notes the progress made in developing a Health and Wellbeing Dashboard and requests that the completed and refreshed Dashboard is brought back to each Board meeting from March 2018 onwards.

3. POLICY CONTEXT

3.1 The Health and Social Care Act 2012 sets out the requirement on Health and Wellbeing Boards to use a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS) to develop plans which:

- improve the health and wellbeing of the people in their area;
- reduce health inequalities; and
- promote the integration of services.

3.2 Reading's 2017-20 Health and Wellbeing Strategy was adopted by the Board in January 2017 and sets out eight priorities:

- Supporting people to make healthy lifestyle choices (with a focus on tooth decay, obesity and physical activity)

- Reducing loneliness and social isolation
- Promoting positive mental health and wellbeing in children and young people
- Reducing deaths by suicide
- Reducing the amount of alcohol people drink to safe levels Making Reading a place where people can live well with dementia
- Increasing breast and bowel screening and prevention services
- Reducing the number of people with tuberculosis

3.3 A supporting Action Plan sets out indicators and targets to track progress towards the achievement of the Board's strategic priorities. The Board has requested that these are captured on a Dashboard which is presented to the Board regularly to facilitate an ongoing review of progress. More in-depth reviews of progress will be conducted via detailed progress reports requested by the Board from time to time and presented by the leads for the various priority areas.

4. THE PROPOSAL

4.1 Current Position

The Health and Wellbeing Dashboard is in development and the first full version will be available in March 2018. A small number of the indicators and targets are still to be agreed.

The iteration appendixed to this report includes indicators and targets that have been agreed and updates from published data. Stakeholders and partners have not been approached to provide commentary or any further local updates to inform a review of the data. However, Priority Leads will be asked if they wish to provide commentary to accompany the Dashboard for the March Health and Wellbeing Board and subsequent Board meetings.

4.2 Options Proposed

The Health and Wellbeing Board is invited to note the most recent iteration of the Health and Wellbeing Dashboard, noting that some indicators and targets are yet to be agreed.

5. CONTRIBUTION TO READING'S HEALTH AND WELLBEING STRATEGIC AIMS

5.1 This proposal supports Health and Wellbeing Board members to deliver against both the shared priorities set out in Reading's Health and Wellbeing Strategy, and the aligned strategic priorities of individual member organisations, by illustrating performance and progress against key indicators.

5.2 The proposal recognises that plans in support of Reading's 2017-20 Health and Wellbeing Strategy should be built on three foundations - safeguarding vulnerable adults and children, recognising and supporting all carers, and high quality co-ordinated information to support wellbeing. The proposal specifically addresses these in the following ways:

Stakeholders and partners are asked to observe these foundations in agreeing actions to address each priority area.

6. COMMUNITY & STAKEHOLDER ENGAGEMENT

6.1 A wide range of voluntary and public sector partners and members of the public were encouraged to participate in the development of the Health and Wellbeing Strategy and, as described above, a draft of the proposed Strategy was made available for consultation

between 10th October and 11th December 2016. The indicators included in this report reflect those areas highlighted during the development of the strategy and included in the final version.

7. EQUALITY IMPACT ASSESSMENT

7.1 This report does not trigger the requirement for an equality impact assessment.

8. LEGAL IMPLICATIONS

8.1 There are no legal implications arising from this report.

9. FINANCIAL IMPLICATIONS

9.1 The development of a performance dashboard supports achievement of value for money objectives by ensuring that Board members are better able to determine how effort and resources are most likely to be invested beneficially.

10. BACKGROUND PAPERS

10.1 Minutes of the Health and Wellbeing Board 14th July 2017 - http://www.reading.gov.uk/media/7753/Minutes/pdf/170714.pdf

10.2 Minutes of the Health and Wellbeing Board 27th January 2017 - http://www.reading.gov.uk/article/9641/Health-and-Wellbeing-Board-27-JAN-2017

10.3 Reading Borough Council (2017) *Reading's Health and Wellbeing Strategy*

10.4 Minutes of the Health and Wellbeing Board 15th July 2016 - http://www.reading.gov.uk/article/9585/Health-and-Wellbeing-Board-15-JUL-2016

10.5 Health and Wellbeing Board Performance Update – February 2017

Priority	Indicator	Target Met/Not Met	Direction of Travel
1. Supporting people to make healthy lifestyle choices	2.12 Excess weight in adults	Met	Better
	2.13i % of adults physically active	Met	Better
	2.06i % 4-5 year olds classified as overweight/obese	Met	No change
	2.06ii % 10-11 year olds classified as overweight/obese	Not Met	No change
	2.03 Smoking status at the time of delivery	Met	Better
	2.14 Smoking prevalence - all adults - current smokers	Not Met	Better
	2.14 Smoking prevalance - routine and manual - current smokers	Not Met	No change
	2.22iii Cumulative % of those aged 40-74 offered a healthcheck 2013/14 - 16/17	Not Met	No change
	2.22 iv Cumulative % of those offered a healthcheck who received a healthcheck 2013/14 - 16/17	Not Met	No change
	2.22 v Cumulative % of those aged 40-74 who received a healthcheck 2013/14 - 16/17	Not Met	No change
2. Reducing loneliness and social isolation	1.18i/1I % of adult social care users with as much social contact as they would like	Not Met	Better
	1.18ii/1I % of adult carers with as much social contact as they would like	Not Met	No change
	Local LSI data placeholder	*NA*	*NA*
3.Reducing the amount of alcohol people drink to safer levels	2.15iii Successful treatment of alcohol treatment	Met	Better
	2.18 Admission episodes for alcohol related conditions (DSR per 100,000)	Met	Worse
4.Promoting positive mental health and wellbeing in children and young people			
5.Living well with dementia	4.16/2.6i Estimated diagnosis rate for people with dementia	Met	No change
	No. Dementia Friends (Local Indicator)		
	Placeholder - ASCOF measure of post-diagnosis care	*NA*	*NA*
	ASCOF Carers survey metric TBA		
6.Increasing take up of breast and bowel screening and prevention services	2.20iii Cancer screening coverage - bowel cancer	Met	No change
	2.20i Cancer screening coverage - breast cancer	Met	No change
7.Reducing the number of people with tuberculosis	3.05ii Incidence of TB (three year average)	Met	Better
8. Reducing deaths by suicide	4.10 Age-standardised mortality rate from suicide and injury of undetermined intent	Not met	Better

PRIORITY 1: Supporting people to make healthy lifestyle choices

Indicator Title	Framework	Source	Frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2015 Deprivation Decile Average
2.12 Excess weight in adults	Public Health Outcomes Framework	Active People Survey	Annual	Low	2015-16	55.3	63.4	Met	Better	61.3	61.7
2.13i % of adults physically active	Public Health Outcomes Framework	Active Lives Survey	Annual	High	2015-16	64.0	64	Met	Better	65.1	64.9
2.06i % 4-5 year olds classified as overweight/obese	Public Health Outcomes Framework	National Child Measurement Programme	Annual	Low	2015-16	22	22	Met	No change	22.1	Not available
2.06ii % 10-11 year olds classified as overweight/obese	Public Health Outcomes Framework	National Child Measurement Programme	Annual	Low	2015-16	37.4	35.60%	Not Met	No change	34.2	Not available
2.03 Smoking status at the time of delivery	Public Health Outcomes Framework	Smoking Status At Time of Delivery (SSATOD) HSCIC	Annual	Low	2016-17	6.8	8.0	Met	Better	10.7	12.0
2.14 Smoking prevalence all adults	Public Health Outcomes Framework	Annual Population Survey	Annual	Low	2016	15.8	sw to confirm	Not Met	Better	15.5	13.8
2.14 Smoking prevalance - routine and manual - current smokers	Public Health Outcomes Framework	Annual Population Survey	Annual	Low	2016	30.4	sw to confirm	Not Met	No change	26.5	26.0
2.22iii Cumulative % of those aged 40-74 offered a healthcheck 2013/14 - 16/17	Public Health Outcomes Framework	www.healthcheck.nhs.uk	Annual	High	2013/14 - 2016	65.2	100%	Not Met	No change	74.1	75.7
2.22 iv Cumulative % of those offered a healthcheck who received a healthcheck 2013/14 - 16/17	Public Health Outcomes Framework	www.healthcheck.nhs.uk	Annual	High	2013/14 - 2016	47.0	50%	Not Met	No change	48.9	50.7
2.22 v Cumulative % of those aged 40-74 who received a healthcheck 2013/14 - 16/17	Public Health Outcomes Framework	www.healthcheck.nhs.uk	Annual	High	2013/14 - 2016	30.6	50%	Not Met	No change	36.2	38.4

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PRIORITY 2: Supporting people to make healthy lifestyle choices

Indicator Title	Framework	Source	Frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2015 Deprivation Decile Average
1.18i/1I % of adult social care users with as much social contact as they would like	Public Health Outcomes Framework/Adult Social Care Outcomes Framework	Adult Social Care Survey - England	Annual	High	2016-17	45.2	45.4	Not Met	Better	45.4	NA
1.18ii/1I % of adult carers with as much social contact as they would like	Public Health Outcomes Framework/Adult Social Care Outcomes Framework	Carers Survey	Bi-Annual	High	2016-17	36.2	38.5	Not Met	No change	35.5	32.4
Local LSI data placeholder	NA	TBC	Annual							NA	NA

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PRIORITY 3:Reducing the amount of alcohol people drink to safer levels

Indicator Title	Framework	Source	Frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2015 Deprivation Decile Average
2.15iii Successful treatment of alcohol treatment	Public Health Outcomes Framework	National Drug Treatment Monitoring System	Quarterly	High	2016	44.7%	38.3%	Met	Better	38.7%	38.2%
2.18 Admission episodes for alcohol related conditions (DSR per 100,000)	Public Health Outcomes Framework	Local Alcohol Profiles for England (based on	Quarterly	Low	2015/16	599	599	Met	Worse	647.0	612.0

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Priority 4: Promoting positive mental health and wellbeing in children and young people

Indicator Title	Framework	Source and frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2015 Deprivation Decile Average

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Priority 5: Living well with dementia

Indicator Title	Framework	Source	Frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2015 Deprivation Decile Average
4.16/2.6i Estimated diagnosis rate for people with dementia	Public Health Outcomes Framework/NHS Outcomes Framework	NHS Digital	Annual	High	2017	68.4	67.7	Met	No change	67.9	Not available
No. of Dementia friends	NA (Local only)	Local Report	*As required*	High	Reported locally					Not available	Not available
PLACEHOLDER - Post diagnosis care											
TBC - ASCOF Carers survey indicator											

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Priority 6: Increasing take up of breast and bowel screening and prevention services

Indicator Title	Framework	Source	Frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2015 Deprivation Decile Average
2.20iii Cancer screening coverage - bowel cancer	Public Health Outcomes Framework	Health and Social Care Inforn	Annual	High	2016	55.8	52%	Met	No change	57.9	59.5
2.20i Cancer screening coverage - breast cancer	Public Health Outcomes Framework	Health and Social Care Information Centre (HSCIC)	Annual	High	2016	73.4	70%	Met	No change	75.8	77.8

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Priority 7: Reducing the number of people with tuberculosis

Indicator Title	Framework	Source	Frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2015 Deprivation Decile Average
3.05ii Incidence of TB (three year average)	Public Health Outcomes Framework	Public Health	Annual	Low	2014-2016	26.4	30	Met	Better	10.9	7.1

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Priority 8: Reducing deaths by suicide

Indicator Title	Framework	Source	Frequency updated	Good performance low/high	Most recent reporting period	Most recent performance	Target	Met/Not Met	DOT	England Average	2015 Deprivation Decile Average
4.10 Age-standardised mortality rate from suicide and injury of undetermined intent	Public Health Outcomes Framework	Health England (based on	Annual	Low	2014-16	9.9	8.25	Not met	Better	9.9	10.2

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Indicator number	**2.12**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**Excess weight in adults**

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Data source	Active Lives Survey (previously Active People Survey) Sport England
	* Note change in methodology in 2015-16
Denominator	Number of adults with valid height and weight recorded. Active lives Survey. Historical (before 2015-16) Number of adults with valid height and weight recorded. Data are from APS year 1, quarter 2 to APS year 3, quarter 1
Numerator	Number of adults with a BMI classified as overweight (including obese), calculated from the adjusted height and weight variables. Active Lives Survey. Previously (before 2015-16) from Active People survey. Adults are defined as overweight (including obese) if their body mass index (BMI) is greater than or equal to 25kg/m2.

Period	Reading	Fourth less deprived (IMD2015)	England
2012-14	61		64.6
2013-15	63.4	*65.4*	64.8
2015-16	55.3	*61.7*	61.3

Indicator number	**2.13**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**% Physically Active Adults**

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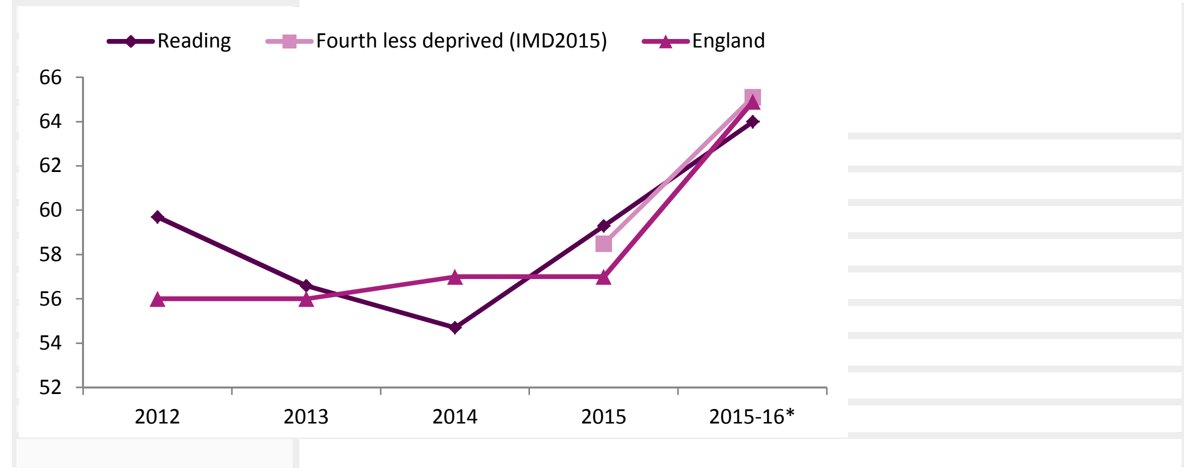
Data source	Until 2015 - Active People Survey, Sport England 2015-16 onwards - Active Lives, Sport England
	* Note change in methodology in 2015-16
Denominator	Weighted number of respondents aged 19 and older with valid responses to questions on physical activity
Numerator	Weighted number of respondents aged 19 and over, with valid responses to questions on physical activity, doing at least 150 MIE minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days.

Period	Reading	Lower CI	Upper CI	Fourth less deprived (IMD2015)	England
2012	59.7	55.3	64.2		56
2013	56.6	52.3	60.8		56
2014	54.7	50.4	58.9		57
2015	59.3	55	63.6	*58.5*	57
2015-16*	64	60.9	66.9	*65.1*	64.9



Indicator number	2.06i
Outcomes Framework	Public Health Outcomes Framework
Indicator full name	Child excess weight in 4-5 year olds

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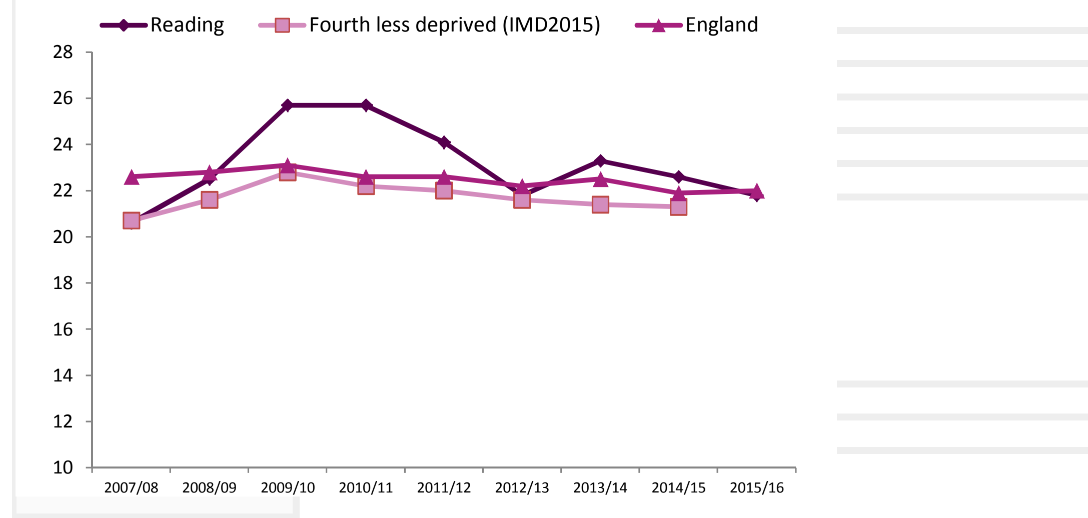
Period	Reading	Lower CI	Upper CI	Fourth less deprived (IMD2015)	England
2007/08	20.6	18.5	22.9	*20.7*	22.6
2008/09	22.5	20.5	24.6	*21.6*	22.8
2009/10	25.7	23.7	27.9	*22.8*	23.1
2010/11	25.7	23.7	27.8	*22.2*	22.6
2011/12	24.1	22.1	26.1	*22*	22.6
2012/13	21.8	20	23.9	*21.6*	22.2
2013/14	23.3	21.3	25.5	*21.4*	22.5
2014/15	22.6	20.9	24.5	*21.3*	21.9
2015/16	21.8	20.1	23.6	-	22

Data source	National Child Measurement Programme
Denominator	Number of children in Reception (aged 4-5 years) measured in the National Child Measurement Programme (NCMP) attending participating state maintained schools in England.
Numerator	Number of children in Reception (aged 4-5 years) classified as overweight or obese in the academic year. Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.



Indicator number	2.06i
Outcomes Framework	Public Health Outcomes Framework
Indicator full name	Child excess weight in 10-11 year olds

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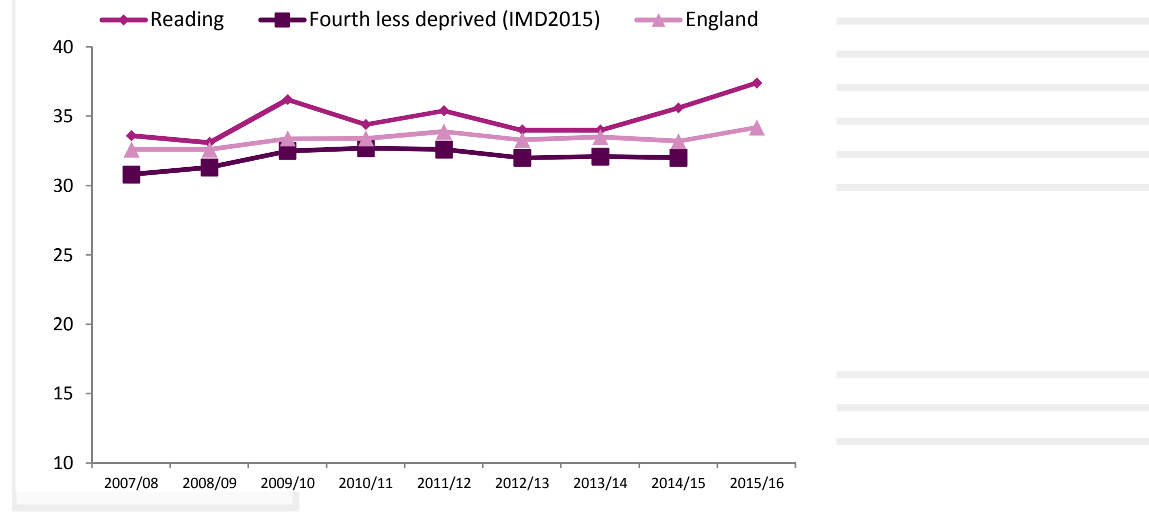
Period	Reading	Lower CI	Upper CI	Fourth less deprived (IMD2015)	England
2007/08	33.6	31	36.2	*30.8*	32.6
2008/09	33.1	30	35.7	*31.3*	32.6
2009/10	36.2	33.6	38.8	*32.5*	33.4
2010/11	34.4	32	36.9	*32.7*	33.4
2011/12	35.4	32.9	37.9	*32.6*	33.9
2012/13	34	31.6	36.5	*32*	33.3
2013/14	34	32.2	37.1	*32.1*	33.5
2014/15	35.6	33.2	38	*32*	33.2
2015/16	37.4	35.1	39.7	-	34.2

Data source	National Child Measurement Programme
Denominator	Number of children in Year 6 (aged 10-11 years) measured in the National Child Measurement Programme (NCMP) attending participating state maintained schools in England.
Numerator	Number of children in Year 6 (aged 10-11 years) classified as overweight or obese in the academic year. Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.



Indicator number	2.14
Outcomes Framework	Public Health Outcomes Framework
Indicator full name	Smoking Prevalence in Adults - Current Smokers

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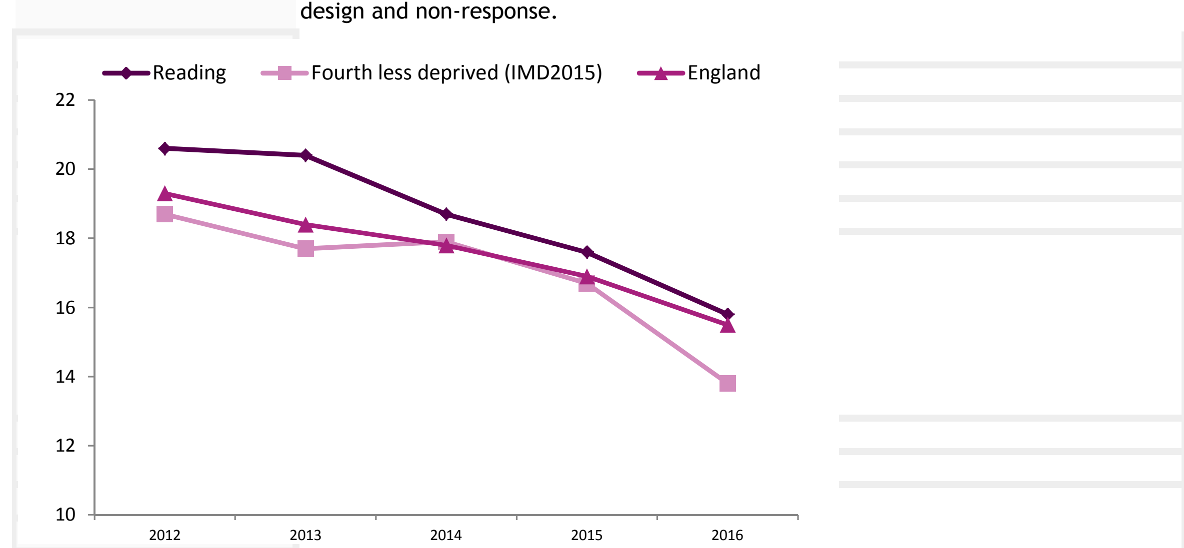
Data source	Annual Population Survey
Denominator	Total number of respondents (with valid recorded smoking status) aged 18+ from the Annual Population Survey. The number of respondents has been weighted in order to improve representativeness of the sample. The weights take into account survey design and non-response.
Numerator	The number of persons aged 18 + who are self-reported smokers in the Annual Population Survey. The number of respondents has been weighted in order to improve representativeness of the sample. The weights take into account survey design and non-response.

Period	Reading	Lower CI	Upper CI	Fourth less deprived (IMD2015)	England
2012	20.6	18.4	22.8	*18.7*	19.3
2013	20.4	18.2	22.6	*17.7*	18.4
2014	18.7	16.7	20.7	*17.9*	17.8
2015	17.6	15.5	19.8	*16.7*	16.9
2016	15.8	13.5	18.1	*13.8*	15.5



Indicator number	**2.03**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**% of women who smoke at the time of delivery**

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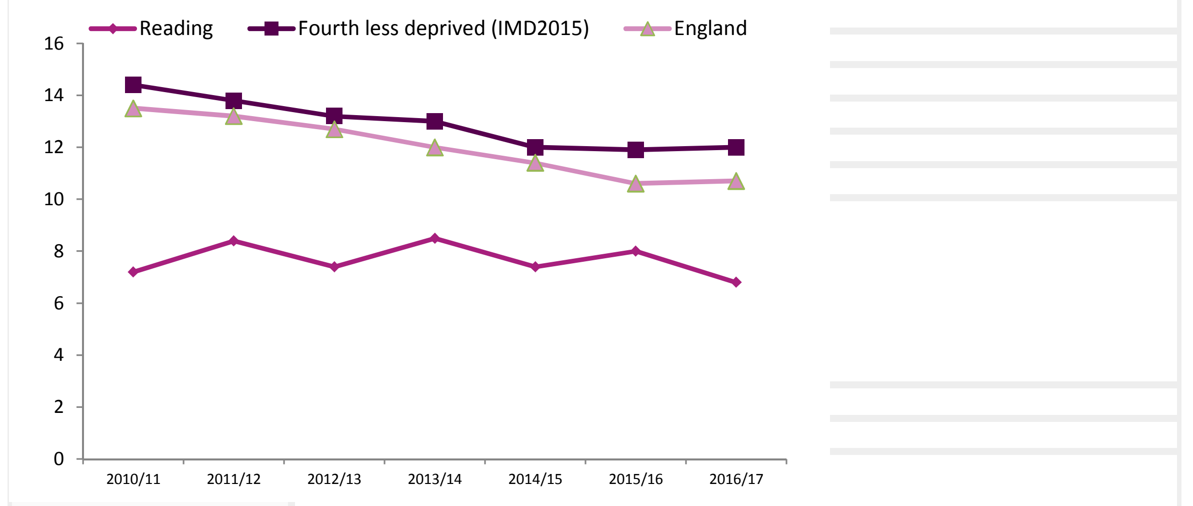
Period	Reading	Lower CI	Upper CI	Fourth less deprived (IMD2015)	England
2010/11	7.2	6.1	8.2	*14.4*	13.5
2011/12	8.4	7.4	9.6	*13.8*	13.2
2012/13	7.4	6.3	8.2	*13.2*	12.7
2013/14	8.5	7.4	9.6	*13*	12
2014/15	7.4	6.4	8.5	*12*	11.4
2015/16	8	7	9.1	*11.9*	10.6
2016/17	6.8	5.9	7.9	*12*	10.7

Data source	Calculated by KIT East from the Health and Social Care Information Centre's return on Smoking Status At Time of delivery (SSATOD)
Denominator	Number of maternities (estimated based on counts for CCGs)
Numerator	Number of women known to smoke at time of delivery (estimated based on counts for CCGs)



Indicator number	NA
Outcomes Framework	Local Tobacco Control Profiles
Indicator full name	Smoking prevalence in routine and manual occupations - Current smokers

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Period	Reading	Lower CI	Upper CI	Fourth less deprived (IMD2015)	England
2012	32.1	26.4	37.8	*NO DATA*	31.1
2013	36.1	30.1	42.1	*NO DATA*	30.1
2014	26.6	21.2	32	*NO DATA*	29.6
2015	26.7	20.6	32.7	*NO DATA*	28.1
2016	30.4	23	37.9	*26*	26.5

Data source Annual Population Survey

Denominator Total respondents with a self-reported smoking status aged 18-64 in the R&M group. Weighted to improve representativeness.

Numerator Respondents who are self-reported smokers in the R&M group. Weighted to improve representativeness

Reading | Fourth less deprived (IMD2015) | England

40
35
30
25
20
15
10
5
0

2012 2013 2014 2015 2016

Indicator number	**2.22ii**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check**

Period	Reading	Lower CI	Upper CI	Fourth less deprived (IMD2015)	England
2013/14-16/17	65.2	64.8	65.7	*75.7*	74.1

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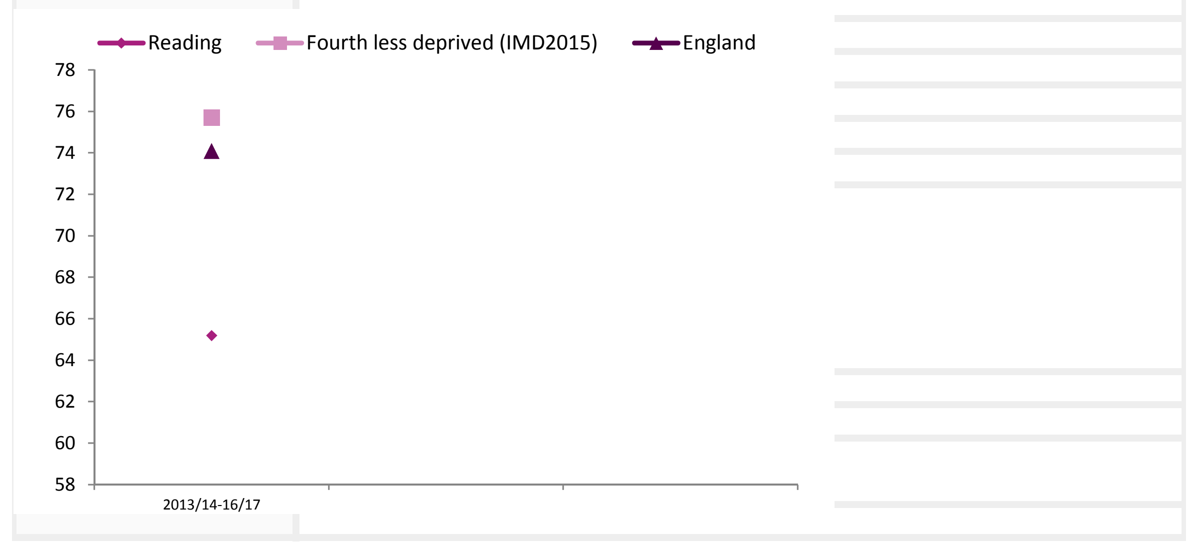
Data source	Public Health England - www.healthcheck.nhs.uk
Denominator	Number of people aged 40-74 eligible for an NHS Health Check in the five year period
Numerator	Number of people aged 40-74 eligible for an NHS Health Check who were offered an NHS Health Check in the five year period



Indicator number	2.22iii
Outcomes Framework	Public Health Outcomes Framework
Indicator full name	Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received a Health Check

Period	Reading	Lower CI	Upper CI	Fourth less deprived (IMD2015)	England
2013/14-16/17	47	46.1	47.8	*50.7*	48.9

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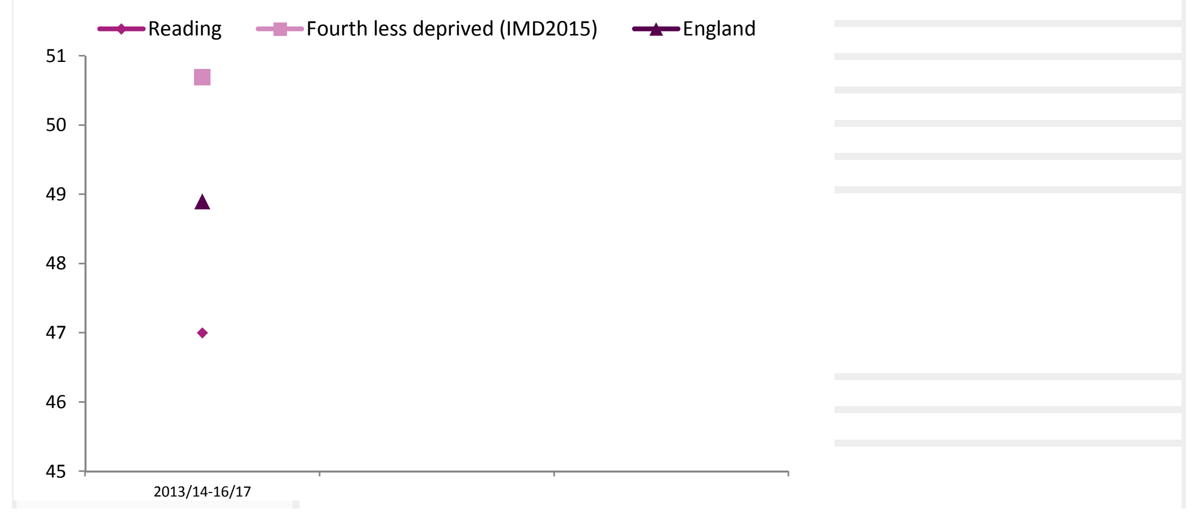
Data source	Public Health England - www.healthcheck.nhs.uk
Denominator	Number of people aged 40-74 eligible for an NHS Health Check in the five year period
Numerator	Number of people aged 40-74 eligible for an NHS Health Check who were offered an NHS Health Check in the five year period



Indicator number	2.22iii
Outcomes Framework	Public Health Outcomes Framework
Indicator full name	Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received a Health Check

Period	Reading	Lower CI	Upper CI	Fourth less deprived (IMD2015)	England
2013/14-16/17	30.6	30.2	31.1	*38.4*	36.2

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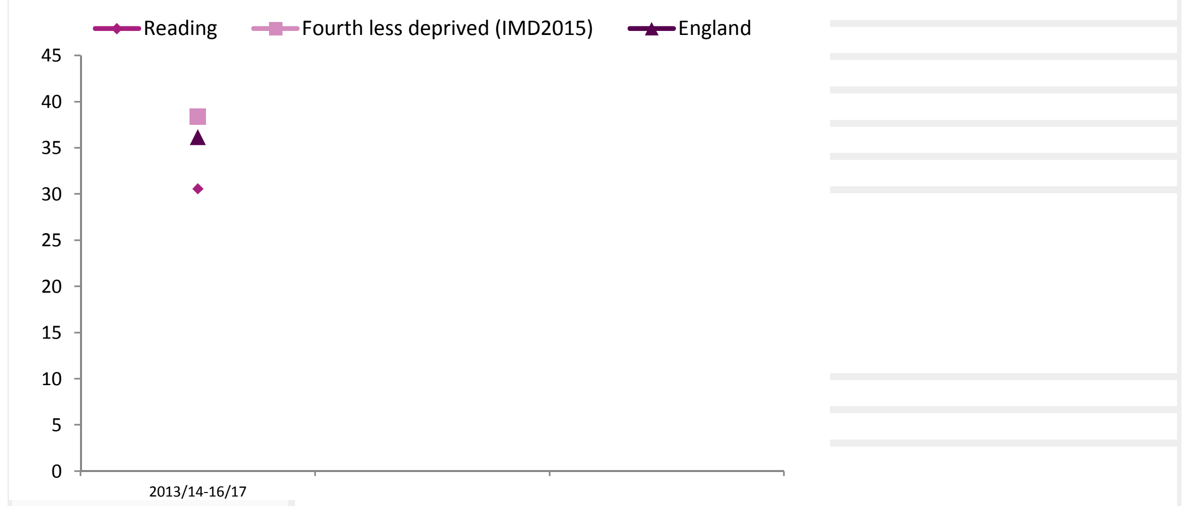
Data source	Public Health England - www.healthcheck.nhs.uk
Denominator	Number of people aged 40-74 eligible for an NHS Health Check in the five year period
Numerator	Number of people aged 40-74 eligible for an NHS Health Check who were offered an NHS Health Check in the five year period



Indicator number	**1.18i/1I**
Outcomes Framework	**Public Health Outcomes Framework/Adult Social Care Outcome Framework**
Indicator full name	**% of adult social care users who have as much social contact as they would like according to the Adult Social Care Users Survey**

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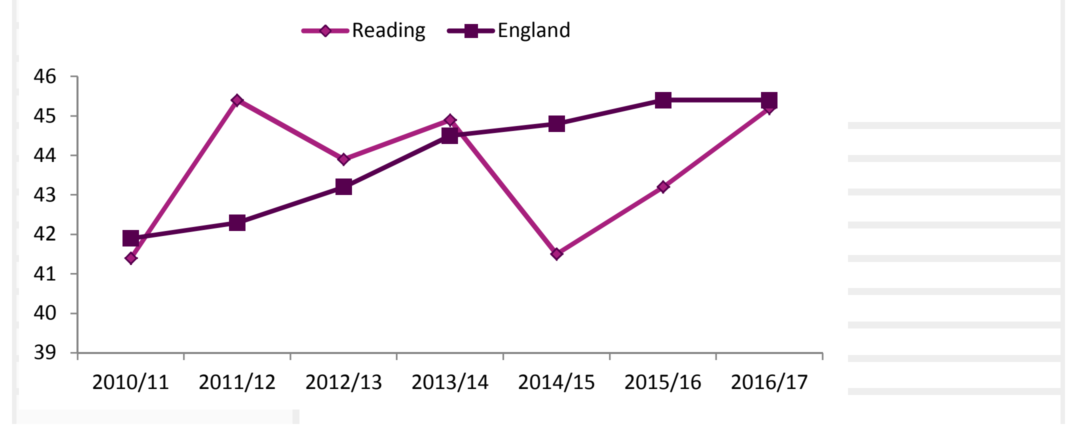
Data source	Adult Social Care Survey - England
	http://content.digital.nhs.uk/catalogue/PUB21630 - Annex Tables
Denominator	The number of people responding to the question "Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?"
Numerator	All survey respondents who responded to the question (adult social care users identified by LA) NHS Digital - Personal Social Services Adult Social Care Survey England

Period	Reading	Fourth less deprived (IMD2015)	England
2010/11	41.4	-	41.9
2011/12	45.4	-	42.3
2012/13	43.9	-	43.2
2013/14	44.9	-	44.5
2014/15	41.5	-	44.8
2015/16	43.2	-	45.4
2016/17	45.2	-	45.4



Indicator number	**1.18ii/1I**
Outcomes Framework	**Public Health Outcomes Framework/Adult Social Care Outcome Framework**
Indicator full name	**% of adult carers who have as much social contact as they would like according to the Adult Social Care Users Survey**

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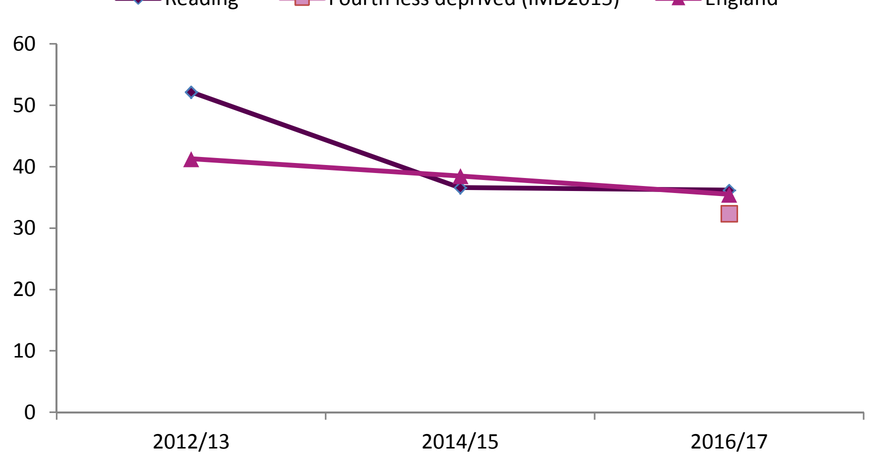
Period	Reading	Lower CI	Upper CI	Fourth less deprived (IMD2015)	England
2012/13	52.2	48.1	56.3		41.3
2014/15	36.6	31.8	41.4		38.5
2016/17	36.2	30.4	42.4	*32.4*	35.5

Data source	Carers Survey
Denominator	The number of people responding to the question "Thinking about how much contact you've had with people that you like, which of the following statements best describes your social situation?", with the answer "I have as much social contact as I want with people I like" divided by the total number of responses to the same question.
Numerator	All survey respondents who responded to the question (adult social care users identified by LA) NHS Digital - Personal Social Services Adult Social Care Survey England



Indicator number	**2.15iii**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**Successful completion of alcohol treatment**

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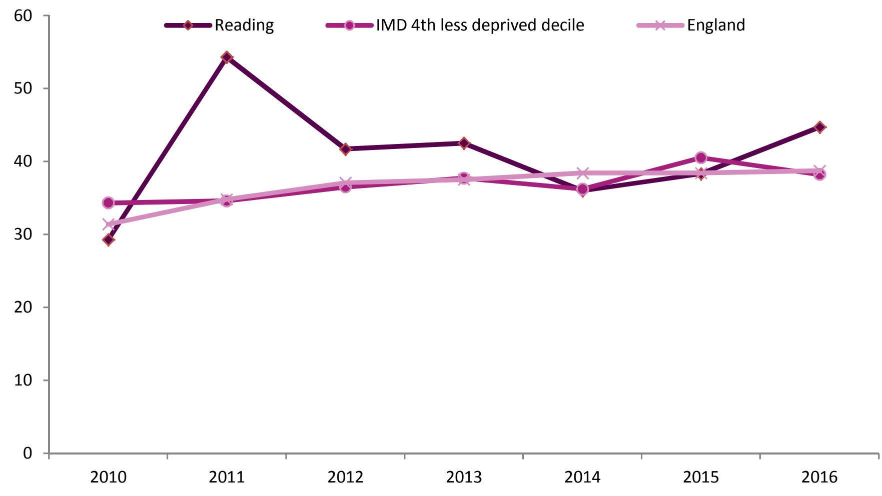
Period	Reading	IMD 4th less deprived decile	England
2010	29.3	34.3	31.4
2011	54.3	34.6	34.8
2012	41.7	36.5	37.1
2013	42.5	37.7	37.5
2014	36	36.2	38.4
2015	38.3	40.5	38.4
2016	44.70	38.20	38.70

Data Source	National Drug Treatment Monitoring System
Denominator	Total number of adults in structured alcohol treatment in a one year period
Numerator	Adults that complete treatment for alcohol dependence who do not re-present to treatment within six months



Indicator number	2.18
Outcomes Framework	Public Health Outcomes Framework
Indicator full name	Admission episodes for alcohol-related conditions per 100,000 people

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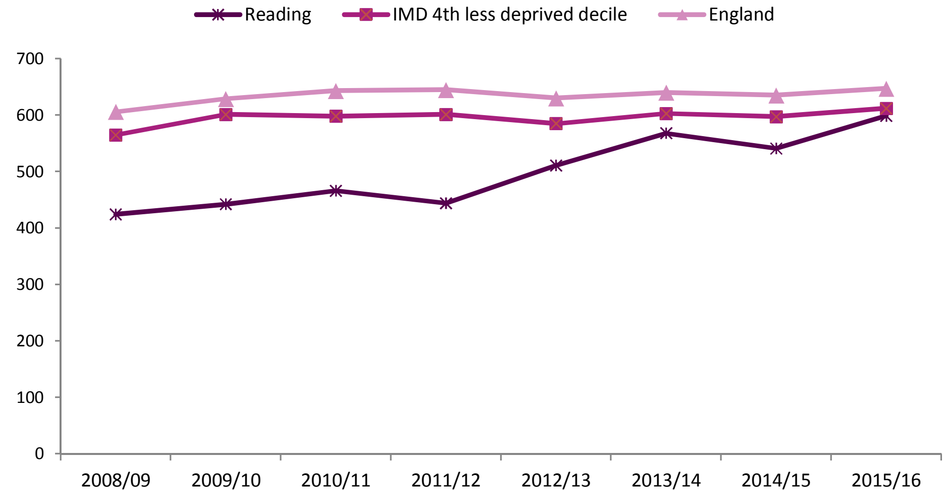
Period	Reading	IMD 4th less deprived decile	England
2008/09	424	565	606
2009/10	442	601	629
2010/11	466	598	643
2011/12	444	601	645
2012/13	511	585	630
2013/14	568	603	640
2014/15	541	597	635
2015/16	599	612	647

Data Source	Health and Social Care information Centre - Hospital Episode Statistics. Via Local Alcohol Profiles for England
Denominator	Mid-Year Population Estimates (ONS)
Numerator	Admissions to hospital where primary diagnosis is an alcohol-related condition or a seconday diagnosis is an alcohol-related external cause. Uses attributable fractions to estimate.



Indicator number	4.16 / 2.6i
Outcomes Framework	Public Health Outcomes Framework / NHS Outcomes Framework
Indicator full name	Estimated diagnosis rate for people with dementia

Period	Reading	IMD 4th less deprived decile	England
2017	68.4		67.9

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Data Source NHS Digital

Denominator

Applying the reference rates to the registered population yields the number of people aged 65+ one would expect to have dementia within the subject population where:

Numerator

Registered population
Patients aged 65+ registered for General Medical Services, counts by 5-year age and sex band from the National Health Application and Infrastructure Services (NHAIS / Exeter) system; extracted on the first day of each month following the reporting period end date of the numerator.

Reference rates: sampled dementia prevalence
Age 65+ age and sex-specific dementia prevalence rates. Source: MRC CFAS II.

Reading
IMD 4th less deprived decile
England
100
90
80
70
60
50
40
30
20
10
0
2017

Indicator number	NA
Outcomes Framework	NA
Indicator full name	No. of Dementia Friends

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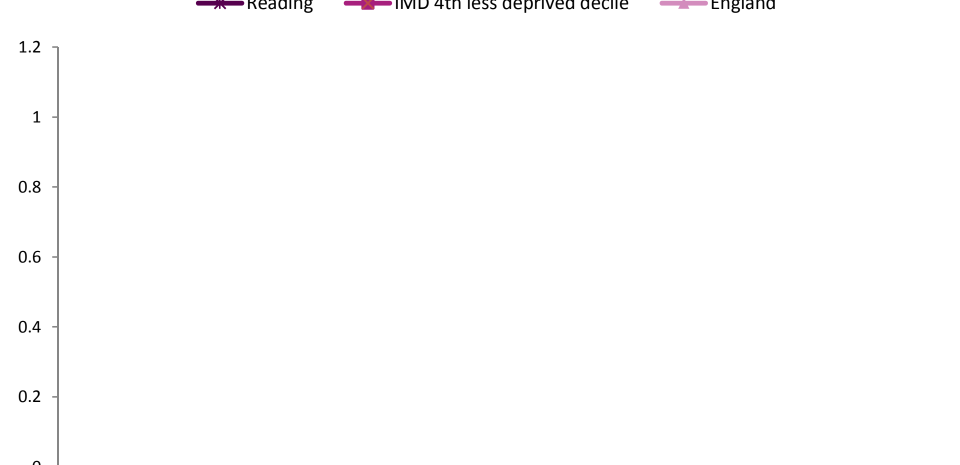
Period	Reading	IMD 4th less deprived decile	England

Data Source

Denominator

Numerator



Indicator number	2.20iii
Outcomes Framework	Public Health Outcomes Framework
Indicator full name	Cancer screening coverage - bowel cancer

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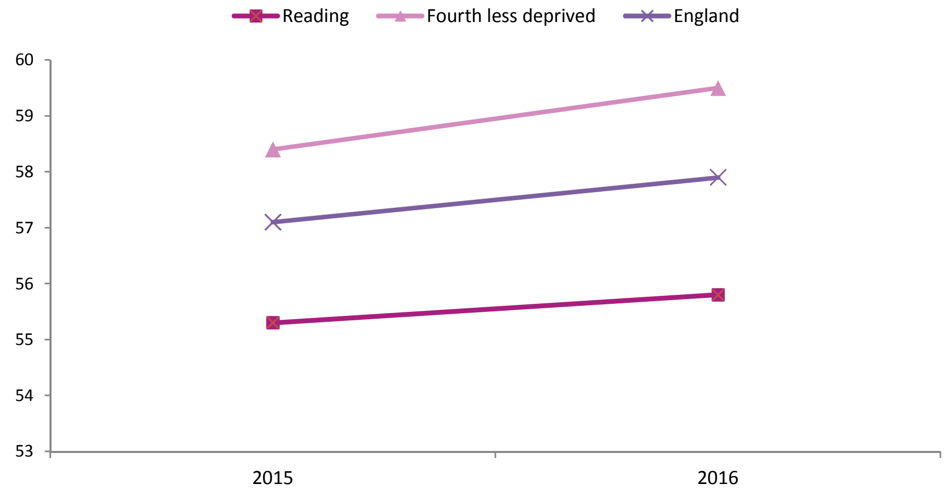
Period	Reading	Fourth less deprived	England
2015	55.3	58.4	57.1
2016	55.8	59.5	57.9

Data Source	Health and Social Care Information Centre (Open Exeter)/Public Health England
Denominator	Number of people aged 60-74 resident in the area (determined by postcode of residence) who are eligible for bowel screening at a given point in time (excluding those with no functioning colon (e,g, after surgery) or have made an informed decision to opt out.
Numerator	Number of people aged 60-74 resident in the area (determined by postcode of residence) with a screening test result recorded in the previous 2½ years



Indicator number	**2.20i**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**Cancer screening coverage - breast cancer**

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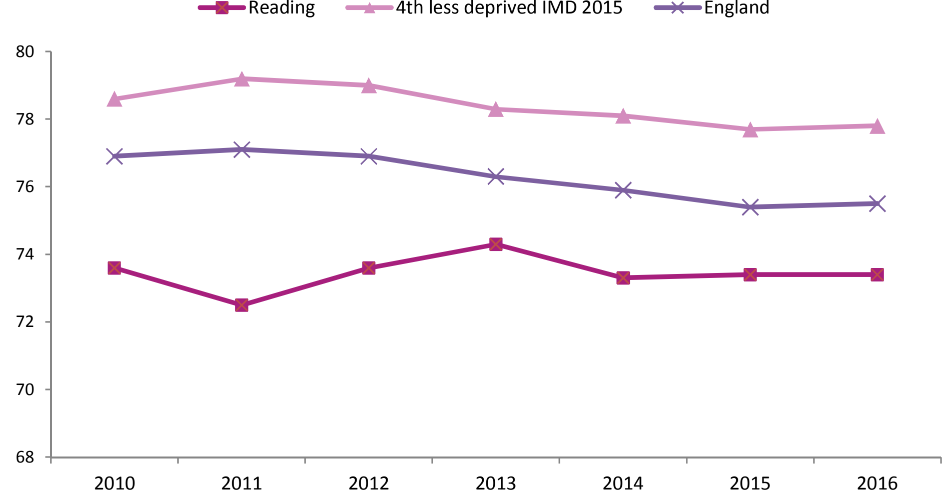
Period	Reading	4th less deprived IMD 2015	England
2010	73.6	78.6	76.9
2011	72.5	79.2	77.1
2012	73.6	79	76.9
2013	74.3	78.3	76.3
2014	73.3	78.1	75.9
2015	73.4	77.7	75.4
2016	73.4	77.8	75.5

Data Source	Health and Social Care Information Centre (Open Exeter)/Public Health England
Denominator	Number of women aged 53-70 resident in the area (determined by postcode of residence) who are eligible for breast screening at a given point in time.
Numerator	Number of women aged 53-70 resident in the area (determined by postcode of residence) with a screening test result recorded in the previous three years



Indicator number	**3.05ii**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**Incidence of TB (three year average)**

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Data Source	Enhanced Tuberculosis Surveillance system (ETS) and Office for National Statistics (ONS)
Denominator	Sum of the Office for National Statistics (ONS) mid-year population estimates for each year of the three year time period
Numerator	Sum of the number of new TB cases notified to the Enhanced Tuberculosis Surveillance system (ETS) over a three year time period

Period	Reading	4th less deprived IMD 2015	England
2000 - 02	23.1	7.4	12.7
2001 - 03	25.4	7.8	13.1
2002 - 04	26.4	8.2	13.5
2003 - 05	30.3	8.6	14.1
2004 - 06	31.1	8.9	14.7
2005 - 07	35.5	9.4	15
2006 - 08	35.4	9.7	15
2007 - 09	37.9	10	15.1
2008 - 10	38.4	9.8	15.1
2009 - 11	36.4	9.5	15.2
2010 - 12	33	9.5	15.1
2011 - 13	34.1	9.2	14.7
2012 - 14	36.3	8.8	13.5
2013 - 15	34.7	7.7	11.9
2014 - 16	26.4	*7.1*	10.9

Indicator number	**4.10**
Outcomes Framework	**Public Health Outcomes Framework**
Indicator full name	**Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population**

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Period	Reading	4th less deprived IMD 2015	England
2001 - 03	11.5	-	10.3
2002 - 04	10.7	-	10.2
2003 - 05	10.4	-	10.1
2004 - 06	10	-	9.8
2005 - 07	9.6	-	9.4
2006 - 08	11.2	-	9.2
2007 - 09	10.9	-	9.3
2008 - 10	8.8	-	9.4
2009 - 11	7.4	-	9.5
2010 - 12	7.7	-	9.5
2011 - 13	9.3	-	9.8
2012 - 14	9.8	-	10
2013 - 15	11	10.5	10.1
2014 - 16	9.9	*10.2*	9.9

Data Source	Public Health England (based on ONS)
Denominator	ONS 2011 census based mid-year population estimates
Numerator	Number of deaths from suicide and injury from undetermined intent ICD10 codes X60-X84 (age 10+), Y10-34 (age 15+).