

To: All Members of the Adult Social Care, Children's Services and Education Committee

(Agenda Sheet to all Councillors)

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11 - 20

6 February 2019

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# NOTICE OF MEETING - ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE 14 FEBRUARY 2019

A meeting of the Adult Social Care, Children's Services and Education Committee will be held on Thursday, 14 February 2019 at 6.30 pm in the Council Chamber, Civic Offices, Reading. The Agenda for the meeting is set out below.

AGENDA Page No

### 1. DECLARATIONS OF INTEREST

Councillors to declare any disclosable pecuniary interests they may have in relation to the items for consideration.

2. MINUTES 5 - 10

Minutes of the meeting of the Adult Social Care, Children's Services and Education Committee held on 11 December 2018.

### 3. MINUTES OF OTHER BODIES

Health and Wellbeing Board - 12 October 2018

### 4. PETITIONS

Petitions submitted pursuant to 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.

### 5. QUESTIONS FROM MEMBERS OF THE PUBLIC AND COUNCILLORS

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Questions submitted pursuant to Standing Order 36 in relation to matters falling within the Committee's Powers & Duties which have been submitted in writing and received by the Head of Legal & Democratic Services no later than four clear working days before the meeting.

### 6. DECISION BOOK REFERENCES

To consider any requests received by the Monitoring Officer pursuant to Standing Order 42, for consideration of matters falling within the Committee's Powers & Duties which have been the subject of Decision Book reports.

# 7. THE EXPERIENCE OF PEOPLE WHO HAD BEEN ADMITTED TO 21 - 74 PSYCHIATRIC WARDS AT PROSPECT PARK HOSPITAL

Health colleagues from Berkshire Healthcare NHS Foundation Trust and the Clinical Commissioning Group to report on progress against the recommendations made in the report by Healthwatch on the Experience of people who had been admitted to psychiatric wards at Prospect Park Hospital.

# 8. DELIVERY OF THE EARLY INTERVENTION STRATEGY - PROGRESS 75 - 80 REPORT

A progress report providing the Committee with an update on the delivery of the Early Intervention Strategy.

### 9. CHILD EXPLOITATION AND CHILDREN WHO GO MISSING 81 - 92

A progress report providing the Committee with an update on Child Exploitation and Children who go Missing.

# 10. INDEPENDENT REVIEWING OFFICERS ANNUAL REPORT 1 APRIL 2017 93 - 96 TO 31 MARCH 2018

A report presenting the Committee with the Independent Reviewing Officers Annual Report from 1 April 2017 to 31 March 2018.

# 11. NOW IS THE TIME: READING BOROUGH COUNCIL'S STRATEGY FOR THE 97 - 106 FUTURE EDUCATIONAL SUCCESS OF OUR STUDENTS

A report presenting the Committee with the Council's Strategy for the future Educational Success of its Students.

### 12. FAIR WORKLOAD COMMITMENT FOR SCHOOLS 107 - 112

A report presenting the Committee with a Fair Workload Commitment for Schools.

### 13. SCHOOL ADMISSION ARRANGEMENTS 2020/21 113 - 160

A report inviting the Committee to determine the following:

- The admissions arrangements for Community Primary Schools in Reading for the school year 2020/21
- The co-ordinated scheme for primary and junior schools for the 2020/21 school year
- The co-ordinated scheme for secondary schools for the 2020/21 school year
- The Relevant Area
- Maps of the catchment areas

# 14. ADULT CARE AND HEALTH SERVICES - DIRECTION OF TRAVEL 161 - 258 "SUPPORTING OUR FUTURE"

A report providing the Committee with an overview of the context and rationale for the development of Support Our Future for Adults.

### 15. SAFEGUARDING ADULTS BOARD (SAB) ANNUAL REPORT 2017-18

259 - 422

A report presenting the Committee with the West of Berkshire Safeguarding Adults Board Annual Report 2017-18.

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# Agenda Item 2

# ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE 11 DECEMBER 2018

**Present:** Councillor David Absolom (Chair)

Councillors Grashoff, Hoskin, Jones, Khan, McEwan, McKenna,

Pearce, Robinson, Terry, Vickers and White.

**Apologies:** Councillors O'Connell and R Singh.

### 18. MINUTES

The Minutes of the meeting held on 4 October 2018 were confirmed as a correct record and signed by the Chair.

### 19. MINUTES OF OTHER BODIES

The Minutes of the following meeting were submitted:

Health and Wellbeing Board - 13 July 2018

### 20. QUESTIONS FROM COUNCILLORS

Questions on the following matters were submitted by Councillors:

Questioner	Subject	Reply
Councillor White	Cuts to Children's Centres	Councillor Terry

(The full text of the questions and replies was made available on the Reading Borough Council website).

### 21. EDUCATIONAL STANDARDS AND QUALITY 2017-18

The Director of Children, Education and Early Help Services submitted a report providing the Committee with an overview of education performance in Reading during the academic year 2017-18.

The report covered the overall performance of the Borough's schools in the 2018 national assessments and examinations, performance in Ofsted inspections over the year and performance against other local authority targets, including exclusions. Wherever possible the report also provided an overview of the performance of pupils, recognising that some were educated out of the Borough and not all schools in the Borough educated only pupils who lived in the Borough itself. The report also outlined the authority's interventions to support improvements.

The general direction of standards and student performance indicated that outcomes at the end of Key Stage 2 were not as strong as they needed to be and, although progress had been made, the progress was not fast enough to keep up with the progress that was being made nationally. This was particularly the case in writing and also with respect to progress made by disadvantaged pupils. Although progress data overall was positive, through the secondary years and indeed with some exceptional outcomes by the end of Key Stage 5, more needed to be done with respect to disadvantaged pupils and those who were at risk of not being in education, employment or training by the age of 18.

The report stated that there were several additional factors that were relevant and affected the overall outcome comparisons with national averages which needed to be recognised. Whilst almost all the Borough's pupils attended the Borough's primary schools, with only a small proportion leaving the Borough or attending independent schools for their primary education, the overall average performance of primary academies at the end of Key Stage 2 was lower than the overall average for maintained primary schools. As the local authority had no finance or powers to intervene in academies, tackling this lower performance was a challenge. Within secondary schools, performance and progress data was positive but, to some extent, this was skewed by the selective schools that currently drew the majority of their enrolment from out of the Borough. It was also skewed by the higher proportion of secondary aged pupils who left the Borough for their secondary education. Data on the success of pupils who were educated out of Borough was not accessible and therefore whilst the performance data at secondary school age provided an accurate view of the performance of schools, it did not provide an accurate summary of all the Borough's resident pupils. A significant number of schools had been inspected by Ofsted during 2017/18 and overall, the outcomes of the inspections had been positive and this had reflected well on the School Improvement Strategy which had been carefully structured to intervene early where there were concerns. However, the Ofsted outcomes would show that most primary schools in the Borough were now rated as good or outstanding. judgement did not lay comfortably with standards and progress through primary as seen by performance data and also the high percentage of exclusions that had been The education performance data had informed the seen across the Borough. Education Strategy Plan to help bring about improvement in quality and outcomes for young people.

Reducing exclusions, particularly for pupils with SEND was a key priority and a major new initiative was focused on behaviour management in schools and would be launched in early December 2018. This was a therapeutic and trauma informed approach to managing behaviour and in better understanding the needs of individuals and initiating personalised approaches to manage the situation rather than exclude. Additional funding was also being released around action plans for individual pupils with significantly challenging behaviour to help manage the behaviour alongside learning.

### Resolved -

- (1) That the outcomes and performance be noted;
- (2) That the plans, set out in paragraph 5.9 of the report, and actions being implemented to address areas of weakness be noted.

### 22. FAIR WORKLOAD CHARTER

The report providing a summary of discussion and the resulting agreed Reading Pledge for a Fair Workload Agreement for school based staff was deferred to the next meeting.

### 23. ANNUAL COMPLAINTS REPORT 2017 - 2018 FOR CHILDREN'S SOCIAL CARE

The Director of Children, Education and Early Help Services submitted a report providing the Committee with an overview of complaints activity and performance for Children's Social Care for the period from the 1 April 2017 to the 31 March 2018.

The report stated that during the period the service had received 136 statutory complaints, which was an increase of four (3.03%) compared to 2016/17. Of the 136 complaints that had been received:

- 34 had been resolved through Alternative Dispute Resolution (ADR) by the Social Care Teams;
- 98 had been progressed to a formal investigation;
- 4 had been withdrawn.

During the same period six complaints had progressed to a Stage 2 investigation, and two had progressed to a Stage 3 investigation. The Customer Relations Team had continued to raise awareness of the complaints process and in accordance with recommendations from Ofsted had worked with operational teams to encourage children and young people to submit complaints where they were dissatisfied with the service they had received.

A copy of the Children's Social Care Complaints 2017/18 - Summary Report was attached to the report at Appendix A and provided an analysis of the data. The report explained how complaints were managed and how the learning was used to improve services.

### Resolved -

- (1) That the contents of the report and intended actions to further improve the management of representations and complaints in 2018/19 for Children's Social Care be noted;
- (2) That the continuing work to raise awareness of the complaints process and encourage its use by children and young people be noted.

# 24. ANNUAL COMPLAINTS AND COMPLIMENTS REPORT 2017 - 2018 FOR ADULT SOCIAL CARE

The Director of Adult Social Care and Health Services submitted a report providing the Committee with an overview of complaints and compliments activity and performance for Adult Social Care for the period from 1 April 2017 to 31 March 2018. A summary of the Adult Social Care Complaints and Compliments 2017/18 was attached to the report at Appendix A.

The report stated that during the period the service had received seven Corporate complaints and 77 Statutory complaints.

The report explained that the Council operated a one stage complaints procedure in respect of statutory complaints about Adult Social Care that had been made by 'qualifying individuals', as specified in the legislation. 'Qualifying individuals' were

defined in national guidance as the Service User or their appointed representative which could be a family member, friend or Advocate. The timescale for responding to complaints was between 15 working days and three months, depending on the seriousness and complexity of the complaint. The guidance provided a risk matrix to assist the Customer Relations Manager, who was the designated Complaints Manager for the Council, to assess the complaint. The Council's Corporate Complaints Procedure gave an opportunity for those who were not 'qualifying individuals' under the social services legislation, to still be able to complain about Adult Social Care.

Resolved - That the report be noted.

### 25. ETHICAL CARE CHARTER UPDATE NOVEMBER 2018

The Director of Adult Social Care and Health Services submitted a report providing the Committee with an update on the National Ethical Care Charter in Reading.

The report stated that work continued to support domiciliary care providers in the Borough to work towards the National Ethical Care Charter standards as part of a phased approach, and towards stage three regarding the National Living Wage, previously known as the 'National Minimum Wage'. Monitoring that had been carried out by the Council's Commissioners, including market information that had come from a range of sources, had indicated that there were no new concerns to report. Six out of seven Homecare providers had implemented the National Ethical Care Charter Standards and one provider had progressed with an action plan which the Council had continued to monitor. However, the provider had now indicated that they were making good progress and once a formal review had been completed it was expected that they would be deemed to be compliant. The Council was confident that the providers on the Homecare Framework in the Borough would be 100% compliant by January 2019 and aligned with the National Ethical Charter, including paying the Foundation Living Wage of £9 per hour. Spot purchase care providers in the Borough paid the National Living Wage which was the legal minimum requirement within the National Ethical Care Charter, representing 50% of the market. The new tender that would commence in March 2019 would draw all Homecare Supported Living providers under one dynamic framework that would see all staff being paid the Living Wage Foundation rate, in complying with the Council's Pay Policy decision. The Cost of Care Review for Homecare had been carried out in 2017/18 and had resulted in the new fees being set. Through this process the impact on cost to the Council had been low.

The report stated that being a Living Wage Foundation employer was not a National Ethical Charter legal requirement explicitly and only three Councils with social services functions had signed the Living Wage Foundation across the south east. 50% of providers on the Council's Framework had adopted the Living Wage Foundation in the Borough and 50% of care providers on spot purchasing arrangements paid the National Living Wage.

The current Homecare and Supportive Living Framework would end in May 2019. However, through corporate procedure board waiver rules the contract had been extended by six months, in line with the intended procurement process of 14

months. Therefore work was currently on-going to recommission and market shape support at home, it would be driven towards self-directed support, working with other Councils and the Berkshire West Clinical Commissioning Group.

The Council continued to work with the care market regarding the monitoring of core standards, including the National Ethical Care Charter and engaged with Skills for Care in terms of reporting care workforce performance through the National Minimum Data Set. The Commissioning Team had carried out and planned a number of market engagement events with care and support partners to engage the new way of working which was focused on self-directed care.

### Resolved -

- (1) That the continued progress made by local care providers towards full compliance with the National Ethical Care Charter be noted;
- (2) That the National Ethical Care Charter promotes best practice in contracting employment terms for carers and in paying the National Living Wage (prior known as the National Minimum Wage) be noted.

(The meeting commenced at 6.30 pm and closed at 7.17 pm).



# READING HEALTH & WELLBEING BOARD MINUTES - 12 GENERAL TEMPORAL TEMPORAT TEM

### Present:

Councillor Hoskin Lead Councillor for Health, Wellbeing & Sport, Reading

(Chair) Borough Council (RBC)

Andy Ciecierski North & West Reading Locality Clinical Lead, Berkshire West

CCG

Rebecca Curtayne Healthwatch Reading

Seona Douglas Director of Adult Care & Health Services, RBC
Tessa Lindfield Strategic Director of Public Health for Berkshire

Councillor Lovelock Leader of the Council, RBC

Sarah Morland Partnership Manager, Reading Voluntary Action

Cathy Winfield Chief Officer, Berkshire West CCG

### Also in attendance:

Michael Beakhouse Integration Programme Manager, RBC & Berkshire West CCG

Rich Brady Lead Reviewer, Care Quality Commission

Marion Gibbon Consultant in Public Health, RBC

Jo Jefferies Consultant in Public Health, Bracknell Forest Council

Lorna McArdle Support U

Kim McCall Health Intelligence, Wellbeing Team, RBC

Janette Searle Preventative Services Manager, RBC

Nicky Simpson Committee Services, RBC

### **Apologies:**

Stan Gilmour LPA Commander for Reading, Thames Valley Police

Councillor Jones Lead Councillor for Adult Social Care, RBC

Sandeep Nandhra- Sunrise Senior Living

Gourlay

David Shepherd Chair, Healthwatch Reading

Mandeep Sira Chief Executive, Healthwatch Reading Councillor Terry Lead Councillor for Children, RBC

### 1. MINUTES

The Minutes of the meeting held on 13 July 2018 were confirmed as a correct record and signed by the Chair.

### 2. QUESTIONS IN ACCORDANCE WITH STANDING ORDER 36

As the questioner was not present, pursuant to Standing Order 9(5), the following written reply to a question from Viran Patel was provided in accordance with Standing Order 11(3):

### a) Waiting Lists

"JSNA does not provide the full waiting list for primary care and secondary care services for assessment and diagnosis. Given that it is up to the statutory authority to deal with making sure that public sector equality is upheld will they do the following:

- 1) Will the chair including all associated bodies that commission local services, now ask or provide waiting lists for each contract in place for assessment and diagnosis, in the NHS and provide the total cost of clearing each waiting list?
- 2) Will the chair request that the waiting list for all Social Care services are published on a monthly basis where people are waiting for a review, emergency or otherwise, and the first assessment, and provide a cost for each month to clear that waiting list?
- 3) Will the board then provide the list to the Secretary of State for Health and Social Care, to make sure they are aware of the waiting list and hold them to account on funding the clearing of such waiting list under the Health and Social Care Act and the Care Act?"

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

- "1) Will the chair including all associated bodies that commission local services, now ask or provide waiting lists for each contract in place for assessment and diagnosis, in the NHS and provide the total cost of clearing each waiting list?
  - Services commissioned by Berkshire West CCG are currently meeting the national 18 week referral to treatment standard. There is no backlog waiting list and therefore no cost associated with doing this.
- 2) Will the chair request that the waiting list for all Social Care services are published on a monthly basis where people are waiting for a review, emergency or otherwise, and the first assessment, and provide a cost for each month to clear that waiting list?

The Directorate of Adult Social Care and Health respond to referrals into the council from a number of sources - self referral, partners, cares and family as well as other organisations such as health and voluntary agencies. The Council reports performance indicators to the Department of Health and Social Care on an annual basis.

The terminology used that refers to work we undertake, is allocated cases and unallocated cases. Unallocated cases are cases that have come to our attention, but may not be an immediate priority when assessing the person's case, therefore we know about them and have not yet allocated them for an assessment. Allocated cases are people who have been allocated to a worker in order that a planned assessment or review of their needs is undertaken.

The Council assesses risk to each person who comes to our attention through a determination and judgement made by social care worker/manager.

There is no national timescale to complete new assessments in contact with the Council, however the Council works to ensure this is completed in a timely way to promote the individuals independence. In some cases there is a legitimate reason why an assessment may take time to complete, due to rapidly changing circumstances or an extended period of rehabilitation or reablement.

Due to the individualised nature of personalised care it would be difficult to make an assessment of the costs of assessing current unallocated cases as the responsibility of the Care Act 2014 is for the Local Authority to meet eligible needs and these vary.

As a result of increased demand for social care support, demographic changes and finite resources, the unallocated cases for assessments and reviews have increased, as is the case for a number of councils, which has been reported through the Care Quality Commission State of Health Care and Adult Social Care report which is published annually and looks at waiting times, trends highlights examples of good and outstanding care, and identifies factors that maintain high-quality care. It can be found at the following URL: <a href="https://www.cqc.org.uk/publications/major-report/state-care">https://www.cqc.org.uk/publications/major-report/state-care</a>

The Council has from 26th September implemented a new model of managing referrals for adults. All referrals will be actioned on receipt, so that information and advice can be offered where necessary so that where assessments are required these can be allocated in a timely way according to need. Our role is to assist residents identity their strengths and abilities, and where appropriate utilise mainstream services for example locally in the community and through the voluntary sector if this would assist. We also work with our health partners who may already be supporting the individual in the community, as this may reduce any wait for an assessment. There is a waiting list for the Locality Team, however, all referrals are considered and anyone at high risk will be assessed accordingly. We currently have an average of a 4 week period to see a social worker. We do as many Local Authorities strive to secure qualified occupation therapists and currently our longest wait for an occupational therapy assessment is 3 months. We review any individuals requiring an assessment on a daily basis and take any action if required.

3) Will the board then provide the list to the Secretary of State for Health and Social Care, to make sure they are aware of the waiting list and hold them to account on funding the clearing of such waiting list under the Health and Social Care Act and the Care Act?

Waiting times are already reported to the Secretary of State via monthly returns. There is no requirement to clear a backlog waiting list locally."

# 3. CARE QUALITY COMMISSION (CQC) READING LOCAL SYSTEM REVIEW - OCTOBER 2018

Seona Douglas submitted a report giving a briefing on a Review of the Reading Health and Social Care System that was currently being carried out by the Care Quality Commission (CQC). The report had appended the CQC timeline for local system reviews. She also introduced Rich Brady, the Lead Reviewer from the CQC.

The report explained that the Reading health and social care system included the Council, Berkshire West CCG, Royal Berkshire NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust and the South Central Ambulance Service, as well as providers of health and social care services. It had been selected for review by the CQC based on the significant improvements that it had made to its performance in reducing delayed transfers of care (DTOC).

The review was not a formal inspection, but a review of how well integration was working, with the reviewers being keen to gather examples of good practice that could be shared nationally. The review would be looking at how people moved between health and social care, with a particular focus on those over 65, exploring the interfaces between social care, general primary care, acute health services and community health services, and how the system ensured that the right care was delivered to the right people at the right time. Rich Brady explained that the review would not be looking at mental health services.

The report set out details of the timetable for the review, which had started on 24 September 2018 and would run for 12 weeks, as well as of the activities which were being carried out. A report of the review would be prepared and was expected in mid-December 2018. Senior leaders from across the system would then have the opportunity to work with the Social Care Institute for Excellence at a "summit" to create an action plan to address any areas that the reviewing team felt could be done even better than currently.

**Resolved** - That the report and the situation be noted.

4. YOUR EXPERIENCES AS LESBIAN, GAY, BISEXUAL, TRANSGENDER PEOPLE ACCESSING HEALTH & SOCIAL CARE SERVICES IN READING - HEALTHWATCH READING & SUPPORT U REPORT

Rebecca Curtayne and Lorna McArdle submitted a report produced jointly by Healthwatch Reading and the local LGBT+ charity, Support U, published in September 2018, on "Your experiences as Lesbian, Gay, Bisexual, Transgender people accessing Health & Social Care Services in Reading".

The report explained that national reports stated that people identifying as LGBT+ experienced significant health inequalities. Healthwatch Reading had sought to shed light on the experience of Reading people identifying as LGBT+, and had worked in partnership with a local charity, Support U, that had the networks and lived experience of this group of people. The project had been carried out from 27 February to 3 April 2018, with an online survey and paper copies of the survey being made available at a number of events.

35 people had responded to the survey and the report gave details of the findings, which included:

- Just over one-third were not 'out' to their GP about their sexual orientation
- 11 out of 35 (31%) had experienced anxiety and 13 (37%) had sought help for depression, much higher rates than the general population
- Nobody felt they had been discriminated against by a health professional due to their sexuality, but 17% reported some prejudice, and others felt health professionals showed a lack of knowledge or respect. This echoed a 2017 government survey finding, that 16% of 108,000 LGBT+ people said they experienced prejudice from health professionals

The respondents' main suggestion for change was better training for professionals regarding the health needs of LGBT+ people and working with diverse groups: 'Some people are very good or at least act professionally, while others are completely

ignorant and/or have no idea how to behave, but I have no way of knowing how they will react or what assumptions they will make until I am actually talking to them.'

The report gave details of recommendations from Healthwatch Reading and Support U, which urged local organisations to use a Stonewall toolkit on building an LGBT-inclusive service, and to also engage with Support U about potential local staff training opportunities. It was hoped that the report was the start of a wider discussion with local organisations and their equality leads, about how they might adopt the recommendations and to also understand how, or if, they were implementing 'EDS2', the NHS Equality Delivery System programme that aimed to help them meet their Public Sector Equality Duty.

The Board discussed the report, noting that it was also important that voluntary sector providers considered their response to the report, so it would be helpful to raise this issue at Wellbeing Forums. It was noted that this was an issue that needed addressing in the Joint Strategic Needs Assessment, in light of the report. It was also suggested that a meeting could be set up with Debbie Simmons at the CCG to look at how best to take the survey findings to GP practices.

### Resolved -

- (1) That the report be noted;
- (2) That health and social care officers review the information and recommendations within the report, look at how to address the issues raised, including with voluntary sector providers, and bring a response back to a future meeting of the Board.

# 5. READING DRUG AND ALCOHOL COMMISSIONING STRATEGY FOR YOUNG PEOPLE AND ADULTS - RESULTS OF CONSULTATION

Marion Gibbon submitted a report setting out the outcomes of a consultation on the draft Reading Drug and Alcohol Commissioning Strategy for Young People and Adults 2018-22 (the Strategy). The following documents were attached to the report:

- Appendix 1 Draft Reading Drug and Alcohol Commissioning Strategy for Young People and Adults 2018-2022
- Appendix 2 Reading Drug and Alcohol Commissioning Strategy for Young People and Adults 2018-2022 Consultation Results

The Policy Committee on 24 September 2019 had noted the consultation results and endorsed the strategy and had also approved the recommissioning of Reading's Drug and Alcohol Treatment service in line with the Strategy (Minute 32 refers).

The report noted that three priorities had been identified in the draft Strategy: 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) and Enforcement and Regulation (tackling alcohol and drug related crime and anti-social behaviour). A public consultation exercise had been carried out between 21 February 2018 and 23 April 2018, asking whether people agreed with the strategic priorities for Reading and to suggest what was needed to achieve each one. The consultation had shown high level of agreement with the

priorities and the response would be used to develop a local action plan to support each of the three priorities.

### Resolved -

- (1) That the results of the eight week consultation on the Reading Drug and Alcohol Commissioning Strategy for Young People and Adults 2018-2022 be noted;
- (2) That the Reading Drug and Alcohol Commissioning Strategy for Young People and Adults 2018-2022 be endorsed;
- (3) That the next steps in the production of the action plan for each of the three priorities be noted.

### 6. END OF LIFE (EOL) STARTING THE CONVERSATION - PRESENTATION

Janette Searle gave a presentation on starting conversations with people about End of Life (EOL) care. Copies of the presentation slides were included in the agenda.

The presentation addressed the importance of supporting people approaching the end of their lives and listed the following ambitions for palliative and EOL care from a national framework for local action 2015-2020:

- Each person is seen as an individual
- Each person gets fair access to care
- Maximising comfort and wellbeing
- Care is co-ordinated
- All staff are prepared to care
- Each community is prepared to help

Details of other work addressing EOL care were also given, including: work on Dying Matters and Dying to Talk, which had the aim of helping people to talk about death so that their wishes for EOL were known by family, carers and professionals; work on addressing the strategic challenges of the urgent and emergency care system from an EOL perspective; an information event held on EOL planning and work under way to establish a ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) process locally, creating a personalised recommendation for people's clinical care in emergency situations where they were not able to make decisions or express their wishes.

The presentation also covered information on the work carried out by Sunrise Senior Living, who were keen to ensure that EOL issues were addressed for residents in their care homes.

It was noted that the ReSPECT tool was expected to be used increasingly across health and social care systems, with the Royal Berkshire Hospital already taking the initiative to dovetail their care plans for people leaving hospital with those of GPs, for example.

**Resolved** - That the presentation be noted.

# 7. A PROPOSED NEW MODEL FOR READING'S JOINT STRATEGIC NEEDS ASSESSMENT

Marion Gibbon submitted a report and gave a presentation on a proposed new model for Reading's Joint Strategic Needs Assessment (JSNA). Copies of the presentation slides were attached at Appendix 1.

The report provided a summary of a proposed new model for Reading's Joint Strategic Needs Assessment (JSNA) comprising:

- an online, digital source of data to describe the demography and wider determinants of health of the Reading population that was user-friendly and configurable by the user;
- a repository for detailed, service-specific needs assessments carried out by internal and external partners with support from Wellbeing officers; and
- improved engagement with local research, especially qualitative and participatory research that captured the user voice.

The report set out the challenges presented by the current JSNA model, including the time taken to update the large number of JSNA sections, dangers of duplication and inconsistency, and the lack of effectiveness in involving health partners and in articulating user voices. It set out a number of options which were being considered for the online element and explained that further discussions would be held to discuss the funding of the new model and how its implementation would be overseen. It stated that other Public Health teams across Berkshire had also identified similar challenges and had begun working with the Public Health Services for Berkshire team to develop a shared vision for JSNAs across Berkshire. It was possible that a joint approach might be possible, which could offer an opportunity for greater efficiencies and access to a wider pool of resources and skills.

The meeting discussed the model and the points made included:

- It would be important that the new model linked with and did not duplicate the work of the population management planning tool;
- It would also be important to keep ward level information available, as voluntary sector organisations often used the JSNA information in funding bids, which were often very localised;
- The duty to develop a JSNA was a joint one with the CCG, so it was important that the CCG was involved.

**Resolved -** That officers continue to progress the development of Reading's JSNA in line with the new model described in the report.

### 8. INFLUENZA PLAN UPDATE 2018

Jo Jefferies submitted a report giving an update on the performance of the influenza (flu) vaccine campaign in winter 2017-18 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 locally.

The report had appended:

Appendix 1 - National Flu Programme Letter 2018/19

Appendix 2 - Berkshire Seasonal Influenza Vaccine Campaign 2017-18 final report

Appendix 3 - Berkshire Flu Planning Workshop report and communications
 Appendix 4 - Reading Borough Council draft communications plan 2018/19

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 multiagency 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 2017-18, set out learning from 2017-18 and summarised plans for the 2018-19 flu season.

The meeting discussed the report and the points made included:

- Care home, NHS and hospice workers were now eligible for free vaccines, but some might still not know, so this would be pushed through social media.
- Employers should be encouraged to pay for flu jabs for employees as it could help them improve productivity by reducing days lost to sick leave.
- There could be some connection between low take-up in some areas and the
  presence of a porcine element in the vaccine for some faith groups and
  communities, so if Councillors could engage as community leaders with faith
  groups, this might help improve take-up.

### Resolved -

- (1) That the multi-agency approach planned for Reading be agreed and endorsed;
- (2) That respective organisations be supported to fulfil their responsibilities as set out in the National Flu Plan;
- (3) 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.

# 9. PHARMACEUTICAL SERVICES CONSOLIDATION APPLICATION CONSULTATION - APPROVAL OF REPRESENTATION

Marion Gibbon submitted a report on an application received by NHS England to consolidate two pharmacies - Boots UK Ltd, 45 St Martins Precinct, Church Street Reading, Berkshire RG4 8BA and Day Lewis PLC, Rankin Pharmacy currently at 30 Church Street, Reading, Berkshire, RG4 8AU.

The report had appended:

Appendix A - Notification of the Application to the Health and Wellbeing Board on 14 September 2018

Appendix B - Consolidation Application including floor plan and maps

The report explained that the Health and Wellbeing Board had to publish and keep up to date a Pharmaceutical Needs Assessment. Paragraph 19 (5), Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (as amended) required the Board to make representation on pharmacy consolidation applications to NHS England, which had to be sent within 45 days of the date of the initial notice, so a response was needed by 29 October 2018.

Sections 4.2 and 4.3 of the report gave details of the impact on local pharmaceutical provision of the application to consolidate pharmacies and the report recommended that a response should be sent saying that, if the application were to be granted, the removal of the premises from the pharmaceutical list would not create a gap in local pharmaceutical service provision.

### Resolved -

- (1) That the impact on local pharmaceutical service provision of the application to consolidate be noted;
- (2) That the proposed response that, if the application were to be granted, the removal of premises from the local pharmaceutical list would not create a gap in local pharmaceutical provision, be approved.

### 10. INTEGRATION PROGRAMME UPDATE

Michael Beakhouse submitted a report giving an update on the Integration Programme and on progress made against the delivery of the national Better Care Fund (BCF) targets.

The report stated that, of the four national BCF targets, performance against three (limiting the number of new residential placements, increasing the effectiveness of reablement services and reducing the number of delayed transfers of care) was strong, with key targets met.

It stated that partners had not met the target for reducing the number of nonelective admissions (NELs) but work against this goal remained a focus for the Berkshire West-wide BCF schemes.

The report gave further details of BCF performance, stating that the BCF Operating Guidance for 2017/19 had been refreshed in late July 2018 to include information on the revised targets for 2018/19, which were now in effect and the performance had been assessed against them. The report also gave details of items progressed since March 2018 and the next steps planned for October 2018 to January 2019.

**Resolved** - That the report and progress be noted.

### 11. HEALTH AND WELLBEING DASHBOARD - OCTOBER 2018 UPDATE

Kim McCall and Janette Searle submitted a report giving an update on the Health and Wellbeing Dashboard (attached at Appendix A), intended to keep Board members informed of local trends in priority areas identified in the Health and Wellbeing Strategy.

Paragraph 2.1 of the report set out details of updates to the data and performance indicators which had now been included in the Health and Wellbeing dashboard, Paragraph 2.2 set out areas where performance was worse than the set target and Paragraph 2.3 listed where updated data was expected to be available for the next update to the Board in January 2019.

### Resolved -

That the performance updates, areas of performance worse than the set target and the expected updates to the Health and Wellbeing Dashboard set out in Appendix A and in paragraphs 2.1 to 2.3 be noted.

### 12. DATE OF NEXT MEETING

**Resolved** - That the next meeting be held at 2.00pm on Friday 18 January 2019.

(The meeting started at 2.08pm and closed at 4.29pm)



### 5<sup>th</sup> February 2019

Councillor David Absolom
Chair of the Adult Social Care, Children's &
Education (ACE) Committee
Reading Borough Council
Civic Offices
Bridge Street
Reading
RG1 2LU

### **Fitzwilliam House**

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Dear Councillor Absolom

### **RE: Prospect Park Hospital Enter and View Report**

Thank you for the opportunity to respond to the report 'The Experience of People Admitted to Psychiatric Wards at Prospect Park Hospital' presented to the Committee in January 2018 by HealthWatch.

We provided a response in January 2018 directly to HealthWatch after the ACE committee meeting had received the report from HealthWatch.

We have therefore provided a response below which includes the original response, an update on further work over the last 12 months and an extract from the CQC comprehensive inspection undertaken in June 2018 on items related to the recommendations. The CQC inspection was unannounced and involved inspectors on site for 4 days. All services at Prospect Park Hospital were rated good or outstanding. The trust was rated overall as outstanding for well led.

### **Recommendation 1**

BHFT should share the feedback of this project with all ward staff as part of ongoing staff education, motivation and performance appraisal about the impact of their behaviour on people in their care.

### Jan 2018 Trust response:

We will share the final report findings with staff and offer them the opportunity to read the whole report. The trust board and executive committee will also receive the report findings. The Prospect Park team are looking forward to welcoming HealthWatch back in January to discuss the report findings.

### 2019 Trust update:

The HealthWatch report has been discussed at Prospect Park Hospital's ward and team managers' meetings and cascaded to the wards and front-line staff. The positive feedback was well received and focused work on values and behaviours is integral to our recruitment and appraisal process. We have implemented a major quality improvement programme across the Trust and all wards at PPH have been trained and implemented the new Quality Improvement management system. The carer's group continues to run in the evenings every 2 weeks for carers of inpatients and regularly receives positive feedback.





### CQC Findings 2018:

"Patients we spoke with on all of the wards were complimentary about the staff providing their care. Patients told us they got the help they needed. Patients told us they had been treated with respect and dignity and staff were polite, friendly, and willing to help. Patients told us staff were pleasant and were interested in their wellbeing.

- "Patients told us that, where they had wanted to, their families were included in their care planning. Information leaflets were made available to relatives and friends and regular information and educational sessions were available at the hospital".
- "Carers told us about the various ways they could give feedback on services. A regular 'family group' was facilitated by staff and covered topics such as, health, hope, emotions, education and stress. A number of carers said they had been offered a carer assessment".

### Recommendation 2

BHFT should explain how shared decision making is carried out in practice on and how it checks that there are opportunities for all types of people, including those under section, to be involved, to ensure a consistent approach on all acute wards.

### January 2018 Trust response:

In early 2017 we launched our new risk assessment process and patient safety plan with a clear requirement for staff to involve carers and service users in the development of the patient safety plan. This is a long term project which requires constant coaching by senior staff to enable staff to develop the right skills to build a joint safety plan. Early indications from service users and carers show that they find this approach more beneficial and supportive. The nurse consultant takes overall responsibility for ensuring there is a consistent approach on the acute wards.

### 2019 Trust update:

A recent unannounced Mental Health Act Inspection visit to Rose ward at PPH (January 2019) has commented on the development and improvement seen in patients safety planning and was identified as a strong focus of work in order to ensure that patients are involved in their care. Staff receive regular training and also peer support from the clinical development lead on the ward to work with patients who are extremely unwell or not wishing to engage to try to ensure they contribute as much as possible.

### CQC Findings 2018:

"Care plans on mental health inpatient wards for older people and working age adults were developed with the patient and reflected their views. Where patients chose not to contribute or were too unwell to do so this was recorded and reviewed. The care plans were recovery focused, holistic and demonstrated good practice.

The care plans had set goals and monitored progress. Patients told us that they were included in the planning of their care. Staff worked with patients to assess their individual risks and to develop plans to manage risks.







Each patient had contributed to a safety plan which detailed their risk triggers and interventions they found helpful and effective. This was identified as outstanding practice. Staff were alert to changes in risk and made sure that management plans were updated as necessary"

### **Recommendation 3**

BHFT should outline the process, if any is in place, for ward staff to follow, to ensure patients are made aware of their rights while under section, and also their general rights as set out in the NHS Constitution if they are voluntary patients. This should include details of:

- any timescales the trust sets for informing patients about their rights
- how/if this is recorded in patient records
- which staff are expected to have a good, working knowledge of these rights
- the responsibilities of specific staff (e.g. psychiatrists, matrons, staff nurses, or any other professionals) in making patients aware of their rights
- any checks/audit the trust undertakes to ensure patients are routinely being made aware of their rights.

### January 2018 Trust response:

The Trust has a Detained [Sectioned] Patients' Rights Policy in place, which details the responsibilities of staff in supporting patients who have been detained under the Mental Health Ac (MHA). The policy sets out how the patients MHA rights should be given/explained and recorded, as well as how often they should be repeated, which depends on the length of the section, and/or whether the patient has understood their rights [or not]. This also includes an automatic referral to the IMHA service where the patient lacks capacity and is eligible to their support. Details of these actions are entered into the patients' electronic record, along with details of whether the patient understood or not, along with a date that they should be given again.

The Trust policy regarding the frequency of giving of the patients' rights are as follows:

### If understood, rights should be repeated:

For Section 5(4) – No need to repeat

For Section 5(2) – No need to repeat.

For Section 4 – No need to repeat.

For Section 2 – On day 14 (day 1 being the day the person was admitted) as this is the last day that the patient can appeal to the Mental Health Tribunal.

For Section 3/37/CTO – At 3 months when Section 58 Consent to Treatment becomes applicable and then every 3 months for the duration of the detention.

If the detention/CTO is renewed/extended then the rights must be reread at the point of renewal/extension and repeated as above.

### If not understood:

For Section 5(2) – Daily until understood

For Section 4 – Daily until understood

For Section 2 – Every 72 hours until understood.

For Section 3/37/CTO – Weekly until understood.

If the patient has a mental disorder which results in a lack of capacity, a capacity assessment should be undertaken using the principles of the Mental Capacity Act 2005 (MCA). This should be clearly documented on RiO in the section 132 screens. All attempts must be made to pass the rights on the patients nearest relative to ensure that the patient is protected. This should be done by the ward staff with the support of the MHA department and should be a priority.







If the patient has an impairment that will mean that they are unlikely to regain capacity then this must be documented in the Section 132 rights screens. The rights should be read as if not understood three times and then read as if understood as per the schedule above. This should only be used in cases where the patient is very unlikely to regain capacity which will not usually to be the case in adult mental health wards.

If there is no nearest relative the patient should be referred to an IMHA. The referral should be documented on the s132 rights page on the patient's record.

The following staff are expected to have a good working knowledge of the Mental Health Act (MHA); all qualified nursing and therapy staff, senior unqualified staff, ward managers and medical staff.

The clinical development lead on each ward as well as the senior unqualified staff are responsible for undertaking a weekly MHA audit, or which the giving of patients' rights is one of the issues covered. Where they identify that a MHA requirement has not been met they are expected to rectify this immediately. The wards are also supported by the MHA administration office.

The Trust also has an Informal [voluntary] Rights Policy which ward staff are also required to follow. This sets out what rights informal patients have, a locally produced patients' rights leaflet, as well as the process that could be followed, for example, where an informal patient wants to leave the ward, but the ward staff feel they are not well enough. This also includes easy to read information produced by staff on the Learning Disability ward for their patients.

### 2019 Trust update:

The Trust remains compliant with the Detained (Sectioned) Patients Rights policy in place. Further training and support has been offered through the Trust's Mental Health Act Office and staff at Prospect Park are required to undertake audits to demonstrate its effectiveness.

### CQC Findings 2018:

A recent Bluebell ward unannounced Mental Health Act inspection (October 2018) confirmed a high level of compliance with the mental health act with regard to detained patient rights. It confirmed that information given to patients following detention under the MHA covered all aspects of their rights. Amongst other things it identified the following:

- "information leaflets provided reflected the patients' right to an independent mental health advocate
- "information given to patients following detention under the Mental Health Act covered all aspects of their rights"
- "information leaflets reflected the different providers of Independent Mental Health Advocacy on the ward"

### **Recommendation 4**

### BHFT should:

- describe how its current activities programme was developed
- provide a greater range of activities at the weekend
- launch a service-user involvement project to review and possibly change the activities programme to match a variety of patient needs, culture or preferences







### January 2018 Trust response:

Our current activity programme was developed by the therapists in conjunction with patients as part of the weekly ward community meeting when we introduced the 7 day programme. The change to a 7 day programme meant that therapy staff moved to a 7 rather than 5 day a week service. No additional staffing resource was provided at the time. We recognise that activities are an important part of recovery for patients keeping them and staff safe and therefore a review is currently underway to see if an activity co-ordinator could be provided to each acute ward covering 3pm – 11pm as this is the time when patients tell us they feel restless and need something to do. We are happy to involve service users and our carers group in the development of the new programme.

### 2019 Trust update:

There is a 7 day a week therapy service in the hospital; it is a reduced service over the weekend but one that is open to all wards.

Activity coordinators are being recruited through our volunteer service – focusing on psychology students from University of Reading.

A Service user engagement programme has been running for 6 months at PPH which meets monthly. Service users, carers and clinical development leads are actively engaged and have been working on an updated service user engagement strategy.

### **Recommendation 5**

BHFT should ensure that staff discuss with patients, at the earliest opportunity, their approximate discharge date from hospital and future care options and make this information available in a copy of a care plan given to the patient.

### January 2018 Trust response:

We currently have a bed optimization programme which is working on improving patient care planning with community services.. As part of this programme patients will be given an estimated discharge date as soon as it can be determined and for a majority of patients this would be at the 72 hour review.

### 2019 Trust update:

We have introduced a standard that all patients now receive a 72 hour review (post admission) with the ward team, medical team and community teams and this has been in place for 6 months. This is a review following admission to ensure that a plan is set out to achieve agreed goals. At this time an Intended Discharge Date (IDD) is also set as a focus to work towards for discharge. This is discussed with the patient and their care team at weekly multi-disciplinary team meetings and those patients who are beyond their IDD are also reviewed in a daily bed management meeting in the hospital.

This has had a positive impact for patients however there are other reasons why patients are subject to delays which sit outside the direct control of the Trust.

For example we are proactively working with the CCG and social care to ensure there are no delays in agreeing funding decisions for onward placements. Accessing housing and step down accommodation is challenging.







### CQC Findings 2018:

"The trust's inpatient services, including wards for people with a learning disability or autism, had a clear approach to discharge planning which ensured that discharges were safe and that people did not spend more time in hospital than they needed to.

"Patients told us how staff helped them to achieve the goals set in their discharge plans. Examples included staff accompanying patients back to their homes to assess what additional support they may need to aid their recovery. Staff actively assisted patients towards their discharge."

### **Recommendation 6**

BHFT should describe any joint working it is undertaking with local authorities, other NHS providers, and commissioners, that will reduce delayed discharges, when people are ready to leave hospital.

### January 2018 Trust response:

Trust response: The trust review any delays and potential delays on a daily basis and follows up with partners as needed to ensure delays are minimised. In the west of Berkshire there is a weekly system call to review all formally declared delayed transfer of care and this has enabled issues to be escalated in a timely manner and supported out of panel funding decisions. There is a similar twice weekly call in the east of Berkshire for escalation of delays where required. We have been working hard with CCGs to improve processes to identify potential delays at an earlier stage. In east Berkshire the joint Locality Managers have delegated authority for LA funding decisions which has also reduced delays.

There has been recent improvement but we would welcome the same focus by local authorities and clinical commissioning groups on all our delays, rather than those formally agreed with the local authorities, that the Royal Berkshire Hospital and Frimley Healthcare Trusts receive for theirs.

### 2019 Trust update:

All the above actions continue to be relevant and we are pleased that mental health delays are discussed at the A&E delivery board meeting.

In Berkshire West there is a Senior Directors meeting each Wednesday morning where the senior leaders discuss in detail any blockages that are occurring within identified delayed transfers of care. Each local authority, Commissioners and Acute and Community provider Trusts are present to jointly unblock issues in relation to patient discharge. This collaborative approach has reduced the number of delays and further support is required from all partners to keep this on track.

### **Recommendation 7**

BHFT and CCGs should outline how they intend to meet the NHS England target, and current progress to date towards it, including details of

- Any extra funding for community mental health services
- The number and type of extra staff, if any, to be recruited to crisis/home treatment teams
- Any other changes to NHS or social care services that support people with mental health needs.







### January 2018 Trust response:

The crisis and home treatment teams received additional funding from the CCGs in 2016/17 which improved staffing levels but demand continues to increase. There are no plans by the Clinical Commissioning Groups (CCGs) to invest further funding for community mental health services but the CCG's and Trust are committed to working together with the STP's to further transform services to support demand.

The new identified NHS funding is for improving access to psychological therapy (a primary care mental health service) and peri-natal mental health. The CCGs and Berkshire Healthcare Trust have an agreed delivery plan for the Mental Health Five Year Forward View, which highlights actions and progress against the targets set by NHS England. The plan was submitted in October 2017 to NHS England and the Trust and will be closely monitored.

### 2019 Trust update:

The CCGs and Berkshire Healthcare Trust have an agreed delivery plan for the Mental Health Five Year Forward View, which highlights actions and progress against the targets set by NHS England. This is reviewed formally in the Mental Health system meetings that are coordinated by the CCG for both East and West Berkshire.

Berkshire west has a fully compliant 24/7 A&E Mental Health Liaison Team at the Royal Berkshire Hospital and we continue to work closely with the RBH to strengthen the way that mental health professionals can support the acute trust with patients who present at A&E.

An area of deterioration since the HealthWatch report was prepared, relates to Reading Borough Councils decision to remove social care staff from the community mental health team. HealthWatch identified that the NICE quality standard calls for people using community health services to be supported by staff from a single multi-disciplinary community mental health team. The Trust is particularly concerned that this disaggregation will lead to a more fragmented service for residents who require mental health services

### **Recommendation 8**

BHFT and CCGs should explain how they will address patient concerns about the 'revolving door' nature of mental health care and treatment.

### January 2018 Trust response:

Trust and CCG response: We have implemented a clinical review forum between Crisis Resolution and Home Treatment Teams and Community Mental Health Teams for any individual who has required 3 or more admissions within a year. The purpose of these reviews is to explore alternative ways to meet individual needs and ensure that all partners are working collaboratively to support the individual. This work builds upon the Frequent Attenders whole system approach that has been successful in reducing the number of attendances to RBH relating to mental health concerns.

The trust is developing an evidenced based pathway for patients with a diagnosis of personality disorder, as these patients can have high numbers of admissions, in consultation with the CCGs. The CCGs have also been exploring opportunities to work with BHFT and the Local Authorities to develop community based alternatives to mental health inpatient hospital admissions to reduce admissions and to try and break the revolving door cycle, this is a priority for the STP's as well.







### 2019 Trust update:

In Crisis Response and Home Treatment teams they have maintained a system of review for any individual who has required 3 or more admissions within a year. This approach has resulted in clear agreed care plans that can be shared with multi-agencies as appropriate to support the individual.

The Trust also has developed a pathway for patients with a Personality Disorder (in the absence of a nationally recognized care pathway for this group) to support some of our more complex patients. By planning and working in a standardised way, we can provide consistent support as alternatives to the reliance on hospital admission for this vulnerable patient group.

Once again however, many of the reasons why patients are readmitted are not directly in the Trust's control. Housing and accommodation has been previously mentioned to which we would also identify access to substance misuse services, access to benefits and welfare rights and non-statutory forms of mental health support in the community.

### CQC Findings 2018:

The CQC identified as outstanding practice that the Crisis service was running a pilot project aimed at reviewing patients who had three or more admissions to the crisis service within the last 12 months. Themes resulting from this audit had shown the need for improved safety plans and improved goal setting from community mental health teams. The project had been running for the past 9 months and had resulted in 28% reduction in admissions for patients who met these criteria. The team was in the process of obtaining patient/carer feedback on their experience of being within the project.

### **Recommendation 9**

BHFT and CCGs explain what local strategy they have, if any, to improve ward staff recruitment, including details of any new funding, recruitment targets, changes to skill mix, patient involvement, and milestones for expected increases.

### January 2018 Trust response:

The trust has successfully recruited over 60 new staff to Prospect Park Hospital this year through skill mix. This work continues to provide a different type of work force for the hospital. There is a national shortage of band 5 newly qualified mental health nurses and this is reflected in the vacancies at Prospect Park Hospital. There are both national and local programmes in place with universities to address supply however these will not come into fruition for 4 years.

Our current safe staffing requirements are met on a daily basis with just a few breaches each month. We recognise that patients feel there is not enough staff on the wards and we are in the process of reviewing staffing levels and benchmarking with other organisation however currently there is no additional funding from commissioners to support this improvement in staffing levels and therefore any increase in staffing levels becomes a cost pressure for the trust.

The CCGs and NHS England are working on a workforce strategy as part of the system Sustainability Transformation Plans to support the trust with its staff recruitment and training







### 2019 Trust update:

There continues to be a national shortage of qualified mental health nurses and staffing at Prospect Park Hospital remains challenging

Despite this we continue to meet safe staffing levels which have been set using national guidance and are reported for review monthly to the Trust board.

We have appointed a full time recruitment lead for Prospect Park hospital and have launched a major recruitment campaign which includes radio, bus and site advertising, use of social media recruitment channels and fast track recruitment processes.

We are investing in nurse training and have developed a career pathway for support workers and introduced new role that sits between qualified nurses and support workers, providing career opportunities for the latter.

We have been successful in recruiting doctors at Prospect Park Hospital and currently are fully staffed.

We continue to work with the CCGs and NHS England on a workforce strategy to support the trust with its staff recruitment and training.

Going forward the biggest obstacle of all is the lack of key staff nationally. Calculations by The Nuffield Trust, The King's Fund and Health Foundation show a shortfall for the NHS of 250,000 by 2030, which would make delivering even current services near impossible.

Additionally, the biggest levers to resolve the workforce crisis are out of NHS England's hands. Only bold policies on training, immigration and Brexit can deliver enough Nurses, GPs and Therapists for the next few years. The system of workforce planning in the NHS has not worked at a national level.

### CQC Findings 2018:

"The staffing establishment on each of the wards were individually set to meet patients 'needs.Ward managers were additional to the staffing numbers as were the Clinical Development Leads".

"Staffing was appropriate across both wards and we saw ward managers changing the staffing numbers to respond to the acuity on the ward. We saw the service deploying their staff in innovative ways to ensure wards were well staffed and could manage when levels of acuity increased. The wards had sufficient medical cover 24 hours a day."

- Staff told us senior managers were flexible and responded well if the needs of the patients increased and additional staff were required.
- There was adequate medical cover over a 24 hour period, seven days a week across all of the wards. Out of office hours and at weekends, on-call doctors were available to respond to and attend the hospital in an emergency. Consultant psychiatrists provided cover during the regular consultant's leave or absence.

### **Recommendation 10**

BHFT should proactively work to implement patients' suggestions raised through this project, involving them in discussions on how to do this, and/or publicising to patients when these changes have occurred, in order to value the input of patients.







### January 2018 Trust response:

Each acute ward has a regular community meeting where patients raise issues and staff feedback on actions taken. The Prospect Park team will consider the patient suggestions raised and consult with patients and carers on the best way to feedback changes made.

### 2019 Trust update:

Patients are able to raise improvement suggestions and ideas as part of our Quality Improvement process, which is operating on all wards at PPH. Improvement tickets are raised by staff and patients, displayed on the ward and reviewed most days by staff and patients on the progress.

The Personality Disorder pathway (referred to in recommendation 8) was produced with patient involvement at engagement events and they have continued to be involved and updated as the pathway is implemented.

We continue to hold regular community meeting on each ward where patients raise issues and staff feedback on actions taken.

We are developing our patient engagement strategy which will improve opportunities to involve patients.

### CQC Findings 2018:

"The trust had made further progress in the use of a quality improvement methodology. We saw that this methodology gave genuine opportunities for staff and patients in wards and teams to identify areas for improvement and make changes. The use of quality improvement was widespread throughout the trust, both staff and patients were very positive about the potential for improvement."

We hope this provides you with a comprehensive response to the report findings and shows the progress we are making despite challenging circumstances and the positive assurance provided from the comprehensive CQC inspection undertaken last year.

Yours sincerely

**David Townsend**Chief Operating Officer

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# The Experience Of People Admitted To Psychiatric Wards At Prospect Park Hospital In Berkshire

Inside: Views of more than 40 people collected by the six local Healthwatch in Berkshire, October 2017













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## **About This Report**

# Prospect Park patient experience project summary

Where: Bluebell, Daisy, Rose & Snowdrop wards, Prospect Park Hospital, Berkshire Healthcare NHS Foundation Trust, Honey End Lane, Reading, RG30 4EJ

When: 11 visits between Monday 23 October and Sunday 29 October 2017, of 1.5 hours duration each, either at 9.45am, 2pm or 7.45pm.

Who: 41 adults (24 female, 17 male), a mix of voluntary or 'sectioned' inpatients, completed surveys, plus eight people took part in a group talk.

**Why:** All six local Healthwatch in Berkshire wanted to jointly:

- Look at inpatient experience for people with serious mental health needs
- Find, highlight and share examples of good practice
- Allow patients' voices to be heard, including any ideas for improvements
- See how dementia friendly the Rowan Ward is (see separate report)
- Find out what might have prevented people from needing hospital care
- Inform BHFT and clinical commissioning groups as they plan mental health care

4

How: The six Healthwatch used their statutory Enter and View function to jointly request and obtain prior agreement of BHFT to visit. Healthwatch teams asked patients to complete an anonymous survey and/or to take part in one-to-one or group conversations.

All six Healthwatch - Bracknell Forest; Reading; Slough; West Berkshire; Windsor, Ascot and Maidenhead; and Wokingham Borough - have individually agreed this report's collective findings and recommendations.

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### Main findings:

- 81% of people (29 out of 36) said they felt hospital staff treated them with dignity and respect
- 80% of people (32 out of 40) said they had not been given a date for their discharge from hospital
- 75% of people (30 out of 40) said they took part in activities at the hospital
- 69% of people (27 out of 39) said they had been told about their right to have an independent mental health advocate (IMHA)
- 67% of people (27 out of 41) said they had been in contact with a community service before coming into hospital
- 62% (24 out of 39) people said they had not had their care and treatment plan explained to them in hospital

- Staff attitude, care or friendliness was the most common response from patients asked to identify one good thing about the hospital, followed by: getting treatment they needed, feeling safe, support from other patients, the environment, the hospital's location, and the care on Rose Ward.
- More staff, was the improvement most suggested by patients, followed by: different treatment, more escorted trips, environment changes, nearby smoking areas, better food, more information, or peer support.

### Introduction

This report presents findings of a unique patient experience project. For the first time, all six local Healthwatch in Berkshire\* worked together, to visit and capture views of people staying as inpatients at Prospect Park Hospital in Reading, run by the county's main mental health provider, Berkshire Healthcare NHS Foundation Trust (BHFT).

This joint working means we were able to collect the views of a large number of people - more than 40 - as well as observe the environment they were cared in. This is believed to be the biggest number of psychiatric inpatients interviewed at one time for any similar project carried out by any of the 153 local Healthwatch in England.

Undertaking this project is evidence of our commitment to one of the core values of the entire Healthwatch network - to be inclusive. Healthwatch England describes this as 'listening hard to people, especially the most vulnerable, to understand their experiences and what matters most to them'.

The successful reach of this project was also due to the 'open door' response from BHFT to our requests to visit.

Local Healthwatch have statutory Enter and View powers to visit NHS or social care providers to capture patient or service user experience at the point of delivery. This can be done unannounced; however, we chose to work with the hospital in advance to plan logistics and safety, prepare staff and patients, and to develop mutual trust about the benefits of allowing patients to share their experiences with independent interviewers.

\*Healthwatch Bracknell Forest
Healthwatch Reading
Healthwatch Slough
Healthwatch West Berkshire
Healthwatch Windsor, Ascot and
Maidenhead

Healthwatch Wokingham Borough

### Acknowledgements

We wish to thank:

- all the patients who trusted us with their experiences
- unpaid Healthwatch volunteers who helped interview patients;
- ward staff for liaison with Healthwatch teams during individual visits;
- and Alison Durrands, Interim Locality
  Director for Inpatient mental health
  at Prospect Park, for her welcoming
  and facilitating approach to this
  project.

### Disclaimer

The report findings relate only to views collected at particular times and dates and are not a comprehensive judgement on the overall quality of the service.

## **Background Information**

#### About Local Healthwatch

The national Healthwatch network was launched in 2013, with some statutory powers, to act as the 'consumer champion for health and social care'. Every local authority in England receives funding from central government to commission a local Healthwatch service.

These local organisations - across
Berkshire, as well as nationally - take
various forms. Some are newly created
charities, while some are taken on as an
extra service by existing charity, advice
or advocacy organisations. Regardless
of their makeup, they follow core
Healthwatch values: to be Inclusive,
Influential, Independent, Credible and
Collaborative.

## Why Did We Want To Visit Prospect Park Hospital?

All six local Healthwatch in Berkshire regularly receive a mix of feedback from the public about various NHS and social care services.

People had been raising issues with us such as staff attitude, inconsistency of staff, safety concerns, and other concerns about treatment or the environment. We felt this warranted a more detailed examination of patient experience to build up a greater body of qualitative evidence showing what is working, and what needs to improve, at the hospital.

We also wanted to give a voice to the 'seldom heard'. Mental illness can isolate people due to factors such as symptoms, medication side-effects, lack of work or social opportunities, societal stigma, and place of care - which could be a locked ward. Some of these factors will prevent people from speaking up, or talking coherently about their care. Other barriers may be assumptions that people on psychiatric wards are 'too ill' or are 'unable' to give their opinion, or that it is too time consuming or difficult to collect these experiences. Healthwatch aims to challenge assumptions and be as inclusive as possible, by going to where people are, and enabling them to have their say.

Finally, we aim to influence future local mental health care policy, by sharing our findings with BHFT, and Berkshire's NHS clinical commissioning groups that are responsible for planning and funding mental health services for our populations.

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## Existing evidence on patient experience of Prospect Park

As part of our project we reviewed a range of local and national evidence:

## Local Healthwatch evidence: a mix of positive and negative feedback

"I was an inpatient here for seven months and my team took very good care for me got to know me and figure out how to help me when I'm in a crisis."

"Something is not right on the wards. They change psychiatrists like they change underwear, when it is crucial for the recovery of mental health patients to have continuity and not destabilise an already very unstable illness. In general, the hospital treats the patients more like inmates."

## Reading NHS Complaints Advocacy Service (run by Healthwatch Reading)

Individual complaint details are confidential, but recent themes have included people feeling unsafe due to other patients' behaviour, or alleged assault by staff.

## NHS Friends and Family Test

Nearly three-quarters (74%) of BHFT mental health inpatients surveyed in 2016-17 said they would recommend the service to a family or friend. The survey response rate was low - only 141 mental health inpatients, compared with more

than 11,000 people giving a view about BHFT community services. Satisfaction was also less than the 90%-plus scores for non-inpatient mental health services.

### Care Quality Commission (CQC)

BHFT was rated overall as 'good' during its most recent comprehensive inspection by the national regulator of NHS services, the CQC, in 2015 and 2016.1 In August 2017, the CQC published a Quality Report of BHFT's acute wards for adults of working age and psychiatric intensive care units.<sup>2</sup> This report said while staff numbers had improved, the trust had to take action on seven regulation breaches. These included staff not always undertaking or recording patient risk assessments, staff not always reporting incidents, staff not always recording patients' mental capacity or consent, and some dirty patient and staff areas.

#### Berkshire Coroner

A legal representative of the family of Sarah-Jane Williams - a patient who died on Daisy Ward at Prospect Park on December 6, 2015 in a fire she was believed to have started - said they felt more could have been done to prevent her death, and deal with concerns about an alleged assault on her by staff. The details emerged in a news article<sup>3</sup> about a public pre-inquest review hearing in October 2017. The Berkshire Coroner indicated he would send the case to a jury inquest, once the CQC had completed its own investigation.

## **Overview of Prospect Park Hospital**

BHFT is the main provider of NHS community and mental health services for the 900,000 people living across Berkshire. It employs around 4,300 staff and its services are funded by seven different clinical commissioning groups (CCGs).

These services include Prospect Park Hospital, where people with serious mental health needs stay as inpatients, either on a voluntary basis, or under a section of the Mental Health Act 1983 that allows doctors to compel people to stay in hospital for urgent assessment and/or treatment and/or for their own or others' safety. Prospect Park Hospital is based in west Reading and its wards include:

- Bluebell, Daisy, Rose and Snowdrop for adults with mental health difficulties
- Sorrel ward for adults who need psychiatric intensive care
- Rowan ward for adults with dementia
- Orchid ward for older adults who need to be assessed
- Campion Unit, for adults with learning disabilities and mental health needs
- Oakwood Unit for adults needing short-stay physical rehabilitation

Overall there are 142 mental health inpatient beds.

#### Dates And Times Of Our Visits

- Mon 23 October, 9.45am-11.15am, Daisy, Bluebell, Rose and Snowdrop wards
- Mon 23 Oct, 1.4pm-3.15pm, Rose, Rowan and Bluebell
- Tuesday 24 Oct, 1.45pm-3.15pm, Bluebell, Daisy, Rowan, Snowdrop, Rose
- Tues 24 Oct, 7.45pm-9.15pm, Rose, Bluebell, Snowdrop
- Wednesday 25 Oct, 1.45pm-3.15pm, Bluebell, Daisy, Rowan, Snowdrop, Rose
- Weds 25 Oct, Rowan, Daisy, Snowdrop
- Thursday 26 Oct, 9.45am-11.15am, Bluebell, Daisy
- Thurs 26 Oct, Daisy, Bluebell
- Friday 27 Oct, 9.45am-11.15am, Bluebell, Snowdrop, Rowan, Rose
- Saturday 28 Oct, 1.4pm-3.15pm, Rose and Daisy
- Sunday 29 Oct, 7.45pm-9.15pm, Rose, Snowdrop and Rowan

## **Main findings**

67% of people (27 out of 41) said they had been in contact with a community service before coming into hospital.

Specific services named by people, were:

- Crisis team (9 people)
- Police (6)
- Community mental health team (6)
- Supported Living service (4)
- Psychiatrist (3)
- GP (3)
- Community Psychiatric Nurse (2)
- A&E (2)
- Other hospital (2)
- Care coordinator (1)

"Had a care coordinator but [this professional] has been replaced. Already in hospital and got sent home. My [relative] said it was too early. I was seen by a community person and crashed and burnt so readmitted."

"Crisis team. They are ok, came out and sorted me but can't do much."

"Only the police."

One person described how they had been referred many times over the years to CAMHS and other agencies. The person's parents had repeatedly begged for help but agencies all said the issues were behavioural. Since being in Prospect Park, the patient had been identified with a serious mental health condition.

"Originally here [more than a decade ago]. Now in Supported Living and have a CPN."

"Crisis team, CMHT [for many months]. Trying to get long term therapy."

Another person said their GP had told them they were not unwell. But the person's symptoms had prompted them to visit a mental health unit in another country, where they had received electroconvulsive therapy (ECT). Person now experiences memory loss, self-harm, depression, and isolation from family.

Another person said they had a Supported Living case worker. They had arrived in Prospect Park via police after a public incident. The person said they had had no previous contact with mental health services.

Another person said they had not eaten for weeks and had felt like taking their own life. The CPN had only been available once a month and the person felt like the crisis team didn't respond quickly enough, so they came into the hospital via the police. The person had been admitted five times over six years, and had also stayed many times in a community mental health care home. "But does no good as just go home again and back to square one."

81% of people (29 out of 36 surveys completed on this question) said they felt hospital staff treated them with dignity and respect; 19% (7) said they did not.

"100%, all staff are there for me. Sometimes when they are busy and/or understaffed, they ask me to wait five minutes, but they come eventually."

"The way they speak to me is not condescending in any way."

"So far all the staff have treated me with dignity and respect. I was concerned about this as I had a number of issues with staff on a previous stay [within the last three years] and feared it would be the case this time round. However there has been a big improvement in the attitude and attentiveness of staff. This has eased my stress levels considerably, the only problem is that the ward is often short-staffed so it is the staff who end up getting stressed. More often than not the staff-topatient ratio is lower than it should be and it can get chaotic on the ward. I sometimes find it stressful watching the staff struggling to cope because I feel sorry for them and don't like asking for help and adding to their workload."

"Absolutely - sometimes they're under pressure. They have the patience of a saint. They do listen to me."

"Staff have been very friendly and kind."

"Some of the staff are really good. Others less so. Night shifts are bad, often too busy to engage with service users."

"Yes and no. I have seen staff laugh at others and not try to help them [but patient hadn't experienced this personally]."

"Most staff are fantastic. Sometimes one member of staff talks down to me."

"I think they try to but there are not enough of them because there are a few staff on 'one-to-ones' with patients who need someone all the time. My key keyworker nurse is fulltime but never free to do a one-toone [with the patient]."

"If you are kicking off, the staff aren't always nice."

"Staff do, psychiatrists don't."

"One staff member introduced a new staff member to [the patient] and said 'This is the [patient that does a particular thing] in crisis'. [Patient did not like being defined by this act]."

One person though night staff just wanted to get patients to bed early by giving out medication early.

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## Main findings

62% (24 out of 39) people said they had not had their care and treatment plan explained to them in hospital, 38% (15) said they had.

"Told I will be involved soon."

"Did not know what one was until three months in, then wrote my own."

Another person described their care plan as 'wishy-washy'. They had met with their key nurse to go through it.

"Some discussion but did not understand it."

"It has been put on hold as they think I am too unwell at moment."

"Some things have been explained, others have not. Not enough time to talk to doctors or discuss care plan." Person feels like they are managing their own care.

"No plan at all."

"I'm aware I will have access to a care plan but I've only been in a few days so haven't asked about it yet."

"Changed my medication [to an increased amount] without telling me."

"Came in on the Monday but not given care plan until Friday."

"Not clear enough. Need to be talked to more. Never know what's going on."

"Told them some things but they have not done all of it."

"Very informally."

"They are always too busy. It should be your keyworker but I have been here almost two weeks and have not seen them for a one-to-one." A "kind" caseworker had helped this person with some ward accommodation issues.

Another person said it was unhelpful that only a student nurse was present with their meeting with a psychiatrist, and not the key nurse who they had previously discussed care plan with.

"My key worker explains things to me. Have had quite a few one-to-ones. This has been good."

"Care plan has been laid out. I meet with Dr [x, every week], I feel involved in my care plan."

"I'm not sure what you're talking about - maybe they did but I can't be sure."

Another person believes they need more help than they are currently getting.

Another person had not yet met their key worker/nurse.

Another person said nothing much had happened since admission. They had a named key worker/nurse.

Another person said they had been given the opportunity but had been too unwell to do it.

"My [relative] comes for these meetings. Sometimes it needs more explaining. It's all fine though but after some days the future needs to be sorted out."

"Not really." The person said they did not know why their freedom was so restricted.

Another person said that they felt they didn't need the medication they were on. The person felt quite happy.

69% of people (27 out of 39) said they had been told about a right to have an independent mental health advocate (IMHA); 31% (12) said they had not.

"Met [the IMHA based there] when he walked through the ward."

"Would like to meet an advocate."

Another person, who said they were detained under section, named the advocates available at the hospital. The person said they were not aware of their rights.

"I have seen the notice and signs."

"Seap advocate comes round, often on ward."

Another person said staff had explained what an advocate was but had told them "there was no point" as the patient would be leaving the hospital in two weeks.

"I'm not ready to talk to them at the moment."

Another person said they did not want an advocate.

Another person said they would like to see an advocate, but the advocate normally based at the hospital, had told the person that their advocacy service did not extended to people who lived in Slough, but the advocate would make contact with a Slough advocate, with the patient's permission.

75% of people (30 out of 40) said they took part in activities at the hospital, 25% (10) said they did not. Using the gym was mentioned by most people, followed by pottery and craft.

"I have found the activities very good, varied and well-structured. So far I have taken part in creative sessions and am due to join the therapy-based sessions."

"Pottery, relaxation, creative writing, yoga. Do this to keep busy as they don't know how to help me."

"There are things to do. However, no Wi-Fi available apart from on Snowdrop ward. Would like to have a reading club."

"No activities. Just went down to Asda. Lots of people there from Prospect Park."

Another person said they were no longer allowed to attend certain activities because staff said the person was 'too emotional'.

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## Main findings

"It's all ok, you just have to stick to the rules."

"Love pottery - chap who runs it is great and relaxed and makes me feel happy. Would like art therapy but they don't do. OT assistant has left and not been replaced for months so activities have reduced a lot. Need to do more than just medication to get better, especially need some talking therapy. Psychologists has left and only just been replaced, didn't have one for months."

"Pottery is great, staff support us when available. I also go to the gym. I look at the noticeboard and decide what to do each day. There are very few activities on a weekend - one each day."

One person said that being in group therapy can be "too much".

One person described having to wait a long time to be taken to a living skills group but was then left behind, which upset the person. The nurse told the person this was because they were not allowed to leave the ward, but the person said they had not been told this previously. The person said that while on section, they were not allowed outside the building.

Another person likes to go running but restrictions on being allowed out means the person cannot run as long as they would like.

Another person said they know about the activities but is not interested in them and stays in bed. Another person said they stay in their pyjamas all day.

80% of people (32 out of 40) said they had not been given a date for their discharge from hospital, 20% (8) said they had

"Out [later this week] and have been told everything."

"I can leave whenever I wish as I am informal. But I am not quite ready to do so yet. I am fully involved in my plans to leave."

"I don't have any idea of my discharge date."

"Not informed about any plan for discharge."

Person staying under section said staff had said 'you will never get out of here'.

"Not in a hurry to go."

"I have a discharge plan for when I get home but I need to see the Dr first."

"Much too early for this."

"Been told it will be discussed next week but I don't feel ready. Feel frightened to stay home but frightened to stay here."

Another person said they had no idea as it was dependent on wait for funding for a community placement.

"Told [many weeks] ago could go home in [soon] but still here now." Another person said they had an upcoming meeting with an advocate to discuss this and also described needing to get housing and benefits sorted out first.

Another person was able to name a discharge date within the next two weeks and described plans to go and stay with family.

Another person said they had been trying to reach social worker but unable to get a plan for discharge or getting back into housing.

"I have 10 more sessions of [type of therapy]. They haven't involved me in the discharge plan yet."

"Under section 2. Don't want to be under section 3."

Another person said a social worker had spoken to them about discharge, but hospital nurses and doctors hadn't.

Another person wants to be able to stay voluntarily, as being under section was 'like doing time'. When asked to name one good thing about Prospect Park Hospital, most people described the care, attitude or friendliness of staff.

The next most positive factors were: getting treatment, feeling safe, support from other patients, the environment, the hospital's location, and two people mentioned in particular, the care on Rose Ward. All comments below:

Rose ward is holistic.

Activity room open until midnight.

Staff who run activities are great.

Likes walking in the park, likes location as shops nearby.

Not too far from friends.

Like food.

Rose ward is the best ward - receive good information.

You get to socialize and meet people.

Safe environment, not easy to escape.

Feeling safe.

Most staff are fantastic and listen to you. Usually have time to talk to patients and listen to problems.

The O/T activities person is great.

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## Main findings

It is remote and away from people which is good [as person gets too distracted with too many people around].

Staff on the whole are lovely.

Getting visits is good.

Location amazing with ASDA nearby.

The improvement in care and attitude from staff to patients.

They look after you. I get [regular] half hour S.17 unescorted leave every day.

Some of staff are good and friendly. Senior staff not helpful.

It's clean and tidy.

Young ones [on ward] look after me and look out for me. My [relative] visits every afternoon and they give [them] dinner. People seem to get better and go home. They let you do your own thing and get up when you want.

You can get breakfast at 6am and that is useful, then the main breakfast is at 8am. Food is good. Staff in general friendly.

Staff really good. Pottery guy great, his group is the best, relaxed and fun. Alison manager is very good, rang her 1 day as no one to take me out and she came straight away and took me out. She is often on ward and talks to patients.

Staff - nursing and support good.

'I am getting better. Some people have been helped.

'The other patients are great...they make you welcome...like one of the family."

The bedroom is nice.

It is nice when staff thank you. The staff have been very good. We can have fun and sometimes dance with each other.

Getting kindness from other patients when upset.

Keeps you safe.

Other patients are lovely and friendly.

The other patients.

Feels secure in the environment.

Some staff are good, but not always around. Dr is away on leave. I cook my own food.

It initially protected me for 2 days.

Very pleased to be there. Needed help and now getting it. Has been helped to focus on some good things that [the person] enjoys, like music.

Person said it was the first time that their ill health had been acknowledged.

Has a tv, nice atmosphere, drs and nurses friendly.

Nothing good about it.

Nothing working well.

Asked to name one thing they would like improved at Prospect Park, most people suggested more staff.

This was followed by: different treatment, more escorted trips, environment changes, nearby smoking areas, better food, more information, or peer support. All comments below:

Need an OT or student OT at weekends.

Would like to see peer support.

Treat us like human beings. Don't just sedate us when you are annoyed.

Need to know when I can leave. Here too long.

Food is not very good. Doesn't always get food they ordered.

Want to have more informal visits, especially smoking restrictions

More entertainment.

Poor staffing level which impacts on care. Feeling closed up.

Used to be an arrangement for group trips out in a minibus. This should be re-instated.

Upset that smoking is banned as smoking calms down some patients.

Being able to get out of hospital.

The food menu form is so cluttered and tiny print that it is too difficult for me to read and choose. The staff can read the menu for you but I want to be able to do it for myself. The menu should be made less cluttered with larger print so it is easy to read.

Let patients go out with an escort more often. More fresh air would be good.

To make the wards feel more homely.

More vegetarian meal options.

Not always enough staff on the ward.

Having 15-minute checks during the night but being allowed out all day from 10am to 11pm made no sense.

Alarms constantly going off. Very disturbed sleep and bathroom light on all night so they could do checks.

Need more talking therapy or counselling. Only saw key nurse once.

An increase in the number of staff. It's not good seeing staff working non-stop and trying to do four things at once.

Only 1 consultant can change my medication.

Like more escorted leave. Nothing to do at weekends so get very depressed.

Good to have a quiz event, bring people together.

Medication routine should be changed.

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## Main findings

TV is always on very loud.

Think they have gone too far with non-smoking, so people sneak about and hide things, courtyard area maybe should be used for smoking. People can't get out as no one to escort them.

Low staffing levels, so maybe smaller wards as 23 makes ward too big and can be very unsettling. Need more staff and more consistency. Been on different wards and there are different rules on each ward e.g. on Bluebell patients are let out after medication in morning and after 8 at night, but not on this ward. See Dr once a week which is good, nurses are amazing, work hard but a lot of people to look after and they are understaffed. This to me means that I can't get 1 to 1 time, can't get off ward as escort not available, staff are tired. Doesn't feel safe, but only because there are not enough of them. There seem to be more attacks on ward that staff have to deal with. Can't take overnight or weekend leave as know my bed might be taken and I may be sent out of area and I want to see my [relative] so have not been home for [many] months as not want to risk this.

More staff, more permanent staff. Don't seem to understand bipolar.

Medication is very similar (colour etc) in different doses and it is very easy to get them mixed up.

Need to be more caring, they tell us nothing, need better communication, psychiatrists in particular.

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Staff training in compassion and thoroughness and cleanliness. Support for people like me who want to learn even at this late stage of life.

More staff so they can see the patients one to one when they need it. [This patient suffers from dissociation when distressed and has been told to ask for a member of staff but feels there is no one to come]. It's like I am half falling off a cliff and I say, 'can you help me?' and it's as though they say 'next week' and it's not soon enough, I need help now."

Food is repetitive, not much of a sandwich person. Many of us go and buy our own food when we want. Need more activities on a weekend and often there needs to be more staff.

Smoking is not illegal but you can't smoke at the hospital so I have to go over the road beyond the hospital perimeter. I want a smoking area closer.

Doctors should be from different backgrounds and should be more women.

I don't get enough tranquilisers. I'm very frightened of being here... there has been a lot of shouting and screaming on the ward, the staff do very little about it. They are very slow here to dispense the drugs.

More therapeutic therapies on this ward.

More staff.

If the system used during the leave period was computerised it would be more efficient than the current paper system. There would be less frustration for patients and free up staff time. The staff have to enter our details in a register, including description of clothing, it's very slow, if they photographed us minus head it would be quicker and more accurate.

More staff on shift. Not enough staff to run facilities.

Ward needs more staff and more support for patients. Miss church due to lack of escorts. Difficult getting hold of PALS. Distance from Slough makes visits difficult for family members. Shower in room leaks everywhere, reported several times but still not sorted after 2 weeks. Lack of staff means not enough 1 to 1 sessions.

It would be handy to have a bar and have access to my money as I run out.

Staff just give you more medication. They're laughing when people are crying Hate it.

Feels there are not enough talking therapies. Not enough psychology meetings. No recognition of person's need for more freedom and more time to talk.

Feels some of the other patients are not ill like they are so there is a lack of shared experience.

Would like to have nails done or go out for a longer \$17 to get their hair done.

Person wants to be able to eat a Halal food option if that appeals compared to other menu options, but had previously been told they could not have it because staff said they were not Asian.

Better food and choice, not same menu each week. Food portions aren't big enough.

Should not have to share rooms.

There is no trauma counselling or therapy if you have witnessed other people self-harming of attacking staff.

Worried about being transferred to a specialist unit far away from home and family.

Concerned about not having direct access to vital treatment for a physical condition at night; it takes too long to get it when needed as it is locked up.

Suffocating concrete building needs to be more open.

# Observations by Healthwatch teams and issues arising during visits

Healthwatch staff and volunteers made the following observations:

- Corridors and communal areas appeared to be clean, fresh and well looked
- A 'Tree of Hope' mural is a feature on Bluebell Ward. On discharge, people are given a 'paper fruit' to write a message on and then put on the tree. Some of the messages read: "Don't be afraid to talk to people, be open and let the staff help you"; "I couldn't have better taken care of", and "Never give up hope. This is a good place to get better."
- Patient suggestion slips were being used on Rose Ward to get feedback
- We heard about the Assist/Embrace initiative, where former inpatients now living in Slough, are trained as peer mentors, to go onto Prospect Park wards to visit small groups of inpatients to discuss hope, recovery, and living with mental health needs once they leave hospital and the type of ongoing practical and peer support they can access in the community;
- One visitor waited 25 minutes to gain entry to a ward and when they were eventually let in, the staff member didn't appear to check who they were visiting;

- Patients can wait for a long time outside a locked office trying to get attention of staff to be able to be signed out to leave the ward;
- Healthwatch staff who had carried out visits during both the day and night, said the atmosphere at night was very different - it sounded noisier, staff were less visible and some patients were observed shouting and arguing with no immediate input from staff;
- During one visit we sat in on a staff handover meeting. Staff discussed concerns about a number of patients who had mentioned suicide, leading to increased need for close observation of patients. They also discussed staffing challenges, including how to move or find staff to ensure the Place of Safety and wards were adequately covered. Some staff who had already completed long shifts were staying back to help their colleagues manage the ward, especially the administration of medication. Staff also said patients had raised concerns with them about staffing levels.

Issues that Healthwatch staff raised during or immediately after visits, included:

- Concern that two patients with learning disabilities were on a mental health ward, as there were no beds on Campion (the specialist LD unit)
- A person disclosed that they had deliberately self-harmed themselves the night before [staff said they had been aware and had intervened and assisted the person at the time]
- A person showed bruising on their arms which they said had occurred while staff restrained them. The person had not raised their concerns about this directly with staff. [We reported this to a senior person as a potential safeguarding concern. BHFT also shared with us, its policy on Prevention and Management of Violence and Aggression]
- A patient who uses a wheelchair said they had been unable to ask for help with personal care as there were no staff who were the same gender as the patient, working on the ward at a particular time [A manager told us this would be discussed with ward teams. We were told that all-male, or more usually, all female, staffing shifts can occur. In these cases, the duty senior nurse is able to move staff around on wards to provide the best care they can within the resources available. All-female staffed shifts can also affect how safe staff feel, for example, if they are working with a particularly unwell male patient on a ward].

- A patient said they were anxious about not being able to quickly access an asthma inhaler at night because it was kept in a locked office. [A manager said they would have further conversations with the patient to check they understood the reasons for this. Staff individually risk assess each person's access to medications, including potential for overuse and how this might affect other prescribed medications they are taking. Keeping it in the office means medication use can be monitored and recorded.1
- Three rooms on Daisy Ward are doubles - are there plans to turn them into single rooms to give patients privacy? [A manager told us all of the four acute wards have one or two double rooms, but these are being phased out, as 'we know that most patients do not like sharing'. There are wider plans to reduce the larger-than-average size of the wards towards a best practice number of around 20 beds].
- We asked about the food menu.
   [BHFT sent us a copy showing that special diets are catered for such as Halal, and vegetarian. The menu is on a two-week rolling choice. We were told that patients can choose what they want or they may be clinically recommended a special diet for example a mashable diet for people who find it hard to chew or swallow food].

## **Discussion and recommendations**

## Staff attitude towards patients

People using mental health services should 'feel they are treated with empathy, dignity and respect', according to a quality standard for adult mental health patients drawn up by the National Institute for Health and Care Excellence (NICE).<sup>4</sup>

The strongest finding of our project showed that 80% of the people we spoke with felt they were treated with dignity and respect by ward staff. Staff attitude towards patients was also top of the list when people were also asked to suggest 'one good thing' about the hospital.

In describing positive care, people mentioned staff who were 'friendly', 'patient', 'kind', 'fun' and who 'listened', had 'time to talk', and helped them coped during a crisis. Some patients who had been admitted to Prospect Park in the past, remarked on the improved staff attitude towards to patients.

A small number of examples cited of poor staff attitude involved people feeling staff were laughing at them or not compassionate, or were using medication, especially at night, to subdue people instead of using talking therapies. The NICE quality statement states that inpatients should be 'confident that control and restraint, and compulsory treatment including rapid tranquilisation, will be used competently, safely and only as a last resort with minimum force'.

#### **Recommendation 1:**

BHFT should share the feedback of this project with all ward staff as part of ongoing staff education, motivation and performance appraisal about the impact of their behaviour on people in their care.

## Involvement in care planning and decisions

Nearly two-thirds of people we spoke with felt they had not been involved in their own care-planning. It might be 'too early' in their hospital stay, they felt they were too unwell to have this talk, or they had been promised care planning meetings in the near future. It is possible that some patients' symptoms or medication mean they cannot recall care discussions that had already taken place.

A key concern raised by people was lack of explanation for medication changes.

The NICE quality standard calls for 'shared decision-making' to be 'routinely' carried out with hospital inpatients, 'including, whenever possible, service users who are subject to the Mental Health Act'.

The Care Quality Commission has also emphasised, in a recent mental health care report, that 'decisions that are right for people are often those that are right for organisations too: treating people as active participants in their own care promotes recovery and lessens dependence on services'.<sup>5</sup>

#### **Recommendation 2:**

BHFT should explain how shared decision making is carried out in practice on and how it checks that there are opportunities for all types of people, including those under section, to be involved, to ensure a consistent approach on all acute wards.

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## Access to an independent mental health advocate (IMHA)

More than two-thirds of the people we spoke with had been told about, or were aware of, the IMHA service based at the hospital. People were able to name one or two of the regular IMHAs, and describe how they saw them on wards, or had heard about advocacy from posters, leaflets or staff.

One potentially concerning comment suggested that staff had told one person there was 'no point' in seeing an advocate as they were due to go home in two weeks.

There was also evidence that the fragmented way that advocacy services are commissioned (via each local authority for their own residents), means that some patients face a delay in accessing an advocate. (One person who usually lives in Slough was told that the IMHA on the ward worked for an advocacy service which did not cover people from Slough).

The Mental Health Act (1983)<sup>6</sup> says patients of all ages are entitled to an IMHA if:

- they are detained ("sectioned")
   in hospital (excluding emergency
   detention of up to 72 hours), and/or
- they are discharged from hospital with conditions, such as close supervision, compulsory treatment, or having a guardian (such as the local authority) deciding where they live.

Under-18s also have the right to an IMHA

for decisions on serious treatment like electroconvulsive therapy (ECT).

The response to our question about access to an IMHA, may have been dependent on whether the person was technically entitled to an IMHA, but we did not (rightly) have access to patient records which would have confirmed each person's status as a voluntarily admission, short-term emergency detention, or as a sectioned patient.

If inpatients are not entitled to an IMHA, they should still be able to access another type of statutory advocate - those who help the whole population with any complaints about NHS services.

While awareness of the IMHA service seemed good, discussions with patients who told us they were currently sectioned, suggested that many were unaware of their specific rights. We do not know if this was because they had not yet met an IMHA, not been told of their rights by staff, or could not recall information they had previously been told.

#### These rights<sup>7</sup> include:

- getting information leaflets on arrival
- appealing against your section to a Mental Health Tribunal
- seeing your sectioning papers
- seeing a copy of the Mental Health Act Code of Practice
- complaining to the Care Quality Commission
- receiving correspondence from a solicitor or other people

- having some telephone access
- being able to vote (unless you were sent to hospital by a criminal court or transferred from prison).

A member of the current IMHA team told us patients access the service by several methods:

- At ward rounds when the advocate introduces self and role, referrals are taken verbally
- 2. Volunteers also go on the wards and take referrals to the advocate to action
- At general visits which take place weekly for each ward - the advocate will check with ward staff on new admissions and then introduce themselves and the role
- 4. Referrals can be made via the advocacy service's Contact Centre by phone, referral form, email usually family members who have been given leaflets or picked them up at the hospital or professionals who have had presentations on the service
- 5. By phone to the office where voicemails can be left if no one is in the office.
- 6. Referrals also happen when the advocate is on the ward to see a patient and the person connects the visitor to the service.

There is no one process as people who are very unwell will not always understand or want to see anyone and they may take a while to realise that an advocate is the person they need.

#### **Recommendation 3:**

BHFT should outline the process, if any is in place, for ward staff to follow, to ensure patients are made aware of their rights while under section, and also their general rights as set out in the NHS Constitution if they are voluntary patients. This should include details of:

- any timescales the trust sets for informing patients about their rights
- how/if this is recorded in patient records
- which staff are expected to have a good, working knowledge of these rights
- the responsibilities of specific staff (e.g. psychiatrists, matrons, staff nurses, or any other professionals) in making patients aware of their rights
- any checks/audit the trust undertakes to ensure patients are routinely being made aware of their rights.

#### Activities for inpatients

Three-quarters of people said they took part in activities.

Staff who run sessions - particularly pottery - were popular with some of the patients. People described the value of creative, physical or therapeutic activities in helping them, more than medication could do alone.

However, patients highlighted that there were few activities available at the weekend. Some patients were also upset if they were excluded on occasion from activities due to certain behaviours.

Some people also wanted different types of activities - such as beauty or hair treatments, art, or trips out in a bus.

The NICE quality standard says mental health inpatients should be able to 'access meaningful and culturally appropriate activities seven days a week, not restricted to 9am to 5pm'.<sup>4</sup>

The national charity Mind has also previously warned that boredom not only delays recovery, but can also lead to challenging behaviour.<sup>8</sup>

The need for activities is important given the CQC's findings that nationally, the number of detained patients is rising, length of stay is long, and people in mental health admission wards are staying in a 'high-risk environment' levels of violence are high. 'Future developments in community mental health services must not distract attention from the importance of improving the quality and safety of mental health wards,' the CQC states.<sup>5</sup>

'Star Wards' is one initiative aimed at improving day-to-day life on wards, cited in a 2016 report by The Commission to Review the Provision of Acute Inpatient Psychiatric Care for Adults. The aim of Star Wards is to give NHS trusts, free, practical advice advice on how to 'tweak', 'turn' or 'transform' the experience of inpatients, often for very little cost. The project was launched by a social justice charity, which was founded by a woman who sat down to write a list of 65 things that would make her time happier while she was sectioned.

#### Recommendation 4:

#### BHFT should:

- describe how its current activities programme was developed
- provide a greater range of activities at the weekend
- launch a service-user involvement project to review and possibly change the activities programme to match a variety of patient needs, culture or preferences

#### Hospital discharge

Most people told us they had not been given a discharge date. Their answers will have been affected by their status (voluntary or sectioned) and at what point in the care pathway they were on at that point in time.

People detained under section can be compelled to stay for up to:

- 72 hours (in an emergency, under section 4 of the Mental Health Act)
- 28 days (under a section 2, when you are being newly assessed)
- Six months (under section 3, when you are known and need ongoing care and treatment; this can be extended by 6 months at the next two reassessments, and for 12 months each time, for an unlimited number of reassessments).

In some cases, a 'nearest relative' can discharge you.<sup>7</sup>

The NICE mental health quality standard, says that ending treatments or transitioning from one service to another, 'may evoke strong emotions and reactions in people'. We heard evidence of this, when one patient described the mixed emotions of feeling 'frightened to stay home but frightened to stay here'. NICE states that 'hospitals should 'ensure that such changes, especially discharge, are discussed and planned carefully beforehand with the service user and are structured and phased'.

We believe that it is unacceptable for staff to tell any patient 'you will never leave here', as one person described to

Previous research has suggested that in an average ward of around 20 patients, there could be up to five who don't need to be there, but are delayed from leaving due to care and/or housing, not being available. 10

We heard from some patients that their housing or funded placements had not yet been arranged to allow discharge.

Initiatives in other parts of England have included involved involving mental health home treatment teams, in daily inpatient ward handovers, to help identify and plan for people who could be ready to go home.<sup>5</sup>

#### **Recommendation 5:**

BHFT should ensure that staff discuss with patients, at the earliest opportunity, their approximate discharge date from hospital and future care options and make this information available in a copy of a care plan given to the patient.

#### **Recommendation 6:**

BHFT should describe any joint working it is undertaking with local authorities, other NHS providers, and commissioners, that will reduce delayed discharges, when people are ready to leave hospital.

#### Care before coming to hospital

Two-thirds of people told us they had been in contact with services before being admitted or detained, but the quality of care varied widely. Many people described years of contact with agencies, repeated hospital admissions, other health professionals judging that the person was not mentally unwell, or not being able to get help from the crisis team quickly enough. One person summed up going home as like going back to 'square one'.

The CQC also says that less than half of crisis teams have sufficient staff to provide 24/7 intensive home treatment as an alternative to admission.<sup>5</sup>

NICE's quality standard calls for people using community mental health services to be 'normally supported by staff from a single, multidisciplinary community team, familiar to them and with whom they have a continuous relationship'.<sup>4</sup>

NHS England has also set a 2020/21 target for people to have 24/7 access to a community-based mental health crisis service, which is 'adequately resourced to offer intensive home treatment as an alternative to acute inpatient admission'.<sup>11</sup>

The CQC has highlighted good practice case studies, such as one mental health trust that piloted an outreach service which gave six weeks support to people discharged into the community.<sup>5</sup>

#### **Recommendation 7:**

BHFT and CCGs should outline how they intend to meet the NHS England target, and current progress to date towards it, including details of

- Any extra funding for community mental health services
- The number and type of extra staff, if any, to be recruited to crisis/ home treatment teams
- Any other changes to NHS or social care services that support people with mental health needs.

#### **Recommendation 8:**

BHFT and CCGs should explain how they will address patient concerns about the 'revolving door' nature of mental health care and treatment.

## Patients' priorities for improvement

We received the greatest number of free comments from people, to a question asking them to name one single thing that would improve their inpatient experience. This shows people want to be involved in service improvement.

As the Commission on Adult Psychiatric Care asserts: 'Patient and carer involvement is not just about involvement in individual care, but is also about involvement in commissioning and developing mental health services. Involvement brings greater ownership of services and fosters a better understanding of how and why services are developed, resulting in mutual benefit for all. Patients and carers bring with them their own knowledge and expertise of mental illness and of accessing mental health services and offer different perspectives and priorities for service improvement. Involving patients in mental health services may also be therapeutic, increasing confidence and self-esteem and promoting social inclusion.'10

The message we heard from people, loud and clear, was that more staff are needed on the wards. People described the impact that understaffing has on virtually every aspect of their care, including:

- not getting 'one-to-ones' with key workers to be able to discuss their feelings, care and needs
- not being able to have short escorted trips out of the building

- not able to get immediate help if they were having a crisis moment
- avoiding asking for help because they can see staff are under pressure and don't want to add to their workload
- not having somebody available to prevent or break-up tensions between patients
- not feeling like the ward is safe or calm
- not feeling like there are enough staff during nights.
- some activities or therapy sessions not running.

Recent research proves the shortages, with the national number of full-time nurses falling 15% within inpatient settings, between 2009-14, according to The Commission.

This will affect the ability of people to receive the 'daily one-to-one contact with mental healthcare professionals', which NICE recommends<sup>4</sup> for inpatients.

Various national reports have suggested measures to improve staffing levels, such as:

- paying managers of acute admission wards more, to recognise the 'true
- importance of their 'highly complex and challenging role'
- ensure a varied skill-set within ward teams, to improve the range of care, therapies and activities available to people and as part of this consider training and introducing peer

#### Discussion and recommendations

- support workers (our own findings demonstrated that people valued support from other patients)
- staff wellbeing programmes to help cope with job challenges

#### **Recommendation 9:**

BHFT and CCGs explain what local strategy they have, if any, to improve ward staff recruitment, including details of any new funding, recruitment targets, changes to skill mix, patient involvement, and milestones for expected increases.

People we spoke to also suggested a range of other improvements, as outlined earlier in this report on pages 17-19. We suggest some could be 'quick wins' such as making type bigger on food menus; others would need time or extra funding to work through, such as improving the system to sign patients back in; and at least one idea (to allow patients to smoke in hospital courtyards) would probably be ruled out on the grounds of trust policy and legislation banning smoking.

#### **Recommendation 10:**

BHFT should proactively work to implement patients' suggestions raised through this project, involving them in discussions on how to do this, and/or publicising to patients when these changes have occurred, in order to value the input of patients.

## Formal Joint Response from BHFT and CCGs

#### Dear Healthwatch

Thank you for the Prospect Park enter and view report and the opportunity to provide comments on accuracy and a response to the recommendations. We found it very interesting and informative; in particular it was pleasing to read that patients found our staff caring and that they felt they were treated with dignity and respect.

We have one point of accuracy regarding the number of mental health beds. There are 142 beds not 216. The details are below:

- 40 older adult
- 89 acute adult
- 13 psychiatric intensive care beds (currently 10 as the unit is being refurbished)

As part of preparing this response I have consulted both East and West Berkshire Clinical Commissioning Groups and therefore our response to the recommendations is as follows:

#### Recommendation 1:

BHFT should share the feedback of this project with all ward staff as part of ongoing staff education, motivation and performance appraisal about the impact of their behaviour on people in their care.

#### Trust response:

We will share the final report findings with staff and offer them the opportunity to read the whole report. The trust board and executive committee will also receive the report findings. The Prospect Park team are looking forward to welcoming Healthwatch back in January to discuss the report findings.

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#### Recommendation 2:

BHFT should explain how shared decision making is carried out in practice on and how it checks that there are opportunities for all types of people, including those under section, to be involved, to ensure a consistent approach on all acute wards.

#### Trust response:

In early 2017 we launched our new risk assessment process and patient safety plan with a clear requirement for staff to involve carers and service users in the development of the patient safety plan. This is a long term project which requires constant coaching by senior staff to enable staff to develop the right skills to build a joint safety plan. Early indications from service users and carers show that they find this approach more beneficial and supportive. The nurse consultant takes overall responsibility for ensuring there is a consistent approach on the acute wards.

#### Recommendation 3

BHFT should outline the process, if any is in place, for ward staff to follow, to ensure patients are made aware of their rights while under section, and also their general rights as set out in the NHS Constitution if they are voluntary patients. This should include details of:

- any timescales the trust sets for informing patients about their rights
- how/if this is recorded in patient records
- which staff are expected to have a good, working knowledge of these rights
- the responsibilities of specific staff (e.g. psychiatrists, matrons, staff nurses, or any other professionals) in making patients aware of their rights
- any checks/audit the trust undertakes to ensure patients are routinely being made aware of their rights.

#### Trust response:

The Trust has a Detained [Sectioned] Patients' Rights Policy in place, which details the responsibilities of staff in supporting patients who have been detained under the Mental Health Act (MHA). The policy sets out how the patients MHA rights should be given/explained and recorded, as well as how often they should be repeated, which depends on the length of the section, and/or whether the patient has understood their

#### rights [or not].

This also includes an automatic referral to the IMHA service where the patient lacks capacity and is eligible to their support. Details of these actions are entered into the patients electronic record, along with details of whether the patient understood or not, along with a date that they should be given again.

The Trust policy regarding the frequency of giving of the patients' rights are as follows:

If understood, rights should be repeated:

For Section 5(4) - No need to repeat

For Section 5(2) - No need to repeat.

For Section 4 - No need to repeat.

For Section 2 - On day 14 (day 1 being the day the person was admitted) as this is the last day that the patient can appeal to the Mental Health Tribunal.

For Section 3/37/CTO - At 3 months when Section 58 Consent to Treatment becomes applicable and then every 3 months for the duration of the detention.

If the detention/CTO is renewed/ extended then the rights must be reread at the point of renewal/ extension and repeated as above.

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## Formal Joint Response from BHFT and CCGs

If not understood:

For Section 5(2) - Daily until understood

For Section 4 - Daily until understood

For Section 2 - Every 72 hours until understood.

For Section 3/37/CTO - Weekly until understood.

If the patient has a mental disorder which results in a lack of capacity, a capacity assessment should be undertaken using the principles of the Mental Capacity Act 2005 (MCA). This should be clearly documented on RiO in the section 132 screens. All attempts must be made to pass the rights on the patients nearest relative to ensure that the patient is protected. This should be done by the ward staff with the support of the MHA department and should be a priority.

If the patient has an impairment that will mean that they are unlikely to regain capacity then this must be documented in the Section 132 rights screens. The rights should be read as if not understood three times and then read as if understood as per the schedule above. This should only be used in cases where the patient is very unlikely to regain capacity which will not usually to be the case in adult mental health wards.

If there is no nearest relative the patient should be referred to an IMHA. The referral should be documented on the s132 rights page on the patient's record.

The following staff are expected to have a good working knowledge of the Mental Health Act (MHA); all qualified nursing and therapy staff, senior unqualified staff, ward managers and medical staff.

The clinical development lead on each ward as well as the senior unqualified staff are responsible for undertaking a weekly MHA audit, or which the giving of patients' rights is one of the issues covered. Where they identify that a MHA requirement has not been met they are expected to rectify this immediately. The wards are also supported by the MHA administration office.

The Trust also has an Informal [voluntary] Rights Policy which ward staff are also required to follow. This sets out what rights informal patients have, a locally produced patients' rights leaflet, as well as the process that could be followed, for example, where an informal patient wants to leave the ward, but the ward staff feel they are not well enough. This also includes easy to read information produced by staff on the Learning Disability ward for their patients.

#### Recommendation 4

#### BHFT should:

- describe how its current activities programme was developed
- provide a greater range of activities at the weekend
- launch a service-user involvement project to review and possibly change the activities programme to match a variety of patient needs, culture or preferences

#### Trust response:

Our current activity programme was developed by the therapists in conjunction with patients as part of the weekly ward community meeting when we introduced the 7 day programme. The change to a 7 day programme meant that therapy staff moved to a 7 rather than 5 day a week service. No additional staffing resource was provided at the time. We recognise that activities are an important part of recovery for patients keeping them and staff safe and therefore a review is currently underway to see if an activity coordinator could be provided to each acute ward covering 3pm - 11pm as this is the time when patients tell us they feel restless and need something to do. We are happy to involve service users and our carers group in the development of the new programme.

#### Recommendation 5

BHFT should ensure that staff discuss with patients, at the earliest opportunity, their approximate discharge date from hospital and future care options and make this information available in a copy of a care plan given to the patient.

#### Trust response:

We currently have a bed optimisation programme which is working on improving patient care planning with community services.. As part of this programme patients will be given an estimated discharge date as soon as it can be determined and for a majority of patients this would be at the 72 hour review.

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#### Recommendation 6

BHFT should describe any joint working it is undertaking with local authorities, other NHS providers, and commissioners, that will reduce delayed discharges, when people are ready to leave hospital.

#### **Trust response:**

The trust review any delays and potential delays on a daily basis and follows up with partners as needed to ensure delays are minimised. In the west of Berkshire there is a weekly system call to review all formally declared delayed transfer of care and this has enabled issues to be escalated in a timely manner and supported out of panel funding decisions. There is a similar twice weekly call in the east of Berkshire for escalation of delays where required. We have been working hard with CCGs to improve processes to identify potential delays at an earlier stage. In east Berkshire the joint Locality Managers have delegated authority for LA funding decisions which has also reduced delays.

There has been recent improvement but we would welcome the same focus by local authorities and clinical commissioning groups on all our delays, rather than those formally agreed with the local authorities, that the Royal Berkshire Hospital and Frimley Healthcare Trusts receive for theirs.

#### Recommendation 7

BHFT and CCGs should outline how they intend to meet the NHS England target, and current progress to date towards it, including details of

- Any extra funding for community mental health services
- The number and type of extra staff, if any, to be recruited to crisis/home treatment teams
- Any other changes to NHS or social care services that support people with mental health needs.

#### Trust and CCG response:

The crisis and home treatment teams received additional funding from the CCGs in 2016/17 which improved staffing levels but demand continues to increase. There are no plans by the Clinical Commissioning Groups (CCGs) to invest further funding for community mental health services but the CCG's and Trust are committed to working together with the STP's to further transform services to support demand.

The new identified NHS funding is for improving access to psychological therapy (a primary care mental health service) and peri-natal mental health. The CCGs and Berkshire Healthcare Trust have an agreed delivery plan for the Mental Health Five Year Forward View, which highlights actions and progress against the targets set by NHS England. The plan was submitted in October 2017 to NHS England and the Trust and will be closely monitored.

#### Recommendation 8

BHFT and CCGs should explain how they will address patient concerns about the 'revolving door' nature of mental health care and treatment.

#### Trust and CCG response:

We have implemented a clinical review forum between Crisis Resolution and Home Treatment Teams and Community Mental Health Teams for any individual who has required 3 or more admissions within a year. The purpose of these reviews is to explore alternative ways to meet individual needs and ensure that all partners are working collaboratively to support the individual. This work builds upon the Frequent Attenders whole system approach that has been successful in reducing the number of attendances to RBH relating to mental health concerns.

The trust is developing an evidenced based pathway for patients with a diagnosis of personality disorder, as these patients can have high numbers of admissions, in consultation with the CCGs.

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## Formal Joint Response from BHFT and CCGs

The CCGs have also been exploring opportunities to work with BHFT and the Local Authorities to develop community based alternatives to mental health inpatient hospital admissions to reduce admissions and to try and break the revolving door cycle, this is a priority for the STP's as well.

#### Recommendation 9

BHFT and CCGs explain what local strategy they have, if any, to improve ward staff recruitment, including details of any new funding, recruitment targets, changes to skill mix, patient involvement, and milestones for expected increases.

#### Trust and CCG Response:

The trust has successfully recruited over 60 new staff to Prospect Park Hospital this year through skill mix. This work continues to provide a different type of work force for the hospital. There is a national shortage of band 5 newly qualified mental health nurses and this is reflected in the vacancies at Prospect Park Hospital. There are both national and local programmes in place with universities to address supply however these will not come into fruition for 4 years.

Our current safe staffing requirements are met on a daily basis with just a few breaches each month. We recognise that patients feel there are not enough staff on the wards and we are in the process of reviewing staffing levels and benchmarking with other organisation however currently there is no additional funding from commissioners to support this improvement in staffing levels and therefore any increase in staffing levels becomes a cost pressure for the trust.

The CCGs and NHS England are working on a workforce strategy as part of the system Sustainability Transformation Plans to support the trust with its staff recruitment and training.

#### Recommendation 10

BHFT should proactively work to implement patients' suggestions raised through this project, involving them in discussions on how to do this, and/ or publicising to patients when these changes have occurred, in order to value the input of patients.

Trust response: Each acute ward has a regular community meeting where patients raise issues and staff feedback on actions taken. The Prospect Park team will consider the patient suggestions raised and consult with patients and carers on the best way to feedback changes made.

Helen Mackenzie, Director of Nursing and Governance, BHFT

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## **Appendix 1:**

## How we carried out the project

BHFT agreed to our request to visit the wards, two days after we submitted a written request on 23 August 2017. Mangers from the six Healthwatch went to Prospect Park on 31 August for an escorted planning visit. The six Healthwatch then met several times to design the questionnaire and brief staff and volunteers.

#### We visited on:

- Monday 23 October, 9.45am-11.15am,
   Daisy, Bluebell, Rose and Snowdrop
- Mon 23 Oct, 1.4pm-3.15pm, Rose, Rowan and Bluebell
- Tuesday 24 Oct, 1.45pm-3.15pm, Bluebell, Daisy, Rowan, Snowdrop, Rose
- Tues 24 Oct, 7.45pm-9.15pm, Rose, Bluebell, Snowdrop
- Wednesday 25 Oct, 1.45pm-3.15pm, Bluebell, Daisy, Rowan, Snowdrop, Rose
- Weds 25 Oct, Rowan, Daisy, Snowdrop
- Thursday 26 Oct, 9.45am-11.15am, Bluebell, Daisy
- Thurs 26 Oct, Daisy, Bluebell
- Friday 27 Oct, 9.45am-11.15am, Bluebell, Snowdrop, Rowan, Rose
- Saturday 28 Oct, 1.4pm-3.15pm, Rose and Daisy
- Sunday 29 Oct, 7.45pm-9.15pm

Healthwatch teams of between five and 13 people went to each visit to maximise the number of patients we could speak with. Staff met and escorted us to wards and gave each team a security alarms. Patients had been informed of our visits and we sought verbal consent from each to speak with them and ask for their anonymous answers to our questionnaire comments. We stopped a small number of interviews on patient request, or if they became agitated. We also held a group talk of eight patients on one visit for a more general discussion.

During some of the interviews, an Independent Mental Health Advocate based at the hospital, was also present.

Healthwatch teams also carried out observations of the environment.

Each team had a short debrief meeting after each visit, to discuss findings and check if any urgent issues had arisen that needed to be escalated to BHFT staff. A final meeting of all Healthwatch staff and volunteers was held to discuss and compare findings and share the emotional impact of undertaking the visits: we had heard some incredibly sad or challenging stories and experiences, as well as messages of hope and recovery. We were all keen that the experiences be shared in order to highlight good practice or influence improvements.

Each of the six local Healthwatch considered the draft report individually through their own governance structures before collectively agreeing to the findings and recommendations to be submitted to BHFT and CCGs for a formal response.

## Appendix 2:

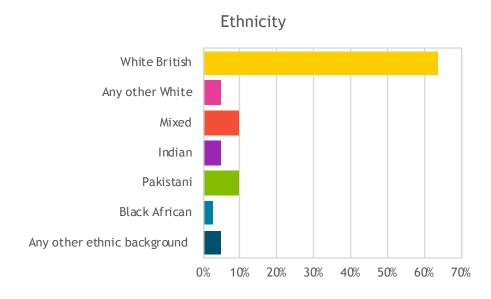
## About the people we spoke with

**Total:** 41 people filled in the survey; 24 female, 17 male, and none transgender

Age: The 45-54 group was represented most, followed by 18-24-year-olds:

18 to 24	25.00%	10
25 to 34	17.50%	7
35 to 44	12.50%	5
45 to 54	27.50%	11
55 to 64	10.00%	4
65 to 74	7.50%	3
75 or older	0.00%	0

Ethnicity: most said they were White British, followed by a range of ethnicities



**Usual home:** Most of the 39 people who told us a partial postcode, usually live in Slough (11), Reading (5), or Maidenhead (4). The rest were from West Berkshire villages, Wokingham, or Windsor. One person identified as homeless.

GP registration: 37 out of 38 people said they were registered with a GP

#### Length of stay to date at Prospect Park:

- Up to 7 days: 7 people - Between 1 week & 1 month: 4

- Month-6 weeks: 8 people - 6-12 weeks: 10 people

- 3-6 months: 5 people - 6-12 months: 3 people

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## Appendix 3:

## Referenced reports and other resources

#### **Endnotes**

- 1 BHFT Quality Report, Care Quality Commission, April 2016
- 2 <u>BHFT Acute wards for adults of working age and psychiatric intensive care units</u> <u>Quality Report</u>, Care Quality Commission, August 2017
- News article, Reading Chronicle, November 2 2017
- 4 <u>Service user experience in adult mental health services, Quality Standard 14,</u> National Institute for Health and Care Excellence, 2011
- The state of care in mental health services 2014 to 2017: Findings from CQC's programme of comprehensive inspections of specialist mental health services, Care Quality Commission, 2017
- The Mental Health Act 1983: Code of Practice, Department of Health, 2015
- 7 Sectioning information, www.mind.org.uk, accessed November 2017
- 8 <u>Ward Watch Mind's campaign to improve hospital conditions for mental health patients: report summary, Mind, 2004</u>
- 9 <u>www.starwards.org.uk</u>, website of charity Bright, accessed November 2017
- Old Problems, New Solutions: Improving acute psychiatric care for adults in England, The Commission on Acute Adult Psychiatric Care, 2016
- 11 Implementing the Five Year Forward View for Mental Health, NHS England, 2016

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Contact Healthwatch Reading at: 3rd floor, Reading Central Library Abbey Square, Reading RG1 3BQ Telephone 0118 937 2295 Email info@healthwatchreading.co.uk

# Agenda Item 8



## Report to ACE Committee

Progress Report : Delivery of the Early Intervention Strategy

**OWNER** 

Vicky Rhodes

**VERSION** 

V.1

DATE

23<sup>rd</sup> January 2019

**REVIEW DATE** 

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Brighter Futures for Children Civic Offices, Bridge Street, Reading RG1 2LU

Company number 11293709

#### 1. BACKGROUND

- 1.1 The Early Intervention Partnership Strategy refreshed in 2018. It demonstrates Reading's strategic partners commitment to Early Intervention and Prevention. It outlines a partnership response that is at the heart of delivering ambitious outcomes for the children, young people and families of Reading.
- 1.2 The strategy outlines how as a partnership we will identify families earlier and integrate provision to offer a continuum of services. It describes an evidence based approach that demonstrates that family's needs are met, outcomes are sustained and do not escalate to statutory services.
- 1.3 In these challenging financial times, partners need to break from traditional thinking and ambitiously take action. The strategy sets out a vision for a partnership of wraparound provision for families; where collaborative approaches define service agendas and address budgetary constraints. As a result, the strategy draws on learning from the national and local Troubled Families Programme to help reduce demand and associated costs of specialist services.
- 1.4 Collaboration with statutory and non-statutory partners to extract maximum benefit from shared resources is critical. Early responses need to be more dynamic with societal shifts and welfare reforms. The strategy aims to support the statutory functions by intervening early and reducing front line demand. By getting it right at the first opportunity we are avoiding costs in the future.
- 1.5 A break from traditional thinking and ambitious action is needed; Co-production between agencies and working with the local community is essential to sustain non statutory services. The Strategy takes learning from what is working well here and in other local authority areas.
- 1.6 Changes have been made, Thresholds of need have been revised; a multi-agency Single Point of Access (SPA) and Multi Agency Safeguarding Hub (MASH) established: supporting clearer pathways. BFfC has restructured and continues to amend its service provision and develop ways of supporting and working with our partnership colleagues Health, Police, Schools and Voluntary & Community Sector..
- 1.7 The strategy creates an ambitious plan for the partnership to build on and drive forward our partnership offer and addresses the quality of services provided to children and families and in particular:
  - Provision of effective multi agency support to families which reduces the demand on statutory provision
  - Provision of an effective pathway that ensures seamless support for families stepping down from statutory services
  - The mainstreaming of the Troubled Families Programme with a focus on whole family interventions & sustained outcomes
  - Demonstration of senior leaders' commitment to early intervention & joint commissioning

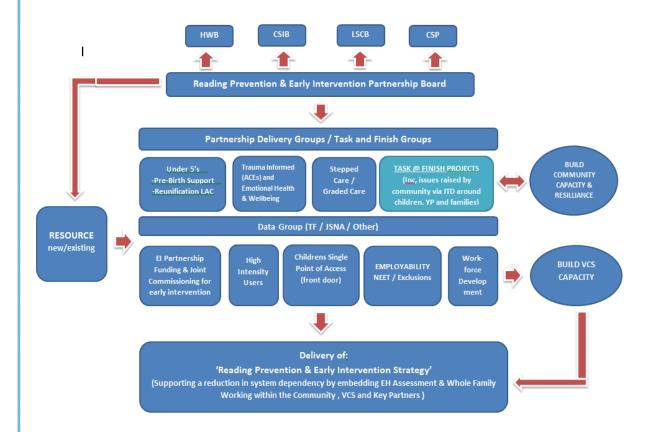
#### 2.0 Progress Update: Delivering the Strategy

2.1 Reading Prevention and Early Intervention Partnership Model

In September 2018, a partnership event was held attended by over 50 partner representatives. The workshop included a video of local families sharing their experiences of asking for help - https://vimeo.com/288157064

2.2 Partners agreed a new model for delivery was required. This new approach will support whole system change to 'early intervention' and provide the necessary governance to deliver the key

- outcomes. At the heart of the model is a strategic commitment to build community resilience and capacity of the voluntary and community sector.
  - 2.3 A number of cross partner working groups have been established to bring coordination and shared accountability for delivery.



2.4 A series of delivery groups held initial meetings between October and January 2019. A summary of activity is outlined below:

El Partnership	Scope of Working Group
Delivery Group	Progress Updates
Under 5s	Scope: To provide a single pathway from pre-birth to 5; where children and families can access integrated partnership services
	Progress:
	Secured resources as part of the BFfC Transformation Programme and developed pilot schemes with a focus on 0-5s:
	Intensive Pre Birth Support: A project which incorporates principles of the Pause approach – to provide intensive support to mothers who have had previous children accommodated. Coordinator appointed. Meetings with relevant health partners held. Project goes live April 2019
	<b>Reunification:</b> A project to support successful reunification of under 5s in care to their families. Discussions with NSPCC to become pilot site in their national framework.
	Childrens Centres and Health Visiting:
	Practical developments on hold pending outcome of reductions in 0-19 Contract.

Q		Discussions planned to explore best use of resources within contract variation.
	Adolescent Risk, Mental Health & Emotional Well	Scope: To ensure young people develop the resilience to cope and grow into well-rounded, healthy adults. To identify opportunities for joint working across Reading, including Schools.
	Being	Progress:
		Embedded <b>trauma informed thinking</b> and <b>therapeutic approaches</b> across partners working to improve the lives of people across Reading.
		Embedded <b>Adverse Childhood Experiences</b> thinking to inform the delivery of services to young people 'at risk'
		Developed a <b>therapeutic thinking champion's network</b> across Reading Schools. Secondary Head Teachers received training on trauma informed practice
		A <b>Mapping exercise</b> was completed, to identify and share the range of support and interventions the promote children and young people emotional and mental health well-being, across the partnership and different levels of need
	Workforce Development	Scope: To develop a shared and consistent language and approach when working with families. Align learning with trauma informed practice/ACEs
		Progress:
		Improved access to information on Early Help arrangements (assessment, plan and LP) - Revised information on Brighter Futures for Children website and Reading Family Information Service. Updated Multi-Agency Staff Briefing for Children's Single Point of Access.
		Increase opportunities to promote whole family working - Commissioned whole family working workshop at LSCB annual conference. Provided 5 free places for the CVS who will be involved in planning further training.
		<b>Reducing Parental Conflict</b> - Completed bid to DWP to secure funds to provide range of training, including training the trainers for children and adults workforce to increase knowledge and understanding of parental conflict. Secured £25,000 funding for training and £15,000 for strategy development.
		Restorative Practice - Secured funding from NHS England to roll out Restorative Practice multi-agency frontline and middle managers and local children training, including training the trainers. Secured £80,000
	Commissioning & Partnership Funding	Scope: To identify opportunities to align commissioning across all budgets, whether pooled or not, focusing on outcomes and increasing investment in community services that build independence for young people and families and support the delivery of shared priorities
		Progress:
		Began to scope out a <b>joint commissioning framework</b> across the partners to align budgets and maximise resources
		Secured funding as a partnership Early Intervention Youth Fund - Linked to the Home Office Serious Violence Strategy . Worked with the Thames Valley Office of the Police and Crime Commissioner to submit successful bid for universal and targeted intervention for young people.

## Troubled Families

(chair Stan Gilmour) Scope: Mainstreaming the principles and learning from Phase Two of the Reading Troubled Families Programme

#### Progress:

#### Data

Significant progress in building data capacity through the data Hub. An automated system in place for building families, identifying programme indicators and tracking outcomes. Alongside newly recruited Assistant Analyst the number of families identified for the programme and those achieving their outcomes increased.

#### **Achieving Targets (Payment by Results)**

The target is improve outcomes for 1170 families through a Payment by Result (PbR) approach. Performance at the end of Q3 18/19 is 26% PbR (309 families). We can now estimate future claims and now on track with government projections for quarter four. A recent visit from the Ministry of Housing, Communities and Local Government was reassured by progress.

#### **Work with VCS**

We have been working closely with the VCS to establish closer links with the programme. Currently setting up a preferred list of VCS service providers and a spot purchase system to enable flexible purchase of direct services to families working with Children Social Care teams.

#### **Self-Assessment and Annual Action Plan**

Troubled Families Board signed off the annual self-assessment in September 2018. Priorities and actions identified at the Jan 2019 board meeting. Annual action plan being submission 31.01.19.

## Data Discovery Group

Scope: To bring together public service agencies and experts in data science. To discuss the current use of data in a "public health" agenda and agree joint aims for the future, to put Reading at the forefront of using data to design and deliver effective early support

#### **Progress:**

Established **a data sharing protocol**, as part of the Reading Troubled Families programme

Delivered a partnership **data discovery day** – involving key partners including Microsoft and Reading University; who have offered support in progressing the HUB

Developed and implemented a **Troubled Families Data HUB** that can identify families eligible for the troubled families programme; and track outcomes linked to payments by results

#### **Stepped Care**

Scope: To review existing arrangements/pathways to embed multi-agency responses for whole families across the thresholds.

#### **Progress:**

Initial meeting postponed, pending the Achieving for Children review of front door arrangements in December 2018. Q4 work will focus on earlier identification of concern/risk enabling partnership intervention.

Discussion held with Designated Safeguarding Leads and Heads Briefing in January 2019.

Partnership workshop scheduled for February to explore ways partners can bring concerns to weekly multi agency panels/hubs; completion of an Early Help Assessment

and family plan.

Whole Family Working workshop to be delivered at LSCB Annual Conference on 30<sup>th</sup> February.

#### **DfE Transformation Programme**

Resources secured by BFfC to support partnership delivery of work. Initial resources invested in coordinator who will liaise with partners when referrals are deemed no further action post referral to CSPoA

Approval for purchase of Fenestra partnership portal agreed to support improved information sharing.

#### 3.0 Reading Prevention and Early Intervention Partnership:

#### Governance

Collective agreement was reached that new governance arrangements to monitor delivery and impact of the strategy were required. The inaugural meeting of the Strategic Partnership Board is booked for 5<sup>th</sup> February 2019. Attendance in confirmed from : Thames Valley Police, Brighter Futures for Children, Royal Berkshire Hospital, Clinical Commissioning Group, Reading Voluntary Action, primary and secondary Head teachers; and Ernst and Young as the business representative.

The Board will be chaired by an independent community representative. The initial meeting with include:

- Agreeing Terms of Reference
- Agree a Local Consensus
- Updates from delivery groups
- Agreeing the Principles
- Review of key performance indicators
- Links to existing governance boards

The Board will ask that strategic partners formally agree a set of principles which underline the way they will commit to the new partnership:

- commit to deliver the strategy within their own organisation
- commit to share resources (e.g. co-commissioning) and deploy resource into the delivery system
- commit to take a problem solving approach
- take a trauma informed and therapeutic approach to intervention

The Board will adopt the **SARA Problem Solving Model** (Scanning, Analysis, Response, and Evaluation) as the Partnerships project management approach

The Board will report, via the Strategic Partnership Leads, into existing governance arrangements including ACE, Childrens Services Improvement Board and Health and Wellbeing Board.

# Agenda Item 9



## Report to ACE Committee

Progress Report : Child Exploitation and Children who go Missing **OWNER** 

Lisa Arthey

**VERSION** 

V.1

DATE

28th January 2019

**REVIEW DATE** 

© Brighter Futures for Children

Brighter Futures for Children Civic Offices, Bridge Street, Reading RG1 2LU

Company number 11293709

#### 1. BACKGROUND

- 1.1 In Summer 2018 the LSCB Child Sexual Exploitation (CSE) & Missing Strategic sub group agreed to expand its scrutiny and oversight to Child Exploitation, incorporating Child Criminal Exploitation (CCE). This decision was made in response to emerging need both locally and nationally.
- 1.2 The Pan Berkshire CSE Leads meeting also expanded its remit to become the Pan Berkshire Exploitation Leads sub group and in June 2018 ratified the four strategic priority areas:
- Prevention
- Protection
- Pursue and Disrupt
- Recovery
- 1.3 EMRAC (Exploitation and Missing Risk Assessment Conference) was launched in September 2018. This involved a review of the existing SEMRAC format and broadening of the remit to include Child Criminal Exploitation (CCE)
- 1.4 EMRAC takes place monthly and considers all children where there are any Child Exploitation (CE) concerns
- 1.5 MERG (Missing Evaluation and Review Group) is a weekly sub group of EMRAC. MERG is a multi-agency panel who consider all missing episodes from the previous week. The aim is to review process (strategy meetings, return interviews completed etc) and ensure there is intervention in place for every child that requires it.
- 1.6 Disruption meeting is also an EMRAC sub group. Led by Thames Valley Police the group consider all exploitation related intelligence and coordinate all disruption activity.
- 1.7 Thames Valley Police and Early Help colleagues are leading the initiative on Adverse Childhood Experiences (ACE) and moving Reading towards being a Trauma Informed authority which supports effective interventions for adolescents by recognising how previous life experiences can impact on behaviour and risk as they get older.
- 1.8 Development and implementation of two new Berkshire LSCB Child Exploitation tools:
- Simple Screening Tool a short checklist for all professionals coming in to contact with children/young people. The tool can be used to help identify any potential indicators of exploitation and support a referral to Children's Single Point of Access.
- Child Exploitation Risk Indicator and Analysis Tool this is a more detailed assessment tool that replaces the old CSE Risk Indicator Tool. The Risk Indicator and Analysis Tool will be used by lead professionals working with children where exploitation concerns have been identified. The purpose is to analyse the risk level and inform intervention.
- 1.9 Child Exploitation Manager Reading have had a member of staff seconded to the position of CSE Coordinator since September 2015. In August 2018 the CSE Coordinator position was reviewed and the Child Exploitation Manager post was created and successfully recruited to, with a job description more reflective of the role being done. This also provided the opportunity to broaden the post holders remit to all forms of child exploitation.
- 1.10 Missing Coordinator the post holder is responsible for scrutiny of all missing episodes, allocation and tracking of return interviews and review of all completed interviews for safeguarding concerns and/or early interventions required.
- 1.11 In November 2018 there was a re-launch of the CSE champions group to become Exploitation Champions. The purpose of this multi-agency group is to share good practice, resources and innovation and support the cascading of messages and information to colleagues. Champions will also support in training delivery and awareness raising campaigns.

1.12 Draft Exploitation and Missing Strategy 2019-2022 written. This is an update on the Reading LSCB CSE Strategy 2014-2017 and will be shared with senior management at Brighter Futures for Children and partners at LSCB in January 2019 for sign off.

#### 2. LOCAL DATA

- 2.1 Performance data and narrative are reported monthly to Children's Services Improvement Board (CSIB) and quarterly to LSCB
- 2.2 Missing Coordinator produces a quarterly Missing Profile which includes all data related to missing episodes, missing children and return interviews. This will be developed further for quarters three and four to include qualitative information, including a case study evidencing a successful outcome.

Children and Young People that go Missing from home or care	Oct-18	Nov-18	Dec-18
No. of LAC who have gone missing from care in the period	11	10	15
No. of missing episodes from care in period	15	19	39
No of return interviews completed for LAC (where interviews were required)	7	5	8
% of return interviews completed within 72 hours for LAC	57%	100%	63%
No. of children/YP who have gone missing from home in the period	28	27	21
No. of missing episodes from home in period	40	71	43
No of return interviews completed of children who go missing from home	28	38	19
% of return interviews completed within 72 hours of children who go missing from home	57%	66%	53%

- 2.3 Reading's current outturn of completion of interviews within 72 hours is 68% (LAC) and 61% (non LAC) against a very aspirational, locally set target of 95%.
- 2.4 Child Exploitation Manager recently contacted comparative and geographical neighbours to obtain some benchmarking data in relation to missing children and completion of return interviews, in particular the completion of return interviews within 72 hours of the child returning. This information has been reported to CSIB in December 2018.
- 2.5 The proposal is Reading's targets for completion of return interviews within 72 hours are set as <35% red, 35% 65% amber, >65% green.
- 2.6 Numbers for EMRAC have significantly increased since September 2018 when the remit was broadened to include Child Criminal Exploitation (CCE)

Date	Total number of children on agenda
December 2017	15
December 2018	47

#### 3. TRAINING AND AWARENESS RAISING

The following training and awareness events have been held in 2018-2019 to date:

Training subject	Audience	Attendees
Introduction to child exploitation	Children's workforce	32
Child exploitation and missing children	Child In Need (CIN) Team	13
Child Exploitation, County Lines and Young People workshop	Children's workforce	81
Child exploitation and missing children	Youth Service	14
Safeguarding and Exploitation	Taxi drivers (private hire and hackney cabs)	524
Introduction to Child Sexual Exploitation	Reading buses drivers	258
Exploitation – Berkshire West LSCB Forum	Multi agency	51
Introduction to County Lines	Kendrick Girls School	Tbc – all staff
Intelligence Sharing	Multi agency	18

#### Upcoming training includes:

- Criminal Exploitation and County Lines workshop for Reading Youth Cabinet
- Modern Slavery and Exploitation for exploitation champions
- Exploitation awareness and process for ASYE's



#### 5. STRATEGY ACTION PLAN

4.1 The LSCB Exploitation and Missing Strategic Sub Group work to an annual work plan. The Child Exploitation Manager has proposed the attached updated Child Exploitation and Missing Children Action Plan.

#### Child Exploitation & Missing Children - Action Plan 2019 - 2020

	Prevention						
	What do we want to do	How do we intend to achieve it	By When	Lead professional	Update notes	Status (BRAG)	
co age	Improve knowledge and gawareness of child exploitation across Reading	Training and awareness raising task and finish group to be held	December 2018 February 2019	Child Exploitation Manager	Meeting held 14/12. Group agreed core standards for training and awareness raising including ensuring that all reference is made to 'exploitation' and not separating out adults, children, sexual and criminal as there are so many cross cutting areas.  Agreed the local training offer and will be scheduling training dates to publish	Green	
		Input in to new staff induction	February 2019	Child Exploitation Manager/Missing Children Coordinator	New staff induction process to be launched in Brighter Futures for Children in January 2019. Child Exploitation awareness and processes to be imbedded Current induction input in place for social work students and ASYE	Green	
		Launch of the new Reading online Child Exploitation course	January 2019	Child Exploitation Manager	Child Exploitation manager has developed an online basic child exploitation awareness course. Content includes what is child exploitation, how to recognise it and how to report concerns, including use of local tools and pathways	Green	

		Drug Lines.	
March 2	Exploitation Manager Exploitation	National CSE Awareness Day 18 <sup>th</sup> March 2019. Reading have run large campaigns for this event over the past three years so 2019 to be prioritised by Champions and events run throughout w/c 18 <sup>th</sup> March	Green
s development of April 20 n Champions and utilising ree in the dissemination of ages, good practice and s raising.	Champions  Child Exploitation Manager	Exploitation Champions group was re-launched in October 2018 with great interest shown across teams and services. 30 Champions put themselves forward and the first meeting was held November 2018.  The initial meeting considered the role of the	Green
9	Exploitation	Champions and communication will go out across the workforce in January 2019 detailing who their champion is and the role of the champion.  New tool has been developed and signed off by LSCBs	Green
	ce in the dissemination of ages, good practice and a raising.	rece in the dissemination of ages, good practice and a raising.  Manager  Manager  Manager  Manager  Manager  August 2019  Child  Exploitation	teams and services. 30 Champions put themselves forward and the first meeting was held November 2018.  The initial meeting considered the role of the Champions and communication will go out across the workforce in January 2019 detailing who their champion is and the role of the champion.  August 2019  Child Exploitation  New tool has been developed and signed off by LSCB Child Exploitation

to child exploitation				members and published on Reading LSCB website	
			Exploitation Champions	Staff within Children's Single Point of Access were informed so as to be aware that new contacts/referrals may come in referencing the tool.	
ച്ച വ	Launch of new Exploitation Strategy 2019 - 2022	April 2019	Child Exploitation Manager  LSCB Exploitation Strategic sub group Chair	Building on the 2014 – 2017 Child Sexual Exploitation Strategy a draft Child Exploitation & Missing Children Strategy has been written. This will go to Brighter Futures for Children Executive Board in January and LSCB Strategic sub group in February for sign off Communication will go out across Reading when the strategy is launched	Green
Improve prevention and education for children and young people across Reading	School have access to/provide a consistent PSHCE offer to all pupils	September 2019	To be agreed at LSCB sub group Feb 2019		
. County	Youth cabinet campaign to raise awareness of, and reduce, knife crime in Reading	July 2019		Reading Youth Cabinet have chosen their priorities and this includes reduction of knife crime.  Child Exploitation Manager attending Youth Cabinet meeting January 2019 to deliver a short workshop on Child Criminal Exploitation and County Lines	Green
Increase awareness of children who may be vulnerable to exploitation to inform early help and	Ongoing network mapping in line with contextual safeguarding approach	March 2020  – to review effectiveness	Child Exploitation Manager	Network maps developed to identify associations and friendship groups of concern  Networks and associations discussed at MERG and EMRAC	Green

preventative work			Missing Coordinator	Complex, multi child strategy meetings triggered as a result of identified networks to develop strategies to disrupt friendships where appropriate	
	Analysis of monthly exclusions list to identify children at risk of permanent exclusions and ensure preventative interventions and keep safe work are in place	September 2019	Child Exploitation Manager	Child Exploitation Manager now receives monthly exclusions list and invitations to monthly exclusion monitoring meetings  Further detailed analysis and mapping required. This will develop throughout 2019	Amber
Page 88	Improvement in data analysis and problem profiling to better identify emerging trends and issues to mobilise and target resources	April 2019	Deputy Director for Children's Service	Job descriptions for Exploitation Analyst being reviewed  Funding will be required	Green
Improved effectiveness of return home interviews for missing children	Review and re-write the return interview form to ensure it is succinct and focuses on pull, push and	February 2019	Missing Coordinator	Forms from other local authorities have been reviewed  Agreed with team manager the priorities for	Green

Q	prevention.			inclusion on the form	
	Development of a child friendly tool to be used in return interviews to better engage children and ensure their voice is heard	March 2019	LAC Participation officer	Missing coordinator has had an initial meeting with LAC Participation Officer	Green

Protection					
What do we want to do	How do we intend to achieve it	By When	Lead professional	Update notes	Status (BRAG)
Provide opportunities for ensuring the child's voice is captured and professionals have an improved understanding of what life is like for children in Reading currently	Feedback to the LSCB Exploitation and Missing Strategic sub group on life for children in Reading	October 2018	Headteacher Cranbury College	Cranbury college were asked by the LSCB Exploitation and Missing Strategic Sub Group to develop a short film on what life is like for children in Reading currently.  Film was developed but as yet has not been shared with the sub group. This has been an agenda item for the past two strategic sub group meetings.	Red
	Online survey for children in Reading to assess level of understanding of child exploitation and use of the internet	June 2019	Exploitation Champions	Short survey has been developed and needs to be sent out via schools, youth workers, youth offending service and participation officer in the new year	Green
Ensure continuous review and improvement of	Incorporate all forms of exploitation	September	EMRAC Chairs	Recent review and launch of new process (Sept 2018) where the remit of the group was expanded	Green

Ę	MRAC process		2018  March 2019 – to review effectiveness	Child Exploitation manager	to all forms of exploitation  Terms of reference, membership and agenda format revised and shared with LSCB Exploitation strategic sub group for sign off  Training for all core members completed September 2018	
		Dedicated senior business support for EMRAC required to ensure effective coordination and tracking. This is an essential role for development of the Exploitation team and core business	April 2019	Child Exploitation Manager	Job description written and sent for evaluation	Green
P	ursue and Disrupt					
Page	/hat do we want to do	How do we intend to achieve it	By When	Lead professional	Update notes	Status (BRAG)
of	crease our understanding the perpetrator profile in eading	Improvement in data analysis and problem profiling to better identify emerging trends and issues to mobilise and target resources	March 2019	Pan Berkshire Exploitation Leads	Discussion at December Pan Berks meeting that this would be a priority for the group.  South Central Ambulance Service (SCAS) offered to provide data to support the profile	Green
		Improved intelligence sharing from all partners and members of the public	August 2019	TVP Force Intelligence	Intelligence sharing workshops run by TVP	Green
		Need to track improvements in quality and quantity of intelligence reports received after each significant campaign or training event	August 2019	TVP Force Intelligence	To be agreed at Operation ETNA meetings	Green

Ensure continuous review of Disruption Meeting	Review of membership and terms of reference to ensure most effective targeting of resources to disrupt exploitation risks	March 2019	Child Exploitation Manager EMRAC Chairs	Child Exploitation manager to meet with Chair of Disruption meeting to review membership and terms of reference.	Green
	Effective minute taking including the capturing of successful disruption activity that has taken place	April 2019	Disruption meeting Chair	Business case and job description written and sent for evaluation for an EMRAC Coordinator / dedicated Senior business support for EMRAC and all sub groups (Disruption & MERG)	Green
	Improved information sharing from disruption meeting in to monthly EMRAC meeting, including the identification of hot spots/locations of concern and persons of concern.	January 2019	Disruption meeting Chair	Time allocated on monthly EMRAC agenda to ensure information is effectively shared from disruption meeting.  Improved report provided to EMRAC December 2019	Green
Implementation of contextual safeguarding approach	Understand the contextual safeguarding approach and how it may be utilised in child exploitation interventions	December 2018	Child Exploitation manager	Child Exploitation manager attended the Hackney Project conference on 7/12	Green
	Contextual safeguarding training to be	March	Workforce Development	Youth workers in Early Help have received a very basic overview of contextual safeguarding and are	Green

0	delivered across the workforce	2020	Officers	keen to receive further training  They were able to reflect that a lot of the work they already do is contextual						
Recovery										
What do we want to do	How do we intend to achieve it	By When	Lead professional	Update notes	Status (BRAG)					
Reading to become a Trauma Informed Authority	Adverse Childhood Experiences (ACEs) and Trauma Informed Practice training	March 2019	Area Commander Thames Valley Police	Thames valley Police and Early Help leading this project. Partnership launch events and some task and finish groups have taken place	Green					
Development of a child exploitation toolkit	Re-write the old CSE Toolkit to incorporate child criminal exploitation, recent learning and good practice and appropriate resources and signposting	April 2019	Child Exploitation Manager	Existing CSE toolkit has been reviewed and a new Exploitation toolkit is being drafted	Green					
Implement good practice guidance on breaking the cycle of child criminal exploitation	Working with specialist services to better understand effective interventions and exit strategies	March 2019	Child Exploitation Manager Service Managers Exploitation Champions	Contact has been made with St Giles Trust  Specialist training to be commissioned in new year	Green					



**Classification: OFFICIAL** 

## **Briefing Note**

Title: Independent Reviewing Officers Annual Report 1st April 2017 to 31st March 2018 Reviewing and Quality Assurance Service

Date: 15 January 2019

From: Lorraine Campion - Team Manager for Reviewing and Quality Assurance Service

Ref:

#### 1.0 Purpose

- 1.1 The Annual Independent Reviewing Officers' (IRO) report provides quantitative and qualitative evidence relating to the IRO services in Reading Borough Council as required by statutory Guidance.
- The Independent Reviewing Officers (IRO) Handbook 2010 (para 7.11) states that the annual report should cover:
- The development of the IRO Service, caseloads, makeup of the team and how this reflects the identity of the Looked After Children population in Reading Borough Council (RBC).
- The extent of participation of children, young people and parents
- Performance data including the number of reviews held within timescales and reasons for those held outside of timescales
- Procedures for resolving concerns, the local dispute resolution process and analysis of issues raised and outcomes.
- Resource issues affecting the services provided for Looked After Children.

#### 2.0 Summary

### **Classification: OFFICIAL**

- 2.1 There has been an increase of children in care in Reading over the past year, up from 265 at the end of March 2017 to 279 at end of March 2018. There is significant work being undertaken to address this, including review of the cohort of children in care, review of the systems and processes prior to children becoming looked after (for example, PLO) and a focus on permanency. A permanency panel is now in place, and a specialist worker now chairs all permanency planning meetings.
- 2.2 There have been a total of 740 reviews held over the past year for children in care in Reading. 105 children (38%) of the children in care are placed over 20 miles plus from Reading. 62% of children looked after in Reading are within the 20 mile radius. 60 % of children are in approved stable placements where they have been for 2 years or more.
- 2.3 There is a recognised need for more local placements for children to be sought. Detailed analysis of LAC placements over 20 miles from Reading has been undertaken and presented to CSIB. In light of this the Sufficiency Strategy is currently being refreshed as are commissioning arrangements. A further report to CSIB is scheduled for the next meeting at the end of January 2019. This will include an action plan.
- 2.4 In the last full inspection for children looked after children (June 2016) Inspectors in 2016 found that; "There is increasing evidence of independent reviewing officers (IROs) challenging weaker care planning arrangements, particularly when there are delays in progressing timely permanent placements. Too many children looked after do not have up-to-date care plans." Midway Reviews are now a mandatory undertaking by IRO's for children who are in care in Reading. This highlights good practice, but also provides addition scrutiny and oversight aimed at reducing delay. In addition, children and young people have contact with their IRO in between reviews. Data is now available which highlights children who do not have up to date care plans. This is monitored on a weekly basis and addressed as required.
- 2.5 IROs have used thematic challenge to address areas where improvement has been required. For example, thematic challenges were raised to address concerns about gaps in lifestory work, a number of young people who did not have an allocated personal advisor and the poor quality of care plans. As a result, there has been a revision of the care plan document to aid smarter planning, led by the IRO's, a plan was devised to address issues with lifestory work and three new personal advisors were recruited.
- 2.6 There has been an increase in informal and formal dispute resolutions, known in Reading as Robust Challenge over the year. There were 55 formal robust challenges from April 2017 March 2018 and 153 informal challenges. The Inspectors in 2016 found that, "The volume of IRO challenges has significantly increased over the last year, but the tracking of responses to them is not rigorous enough. Senior managers acknowledge this and are tackling the issues raised to generate targeted learning and service improvements." This has been more closely tracked with senior leaders, and has led to the identification of emerging themes and plans for intervention with the aim of ongoing service improvements. In addition, work has been done to develop

Page 2 of 3 Select confidence level Classification: OFFICIAL

### **Classification: OFFICIAL**

electronic recording of robust challenges via MOSAIC. This has been tested and will be implemented shortly.

#### 3.0 Conclusion / Recommendations

- 3.1 Statutory targets will be more tightly measured to ensure that all reports are circulated within 5 days of the review which share the decisions of the meeting. The chairs report will be circulated for 100% of reviews within the 20 working days timescale from the review. This will be built into Mosaic so that there is accurate and immediate reporting of this data.
- 3.2 There is a need for there to be a review of the administrative functions for children in care reviews, so that invitations and consultations to all are disseminated. This is crucial to promoting successful partnership working and enabling families to share responsibility. This needs to be agreed within the senior management team to enable this to take place as per the guidance in the IRO Handbook (2010)
- 3.3 There will be work to revise consultation papers for parents and carers and measure that feedback is obtained to inform the review from key partners i.e. children, family and their carers. This is to on track to be achieved by end of January 2019.
- 3.4 The timeliness of the progress of children's plans will continue to be monitored through monthly permanency tracking meeting.

#### 4.0 Further information

- The impact of the IRO service is a key influence on outcomes for children and young people, providing an independent review, scrutiny of care plans with a commitment to seek the views of young people in Reading to in turn inform their care planning.
- There is stability within the children in care teams, evidence of good practice and some good working relationships between young people and their social workers.
- The child's view is an integral part of their review together with their wishes and feelings. Each
  review strives to be a comprehensive record which illustrates what it is like to live in the child or
  young person's shoes. Only 3 % of children were unable or unwilling to take part in their review
  over the year. Details of all of the above are contained within this report.

Name: Lorraine Campion

Job title: Team Manager for Reviewing and Quality Assurance Service

Extension number: 73829

Page 3 of 3 Select confidence level Classification: OFFICIAL



#### READING BOROUGH COUNCIL

#### REPORT BY COUNCILLOR PEARCE - LEAD COUNCILLOR FOR EDUCATION

TO: ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION

**COMMITTEE** 

DATE: 14 FEBRUARY 2019 AGENDA ITEM: 11

TITLE: NOW IS THE TIME: READING BOROUGH COUNCIL'S STRATEGY FOR THE

**FUTURE EDUCATIONAL SUCCESS OF OUR STUDENTS** 

SERVICE: EDUCATION WARDS: BOROUGHWIDE

AUTHOR: COUNCILLOR PEARCE

JOB TITLE: LEAD COUNCILLOR FOR E-MAIL: Ashley.pearce@reading.gov.uk

**EDUCATION** 

Thank you to the officers that have been working on this strategy and who will continue to do so. This strategy will be a working document that continually evolves and adapts to reflect the nature of Reading's schools and what we need to do to improve. It is a job that can never be finished, as we will always be seeking to build on what we have.

The strategy is split into seven main strands that reflects our focus over the upcoming years. We have some excellent provision, great teachers and hardworking staff across our schools in Reading, but we also realise there are areas we need to improve. Resources are tight as budgets continue to be squeezed so we must focus intervention and support to where need is greatest. We must ensure that provision and outcomes are more even so that ALL of our schools and educators have the capacity and expertise to learn from each other and collaborate. We want parents to choose our schools and academies because they meet the needs of their children.

In Reading the proportion of pupils with additional needs is increasing, and this strategy identifies our aims to increase provision. This will include expansion of provision at The Avenue and Blessed Hugh Farringdon, bidding for a new SEND free school, two new ASC Units in our Primary schools and relocation of Phoenix College. We understand the battles parents of our SEN pupils often face and want to ensure provision is increased to enable all of our students to access the education they are entitled to. These projects will help increase capacity to enable more students to stay in Borough.

We also know that our exclusions are too high. There is a big cross over in our exclusions with SEN as well as students being disadvantaged. Schools cannot solve all of society's problems, many exclusions are often the thin end of a bigger wedge. But we can do more to help schools understand this and help keep these young people in

school. A document that will run alongside this strategy, a therapeutic and trauma informed approach to managing behaviour has been discussed and welcomed by Head teachers, and will help schools with approaches to keep our most vulnerable students in classrooms and schools.

This strategy sets out a practical plan on what our education team will focus on, how we will achieve more for our students and how the local authority, brighter futures for children, the regional schools commissioner, our schools and our teachers will work together to raise standards in Reading. Only with all of these parties working together will all of our students get the start in life they deserve.

#### RECOMMENDED ACTION

1. That the attached report from Brighter Futures for Children be considered.





### Now is the Time:

Reading Borough Council's strategy for the future educational success of our students

### **Executive Summary**



'If you treat people as they are, you will be instrumental in keeping them where they are. If you treat them as they could be, you will help them become what they ought to be.'

Goethe

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#### Our aims for the future

We aspire to reach a place where all our children and young people have the best educational opportunities we can jointly provide, and where they are well prepared as young adults to contribute successfully to our community as responsible and caring citizens. We look to all our children and young people accessing high quality education and learning delivered through high quality schools and partner providers.

#### We aim that:

- All children, including the disadvantaged and those with additional learning needs, achieve well
  and have the right, and the opportunity to develop the skills and knowledge they need to become
  responsible adults and contribute to the future economic and cultural growth of the community;
- All children and young people are treated fairly, and that their individual needs are understood and met through the co-ordinated efforts of all involved in their education and care;
- Pupils with challenging behaviours are supported through a therapeutic approach to meeting their needs and are not excluded from the very education and support they need to achieve success;
- Schools and settings successfully muster all the resources and capacity to meet the needs of all children, irrespective of their individual circumstances and starting points;
- Intervention and support is targeted where the need is greatest for individual children and young people, but also for the institutions serving them;
- All children and young people are safe and protected, and that those at risk are supported well;
- Parents choose Reading Schools and Academies because of the diversity of provision that meets needs, aspirations and the range of student interests; and
- All our schools, educators and support services have the capacity, expertise and drive to learn from each other and to work collaboratively to challenge, to support and to lead sustainable improvement.

#### How well do we do against these aims now?

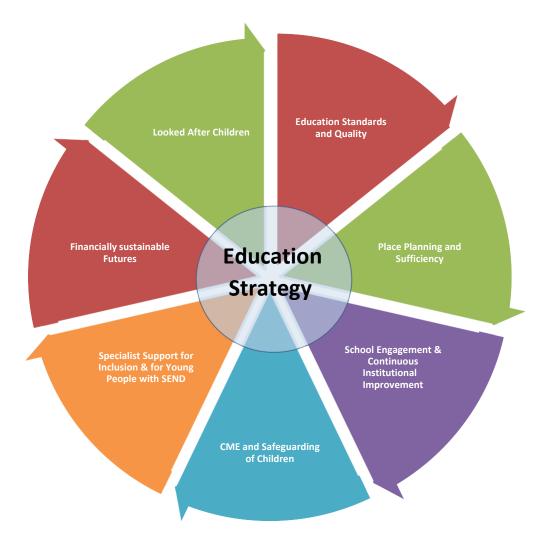
Reading is on a journey and improvement is taking place. Standards in our schools are improving through the early years and in Key Stage 1 albeit slowly. Standards in our secondary schools at Key Stage 4 and 5 continue to be among the highest in the country, but these figures mask weaknesses in the progress made by pupils where Reading schools overall are below average for the progress made. The proportion of young people not in education, employment and training (NEET) is reducing but, in an area of high employment, we still have 3.2% of young people who do not access employment or training. Our End of Key Stage 2 outcomes for pupils are not good enough, particularly for those middle attaining children and for those who are from disadvantaged backgrounds. Reading Borough is in the bottom quartile nationally with respect of social mobility with disadvantaged pupils being far less likely to leave school with the qualifications they need to access employment and move from the poverty trap many find themselves in.

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The proportion of pupils identified as having additional learning needs is increasing, as is the proportion of pupils with SEND being excluded from our schools. Over 2500 days were lost by pupils in Reading schools through fixed term exclusions in 2017-18. The number of incidents involving the exclusion of children on EHCPs more than doubled to 218 in 2017-18. Thirty eight Reading children were permanently excluded from schools in 2018. Where do they go from here? What future is there for these children and young people?

Where we know things need to improve, we can also see successes across our schools and local authority. Our able pupils achieve well at the end of Key Stage 2. Standards overall by the end of Key Stage 4 are very high. Our looked after children (LAC) achieve well and many make good gains in very challenging circumstances. Ofsted inspections over the last academic year have been positive overall and have confirmed the good work taking place in many of our schools and academies.

The is now the right time to pull together a longer term strategy to guide our journey of improvement to help us achieve our ambitions and aims for the children and families of Reading. Our Education Strategy to help achieve these goals and to support our partners to secure sustainable education and improvement for the future covers seven key areas, these being:



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#### **Our Key Priorities**

Our key priorities are drawn from our core data on how well the local authority performs for its children and young people. They take on the statutory role of the local authority in championing standards and quality, and also our role in helping to build a sustainable future for education in the Borough. Building capacity, strengthening the mechanism and systems that ensure schools can share expertise and support and challenge each other, and ensuring that we have the right provision in the right place for the right children, is core to what we must achieve as a local authority.

Change and improvement is not the responsibility of individuals. Our strategy recognises that the improvements we need to see, and to which we aspire, can only be made through partnership with all the key players involved in changing the lives of children and young people. Reading believes in the power of partnership working, in openness and transparency, but also in the right to challenge each other where we feel more needs to be done, and where communication and joint working is not in the best interests of our children and young people. We all have our part to play in this.

We have many strengths within our Borough. We need to build on these and our Education Strategy aims to strengthen our reserve and partnerships to collectively make the difference we need to make at a time when schools, local authorities and finances are all under pressure.

The demography of Reading continues to change and, in some key areas, population growth continues to add pressure to a school system that, in some areas, is already at capacity. Pupil place planning and SEND place planning continues to work to increase capacity in the right places and for the right reasons.

#### Responding to the Priorities

In responding to the challenges and working towards these key goals, we have already begun work on developing and implementing key actions to support our schools and settings in rising to the challenges we all face, and in contributing to a successful future for the young people of Reading.

What will be different and what we will expect to see over the coming year?

Our key strategic priorities and actions for the coming year are outlined below. These are the strategic priorities and actions that schools and our partners will see taking place over the next year as a start towards supporting our community in making the changes we need to see that will bring dividends to the children and young people of Reading. We cannot achieve these in isolation but reach out to strengthen our partnership working with schools, Multi-Academy Trusts, and all our partners to ensure a co-ordinated and seamless approach to improvement.

The following provide a brief overview of the key initiatives and developments that will shape our actions and practice to build the foundations of a longer-term growth within our education system in Reading.

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#### **Educational Standards and Quality:**

#### Restructuring our School Improvement and Schools Causing Concern Strategy.

Key headlines include

- Transparent use of information and data to engage those schools where we need to focus additional support
- Introducing an additional category of 'Intensive Support' with clear intervention
- Reducing the termly SSO visit to schools that are good and outstanding and replacing one of these visits with a group focus with external input and challenge, with active school to school working
- Greater transparency and joint working with the Regional Schools Commissioner with academies and free schools

#### Commissioning additional expertise to support in key areas.

Key headlines include

- External commissioning of the leadership of an outstanding school to support inclusion and curriculum development
- Continued work with the Pan Berkshire Voice 21 project
- Commissioning through our Teaching School to support maths and school to school support

#### **Re-starting the Early Years Network and Primary SEND Network**

Key headlines include

 Facilitating and supporting termly networks with key agenda items and linking it to capacity building and co-ordinator capacity and expertise

#### **Establishing a new approach to reducing NEETs**

Key headlines include

- Re-tendering the contract for providing information and guidance for young people at risk of being NEET
- Commissioning providers to reduce the proportion of NEETs through an impact payment mechanism
- Encouraging work placements

#### Place Planning and Sufficiency

#### **School Organisation Plan**

Key headlines include

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- Establishing comprehensive 5 year data and sufficiency plan
- Developing localised data at micro level to help schools in budget and sufficiency planning
- Beginning the process towards opening a new 6 form entry secondary school
- Opening a new 2 form entry primary school in Green Park (2019)
- Exploring additional primary places in the central-west primary admissions area
- Developing additional ASD inclusion unit provision in mainstream
- Exploring a new SEND free school
- Expansion and relocation of The Phoenix
- Expansion of The Avenue and Blessed Hugh Farringdon ASD Unit

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#### School Engagement and Continuous Institutional Improvement

#### **Peer Review and Capacity Building**

Key headlines include

- Development of the Safeguarding Peer Review Pilot to engage all schools in the Spring 2019
- Curriculum and Inclusion group projects for good and outstanding schools to share and disseminate good practice with opportunities to engage with outstanding schools from out of Borough
- Commissioned engagement of Reading Teaching School in developing the 'Reading Teaching Network'
- Continued briefings for HTs, DSLs, EYs leads and SENCOs
- Development of Peer Reviews and pilot reviews of SEND, Disadvantaged, curriculum and inclusion

#### **Leadership Support and Training**

Key headlines include

• Leadership support for new headteachers

#### **Recruitment and Career Progression Planning**

Key headlines include

- Establishing a working party of headteachers, our teaching schools and partners, ITT and other providers
- Establishing a strategy for improving teacher staff recruitment and retention in Reading
- Developing an authority and MAT wide strategy for continuous education and training for teachers

#### CME and Safeguarding Children

#### **Safeguarding and Improving Practice**

Key headlines include

- Greater guidance and support in completing the annual LSCB 175 audit
- Peer safeguarding reviews and challenge around the audit /review of safeguarding practice
- Focused sampled safeguarding reviews
- Building capacity of DSLs to undertake safeguarding reviews on the LA's behalf
- HT briefings to have safeguarding focus each time

#### **Children Missing Education**

Key headlines include

 Additional focus on part time timetables and greater follow up and communication with schools where children are at risk

#### Specialist Support for Inclusion and for Young People with SEND

#### **SEND Strategy**

Key headlines include

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- Securing 2 additional primary mainstream Inclusion units ASD
- The Avenue and Blessed Hugh increasing specialist provision
- Phoenix relocation and expansion to include provision for girls

- Bid for a new SEND Free School in the South/East of Reading
- Additional strategy for supporting SEND pupils at risk of exclusion
- Establishing SEMH hubs and greater outreach for SEMH and ASD
- Development of Reading Theraputic behaviour approach to support schools in improving behaviour management
- Transition programme for 18+ to transfer to Adults Directorate

#### Financially sustainable futures

#### **School Organisation Planning**

#### *Key headlines include:*

 Establishing a working party of headteachers and key stakeholders in modelling different organisation structures for schools and to advise and challenge where schools are facing increased financial pressures and potential deficits

#### Intervention and support where finances are challenging

#### *Key headlines include:*

- Close budget monitoring and identification of schools on track towards deficit
- Tight controls where schools are in deficit with the requirement for agreed recovery plans and close budget monitoring and review
- Providing benchmarking data for schools to compare organisations and costs
- Monitoring recovery plans and school revenue where school budgets are a cause for concern
- Working with nursery schools and children's centres on developing sustainable organisations
- Intervening with LA powers to withdraw delegation where financial concerns are not addressed effectively

#### Looked After Children

#### **Development or the Virtual School**

#### *Key headlines include:*

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- Restructuring the Virtual School team in line with the changes in responsibility to also cover previously LAC
- Improving outcomes for LAC by narrowing the gap, raising aspiration and effectively deploying PPG
- Expanding the Virtual School team in line with changes to the statutory duty for LAC which has extended to cover PLAC
- Closer partnership between Virtual School, SEND and Children's Services for placement of LAC to ensure cohesion, continuity and stability
- Develop systems to capture progress data from schools to analyse progress made by children not at the end of the key stage phase
- Work with key professionals to identify and implement targeted interventions for social, emotional and mental health issues in order to address barriers to learning and under achievement.



#### READING BOROUGH COUNCIL

#### REPORT BY COUNCILLOR PEARCE - LEAD COUNCILLOR FOR EDUCATION

TO: ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION

COMMITTEE

DATE: 14 FEBRUARY 2019 AGENDA ITEM: 12

TITLE: FAIR WORKLOAD COMMITMENT FOR SCHOOLS

SERVICE: EDUCATION WARDS: BOROUGHWIDE

AUTHOR: COUNCILLOR PEARCE

JOB TITLE: LEAD COUNCILLOR FOR E-MAIL: Ashley.pearce@reading.gov.uk

**EDUCATION** 

I would like to thank officers for their work on this which after some delay has agreement between Unions, Teachers and Head teachers. This was important to ensure that everyone connected with schools was pulling in the same direction.

This charter is broadly based on a fair workload charter for teachers that Nottingham introduced a few years ago but has been adapted to ensure it reflects the nature of Reading's schools. I would like to thank Cllr Josh Williams who brought a motion to Full Council enquiring about the possibility of a fair workload charter for teachers in Reading to get the ball rolling.

This document will help both teachers and head teachers in understanding how to help in cutting down teacher workload to more manageable levels. It is workload over everything else that teachers most often cite as their reason for leaving the profession, so is something we need to take very seriously. Recruitment and probably more importantly, retention is a huge issue for the teaching profession and any way we can help this is very welcome. Brighter futures for children have recently appointed a new director of HR, and this charter will help form part of a package of measures that we can offer teachers to come, and then stay teaching in Reading. The charter offers practical examples and advice, as well as what to do if workload is becoming too much.

Our teachers are under more strain than probably ever before. With dwindling resources, class sizes rising and demands on them increasing daily, we need to do all we can to let them know they are respected and valued.

#### RECOMMENDED ACTION

1. That the attached report from Brighter Futures for Children be considered.







#### **Fair Workload Commitment for Schools**

#### Introduction

Reading Borough is committed to promoting the health and wellbeing of staff within our schools. As part of this, we have been working with schools and professional associations to establish a framework of guidance, and a core set of principles governing a fair workload charter for staff working in schools. This guidance reflects a commitment to ensuring that workloads are reasonable but that the way this manifests itself is flexible to meet the diverse needs and working patterns of schools and teachers.

# The Reading Pledge

The work-life balance of staff in schools is a high priority for school managers, staff, the local authority and also trades unions. It is an area that needs to be monitored and managed, with individual schools feeling supported in finding strategies that work for them.

This pledge has been consulted on with head teachers, the local authority and trades unions to demonstrate a commitment to finding and maintaining a fairer work and life balance for all staff. It provides flexibility for schools to find what works best for their staff and their school ethos.

The aim of our pledge is to achieve a consensus of staff who feel valued and supported, and who feel they have control over managing their workload. This will help support the well-being of staff, and will contribute to the recruitment and retention of staff.

The pledge provides a set of core principles that all parties have committed to, and these are:

- Senior leaders of schools will monitor and review workload, and help staff identify
  ways to reduce or eliminate unnecessary tasks, including work specifically for senior
  leaders themselves;
- Any new strategy, for example, a change in the schools' marking policy and approach, will be assessed in the context of the overall workload demand on staff, and any adverse impact will be reduced or removed;
- Staff will be encouraged to manage their own working time, for example by agreeing a reasonable time to go home, and being mindful of individual commitments such as journey times and family;

- Schools have the flexibility to use strategies that fit the staff and the culture of the school;
- Schools are committed to using the guidance from the DfE around marking, planning, and pupil performance data, and to working collaboratively with staff to develop, embed and support these strategies;
- Any member of staff who may be struggling with their workload feels able to discuss this openly with managers. Equally a manager who may have concerns about a member of staff feels able to discuss this constructively;
- Workload will be kept under regular review at individual, team and school level so that any emerging issues that have an impact on workload and working patterns can be handled early.

# **Good Practice Examples**

The following initiatives provide a few examples of current practice that are in place and that have been gathered from head teachers in the Borough, across both primary and secondary schools. Such strategies are offered as examples that may be adopted and adapted to fit the ethos of individual schools, to support a fair workload culture for staff and to promote a positive work-life balance. This is not intended to be an exhaustive list, and schools will continue to adapt are free to identify approaches that work for them. These examples include:

- Provision of guideline limits on teacher working time outside of directed time with a focus on quality rather than quantity;
- Encouraging and promoting team planning and the sharing of resources, with clear, identified and sign-posted resources available to support teachers with planning and teaching;
- Organising PPA time in useful blocks of time, and allowing PPA time to be used at home where both possible and practical;
- Scheduled time for shared planning, with lesson planning not being monitored unless there are concerns to be managed;
- Allowing the format of planning to be left to individual teachers and year groups rather than a standard format being dictated by the school;
- Additional non-contact time being provided for activities such as assessment and report writing;
- Limiting staff meetings within a set duration and to one per week, ensuring that meetings are carefully planned and managed to ensure that there is no duplication of discussion elsewhere and that they do not over-run;
- Agreeing guideline times within which e-mails should be sent and responded to;
- Operating a centralised detention system thereby reducing time given by individual teachers to monitoring pupils independently in their own classrooms;

- Building in a system whereby extra days given to work, e.g., covering a class or extracurricular activity on a Saturday, are off-set by a planned in day off in lieu;
- Looking at marking selected pieces of work rather than everything, or marking in depth a sample of books per lesson and pacing the marking of a cohort's books over a period of time, with the use of symbols or colours used to quick mark;
- Homework being provided which is based on students learning knowledge and not automatically marked by teachers but exploring other ways of valuing and checking, for example, peer reviews; and
- Avoiding the collection or expectation that teachers produce individual lesson plans or teacher planners being completed each day.



#### READING BOROUGH COUNCIL

## REPORT BY DIRECTOR OF EDUCATION, CHILDREN AND EARLY HELP SERVICES

TO: ADULT SOCIAL CARE, CHILDRENS SERVICES AND EDUCATION

COMMITTEE

DATE: 14 FEBRUARY 2019 AGENDA ITEM: 13

TITLE: SCHOOL ADMISSIONS ARRANGEMENTS 2020/21

LEAD ASHLEY PEARCE PORTFOLIO: EDUCATION

**COUNCILLOR:** 

SERVICE: EDUCATION, CHILDREN WARDS: BOROUGHWIDE

AND EARLY HELP

**SERVICES** 

LEAD OFFICER: MARK FOWLER TEL: 01189373666

JOB TITLE: INTERIM HEAD OF E-MAIL: Mark.fowler@brighterfutu

EDUCATION resforchildren.org

#### 1. PURPOSE AND SUMMARY OF REPORT

- 1.1 This report invites the Committee to determine;
  - The admissions arrangements for Community Primary Schools in Reading for the school year 2020/21.
  - The co-ordinated scheme for primary and junior schools for the 2020/21 school year.
  - The co-ordinated scheme for secondary schools for the 2020/21 school year.
  - The Relevant Area.
  - Maps of the catchment areas.
- 1.2 These arrangements for 2020/21 comply with the School Admissions Code 2014.

#### 2. RECOMMENDED ACTION

- 2.1 That the scheme attached at Annexes A, B and C as the admissions arrangements for 2020/21 for community schools in Reading and the local arrangements for complying with the national co-ordinated primary school admission procedures for the allocation of primary school places for residents of Reading Borough be agreed.
- 2.2 That the scheme attached at Annex D as the local arrangements for complying with the national coordinated secondary admissions procedure

- for the allocation of secondary school places for 2020/21 for residents of Reading Borough be agreed.
- 2.3 That the relevant area as attached in Annex E which sets out the organisations that must be consulted for any admissions arrangements for schools in Reading be agreed.

#### 3. POLICY CONTEXT

- 3.1 School admissions are the subject to detailed requirements, set out in law and particularly the School Admissions Code 2014, published by the Government and approved by Parliament. As part of those requirements, local authorities must draw up schemes for co-ordinating admissions to all maintained schools in their area. The purpose of co-ordinated schemes is to ensure that every parent/carer of a child living in Reading who has completed and submitted an on time application receives one offer of a school place at the conclusion of the normal admissions round. The schemes set out a process and timescale to enable the offer of a single school place. They do not affect the right of individual admission authorities to set and operate their own admission arrangements but they do include arrangements for resolving multiple offers, where a place can be offered at more than one school.
- 3.2 In addition, the Council is also required to determine the admission policy for community schools which includes the number of places to be made available at each school and the oversubscription criteria to be applied where there are more applicants than places available. Where the over-subscription criteria include catchment areas these must also be approved. The governing bodies of academies, free schools, voluntary aided and foundation schools are required to determine their own admission number and oversubscription criteria. Those schools also operate their own arrangements as part of the coordinated scheme and where they are oversubscribed, continue to decide which applicants best meet their oversubscription criteria.
- 3.3 Reading Borough Council last consulted on the policy in 2015. Due to minor amendments and the fact that Admissions Authorities must consult at least every 7 years it was decided that Reading must consult on their 2020/2021 policy in order to comply with the Schools Admissions Code. The Council consulted as set out in the Relevant Area 2019 and the consultation took place during October through to December 2018 via an online consultation. In total there were 94 responses to the consultation. The School Admission Forum at their meeting on 16<sup>th</sup> January 2019 will consider all responses to the consultation. The policies as presented reflect the Forum's discussions and decisions.

#### 4. THE PROPOSAL

#### 4.1 Primary School Co-ordinated schemes

The policy has had some minor changes to it from the proposals for 2018/19, these are as follows:

# Proposed change 1

Page 3 - School Admissions will validate the application (checking proof of address by reference to Council Tax Records).

85% agreed to this 6.4% did not agree and 8.5% did not answer the question. The feedback of those who did not agree felt that Council Tax was not necessarily the best way to validate the application, as sometimes details are not up to date. The decision was taken to include this in the policy. However, taking feedback into account, the policy now states that where it is not possible to validate through Council Tax records then proof of living at the property will be required.

# Proposed change 2

Page 4 - After National Offer Day, subsequent offers will be made from waiting lists (including late applications) on the last working day of the month. Late applications must be received 5 working days before each further offer day, if they are to be considered.

84% agreed to this, 6.4% did not agree and 9.5% did not answer the question. The feedback of those who did not agree was that the time frame was too long. The decision was taken to include this in the policy as on whole it was felt it was fairer for all those applying late.

#### Proposed change 3

Page 4 - Change of address between 15th January and the 1st March 2020 will be considered as on time.

86% agreed 4.3% did not agree and 9.5% did not answer the question. The feedback of those who did not agree was that the current deadline of  $2^{nd}$  February was fairer. In view of the challenge involved with changing the date to the  $1^{st}$  March and also consulting with neighbouring local authorities, who mostly have the date as the  $2^{nd}$  February, the decision was taken to not to change the date and keep to the current date of the  $2^{nd}$  February as the cut off.

#### Proposed change 4

Page 7 - Disputes between parents. Procedure for admissions team to manage applications in this instance.

79.8% agreed to this, 11.7% did not agree and 8.5% did not answer the question. The feedback of those who did not agree was that they did not fully understand what the proposal was. It was decided to include this in the policy as it currently contains no guidance.

#### 4.2 Secondary School Co-ordinated schemes

#### Proposed change 1

Page 3 - School Admissions will validate the application (checking proof of address by reference to Council Tax Records).

87% agreed to this. 6.4% did not agree and 6.4% did not answer the question. As before, those disagreeing believed that Council Tax was not necessarily the best way to validate the application, as sometimes details are not up to date. The decision was taken to include this in the policy. However, taking feedback into account, the policy now states that where it is not possible to validate through Council Tax records then proof of living at the property will be required.

# Proposed change 2

Page 4 - After National Offer Day, subsequent offers will be made from waiting lists (including late applications) on the last working day of the month. Late applications must be received 5 working days before each further offer day to be considered.

84% agreed to this, 6.4% did not agree and 6.4% did not answer the question. As before those disagreeing believed that the time frame was too long. The decision was taken to include this in the policy as on whole it was believed to be fairer for all those applying late.

# Proposed change 3

Page 4 - Change of address between 1st November and the 1st February 2020 will be considered as on time.

87% agreed 6.4% did not agree and 6.4% did not answer the question. The feedback of those who did not agree was that the current deadline of 31st December was fairer. On reflection of the workload involved with changing the date to the 1st February and also consulting with our neighbouring local Authorities, who mostly have the date as the 31st December, the decision was taken to not to change the date and keep to the current date of the 31st December as the cut off.

#### Proposed change 4

Page 7 - Disputes between Parents. Procedure indicating how the admissions team will manage applications in this instance.

80.8% agreed to this to this, 11.7% did not agree and 7.5% did not answer the question. As before, the feedback of those who did not agree was that they did not fully understand what the proposal was. It was decided to include this in the policy as it currently contains no guidance.

4.3 Admission Policy for Community Primary, Infant and Junior Schools 2020-2021.

# Proposed change 1

Page 2 - Category 2 Children who were previously in state care outside England (children who were looked after or accommodated by a public or state authority or a religious organisation or any other provider of care whose sole purpose is to benefit society. The care may have been provided in an orphanage or other setting.)

This was a late addition to the consultation. Only 29 people responses to this were received: 25% were in agreement 5.3% did not agree and 69% did not answer the question. The feedback of those who did not agree was that priority should be given to other children over this but as it was a national proposal it was decided to add it into the policy.

# Proposed change 2

Category 2 to be changed to families who have strong medical or social grounds for their child's admission to a particular school.

63.8 % agreed to this 21.3% did not agree and 14.8 did not answer the question. The feedback of those who did not agree was how it would be checked and what would be the criteria be. It was decided to add it into the policy, as with the Medical Social request currently all requests have to include supporting evidence. All requests then go in front of a social medical panel, which is made up of School Admissions, Early Years, SEND and Educational Psychologist. All requests also go to the relevant head teacher for their feedback and therefore the decision is considered by a panel and not one person solely.

# Proposed change 3

Page 4 - Service Premium to be added priority within the over-subscription criteria.

60.6 % agreed to this 24.7% did not agree and 14.8% did not answer the question. The feedback of those who did not agree was that it was not fair to give them priority especially in Reading. As this is set out in the School Admissions Code as a reason why child could get priority it was decided to add it into the policy.

#### Proposed change 4

Page 5 - To add into Category 2 where social/medical needs can be met by more than one school definition.

72.3 % agreed to this 10.6% did not agree and 17% did not answer the question. The feedback of those who did not agree was the same as proposed change 2 above. It was decided to add it into the policy.

#### Proposed change 5

Page 5 - Change to sibling protection where a parent does not list all schools in the catchment area for the home address at the time of application and a place would have been offered at a catchment area school had it been listed, they forfeit the right to sibling protection.

58.5 % agreed to this 26.6% did not agree and 14.8% did not answer the question. The feedback of those who did not agree was a mixture of those who were unclear with the wording of the question and those who felt it was not fair. As the majority of people agreed to this it was decided to add it into the policy

# Proposed change 6

Page 5 - Change to sibling protection where a space is allocated as part of an in-year admission at a school listed second preference or lower, if a school closer to the child's home address was available to parents and was refused, parents forfeit the right to this sibling protection for future admissions. Parents will be informed at the time of allocation if this right has been forfeited.

52.13 % agreed to this 32.9% did not agree and 14.8% did not answer the question. The feedback of those who did not agree was the same as the proposed change 5. As the majority of people agreed to this it was decided to add it into the policy

# Proposed change 7

Page 6 to 8 - Updated home address definition.

77.6 % agreed to this 5.3% did not agree and 17% did not answer the question. The feedback of those who did not agree was around the homeless and those in temporary housing. The update on the home address was recommended to the School Admissions Team by an Independent Appeals Panel during a Primary School Reception place appeal and therefore it was decided to update it in the policy in light of that advice.

#### Proposed change 8

Page 8 - Added split living arrangements.

77.6 % agreed to this 6.4% did not agree and 15.9% did not answer the question. The feedback of those who did not agree was that they felt this was not taking th child's best interests into account. As the majority of people agreed it was decided to add it to the policy.

# Proposed change 9

Page 11 - To change the admission number (PAN) for The Ridgeway from 90 to 60.

70% agreed to this 11.70% did not agree and 18% did not answer the question. The feedback of those who did not agree was that we need to ensure that there are enough school places in Reading for all children.

The proposal to consult to decrease the PAN at the Ridgeway was made due to the fact a new two-form entry primary school in Green Park Village was due to open in 2019/2020, increasing the sufficiency in the area. The Academy Trust that was due to open the school - together with the DFE - decided to delay the opening of the school. The new opening date is yet to be confirmed but it is hoped it will be 2020.

Reading School Place Planning shows that for 2020/2021 in the south planning area we will have a surplus of 37 places but this does not taking into account housing developments in the area. The Green Park development will be a substantial housing development. 146 homes have already been completed, with families moving into them, and a further 70 homes are due to complete in April 2019. 130 more are planned for completion in 2020 and another 137 homes are planned for 2021. This will total 346 new homes on the site.

Once the site is completely finished there will be a total of 1029 homes, made up of a mixture of flats and houses. The 346 homes are due to yield between 116 and 255 children, some of whom will need a reception place. The nearest primary school to Green Park, Whitley Park Primary, is over 1.2 miles away and Ridgeway Primary School is over 2 miles away. Without the opening of the Green Park School extra places will be needed in the south planning area. Consequently, the intention is not to reduce the PAN at the Ridgeway until we know when the new Green Park School will open.

#### 4.4 Relevant Area

The Relevant area outlines the organisations that must be consulted by all schools in Reading when consulting on admissions policies. No amendments have been made to this.

#### 5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The admission schemes contribute to the aims of establishing Reading as a Learning City and a stimulating and rewarding place to live and visit and to promote equality and social inclusion.

#### 6. EQUALITY IMPACT ASSESSMENT

6.1 An Equality Impact Assessment (EIA) is not relevant to this decision.

#### 7. LEGAL IMPLICATIONS

**8.1** Compliance with School Admissions Code (2014)

- 8. FINANCIAL IMPLICATIONS
- 8.1 None arising directly from this report.
- 9. BACKGROUND PAPERS
- 9.1 None.



Co-ordinated Admissions Scheme for Primary, Infant and Junior Schools for Reading Borough Council for the 2020/2021 academic year.

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#### Introduction

This Scheme is made under section 88m of the Standards and Framework Act 1998 and in accordance with the School Admissions (Admissions Arrangements and Co-ordination of admissions arrangements (England) Regulations 2014.

The purpose of this co-ordinated scheme for primary/infant/junior school admissions is to ensure that every parent/carer, of a child **resident in Reading Borough**, who has submitted an application, receives **one offer** of a school place at the conclusion of the normal admissions round. At its heart is clear communication between Reading Borough Council, other Local Authorities, community, and all state schools in Reading.

Parents/carers who live in the Borough of Reading **must** submit an application to Reading Borough Council if they require a place for their child in any state school as part of a routine admissions round, including schools in other local authorities, academies and free schools. Applications cannot be submitted to a school or to the local authority in which the school is situated. Parent/carers living in the area of another local authority must apply to that authority.

Co-ordination with Reading Borough does not affect the right of individual admission authorities to set and operate their own admission arrangements. Admission authorities for Reading schools will need to comply with the timetable set out below.

These arrangements deal mainly with a child's first admission to school during the school year from September 2020 to August 2021. The children concerned are those born between 1 September 2015 and 31 August 2016. The place offered is a full-time place from September 2020.

Admission to Junior School in September is for children born between 1 September 2012 and 31 August 2013.

# **Applications**

Reading Borough Council will put in place procedures that, as far as possible, ensure that all parents/carers living in the Borough of Reading with a child eligible to start school in September 2020 will be aware of the application process. Children on roll at a Reading nursery school/early years setting in September 2019 will receive an information pack in November 2019.

Children living in Reading and attending an infant school will be sent information about the application process for admission to a Junior School.

Parents/carers are encouraged to apply online via the Reading Borough Council website. The site will be open from 12 November 2019 until 15 January 2020.

Parents/carers will be invited to list four schools as their preferences and rank them <u>in priority order</u>. Parents/carers may also give reasons for their preferences. Parents may list any state schools, including those outside of the local authority; this includes academies, voluntary aided and voluntary controlled Schools.

The Reading Borough Council's application form and the online terms and conditions will include a statement requiring parents to confirm that they have read the Guide for Parents and Carers and accept the policies and procedures in that document.

Parents/Carers should return their completed forms directly to the school admissions team at Reading Borough Council.

Parents will complete the common application form on line by the agreed deadline. The School admissions team will validate the application. Validation where possible will be electronic, for example, by reference to other data held by the Council, i.e. Council Tax. Where this is not possible then proof of living in the property will be required in the form of proof of ownership or tenancy agreement.

Where, as part of its admission arrangements, a school requires additional information, parents/carers may also choose to complete a supplementary form to support their application. This should be submitted separately to the school. The Guide for Parents and Carers will identify the Reading schools for which this may be necessary. Supplementary forms will be available from Reading Borough Council's website. Supplementary forms are not applications and parent/carers must submit an application to Reading Borough Council either on the common application form or online.

The National Closing Date is 15 January 2020.

# **Late Applications**

Applications received after the closing date will be treated as a 'late' application. However, applications that are received late for a good reason will be treated as on time if received

before **2 February 2020**. Such good reasons might be: if illness prevented a single parent/carer from returning the form on time; or the family moved into Reading after the closing date. The reason for lateness must be supported by documentary evidence to confirm the reasons specified.

If no evidence is provided it will be assumed that an application could have been made by the closing date and it will be treated as a late application and considered after all on time applications have been allocated.

Applications received late for any reason after **2 February 2020** will be passed to the appropriate admission authority in Reading or to the appropriate local authority **after May 2020** to be considered. Parents/carers will be informed about the outcome of their application as soon as possible. Applications for over-subscribed schools will be added to the waiting lists of the schools and ranked according to the over-subscription criteria of the school(s).

Offers from applications received after National Offer Day will receive an offer on the last working day of that month. Applications received 5 days or less before that last day will be considered in the next month.

# **Changes of preference**

Changes of preference made in writing by parents/carers and received before 15 January 2020 by the admissions team will be accepted. On-line applications can be changed up to 15 January 2020.

Changes of preference received in writing after **15 January 2020** will be treated as late applications in the way described above. Change of preferences received after **15 January 2020** and before **2 February 2020** will only be accepted as 'on time' if there is good reason e.g., family move home or family circumstances change. The reason for the change must be supported by documentary evidence to confirm the reasons specified. If no evidence is provided the application will be treated as late.

After **1 May 2020** late changes of preferences will be passed to the appropriate admission authority in Reading or to the appropriate local authority to be considered.

# **Change of Address**

As required by the School Admissions Code 2014 changes of address made after **15**<sup>th</sup>

January and before 2<sup>nd</sup> February 2020 will be considered as on time. If an applicant changes address after the 2<sup>nd</sup> February 2020 they will need to submit a new application, based on the new address which will be marked as late and their previous application will be withdrawn. Documentary evidence of the change of address will be required.

# **Processing Applications**

#### **Exchange of information**

By **9 February 2020**, the admissions team at Reading Borough Council will forward applications to other local authorities and admission authorities in Reading. Other local authorities will forward applications to Reading for their residents to be considered for Reading schools.

Depending on the arrangements agreed with the governing body of each school, the admissions team will provide the school with relevant information to enable them to rank against their over-subscription criteria by **9 February 2020**. Reading Borough Council will not pass on the details of where the school was ranked, and no school will be told about other schools a parent has applied for.

Between 9 February 2020 and 8 March 2020, each admission authority in Reading will rank the applications according to their published over-subscription criteria and return the ranked list to the admissions team. By 9 March 2020 each admission authority in Reading will provide the admissions team with a list of all the applications ranked according to the over-subscription criteria.

#### Resolving multiple offers

From **23 March 2020 to 4 April 2020** Reading Borough Council will inform other local authorities of offers that can be made in Reading schools for their residents. During the exchange of information Reading Borough Council will consider all cases where parents can be offered more than one of their preferences. In all cases, the place offered will be at the school that is the parent's/carer's higher preference.

If a place cannot be offered at none of the schools for which the parent/carer expressed a preference, a place will be offered at the designated area school (if there are places available) or at the nearest Reading school with available places. If this is at a school where Reading Borough Council is not the admission authority then this will be in consultation with the governing body of the school. If the nearest school with places is a faith school, parents/carers will be offered this as an option. Should the parent/carer be unhappy with a faith school being offered they will be informed of the schools with available spaces, which may be further away from the home address. If there are no places available at any Reading schools, parents will be informed and alternative schools not in Reading Borough may be offered. The offer will depend on availability and agreement from the appropriate admission authority. This will not preclude parents from requesting an alternative school nor from lodging an appeal with the admission authority for their preferred school.

#### Informing schools

By 13 April 2020 the admissions team will send to each Reading primary school a list of pupils who will be offered a place at their school. This will be confidential to the school and must not be passed onto the parents/carers.

#### **Informing Parents**

On **16 April 2020** offer letters will be posted to all parents/carers living in Reading Borough Council who submitted an on time application offering a primary school place for their child in a primary/infant school. The letter will identify if the offer is made on behalf of the governing body of a school or another local authority. The letter will:

- Inform parents of the school offered;
- Provide information on school transport;
- Indicate how to accept a school place. The deadline for accepting school places for 2020 entry is 30 April 2020;
- Provide information about the right to defer admission to a later term and option for part-time provision.

If the school offered is not the first preference, parents will also be supplied with the following information:

- How the places have been allocated at over-subscribed schools in Reading.
- How to submit an appeal.
- If the place offered is not the highest preference school(s) then parents will be informed that their child's name will be registered on the waiting list(s) of **all of** the school(s) for which a place was not offered. Parents are required to inform Reading Borough Council if they do not wish their child's name to remain on a waiting list.
- Contact information for other Local Authorities.

Parents/carers who submitted an online application will receive an email and be able to view their offer **on 16** April 2020. This email is for information only as the letter posted is the formal offer of the school place.

#### **Waiting Lists**

After 1 May 2020 a 'waiting list' will be administered if a school has more applicants than places available. A child's position on the waiting list is determined according to the oversubscription criteria of the school. When a place becomes available this will be offered to the next child on the waiting list. Positions on the waiting lists may go up or down due to pupil withdrawals or new revised applications. Places will be allocated from the waiting list and a child's current allocation for a lower preference school will be removed and allocated to another student, if appropriate. It is the responsibility of the parent to inform the admissions team if they no longer wish to remain on a waiting list of a school. It will be assumed that parents wish to remain on the waiting list of all schools listed as a higher preference than the allocated school.

Waiting lists for all schools in Reading Borough will be kept until the end of the **31 December 2020**. After this date the policy of the individual school(s) will be followed. After

the co-ordinated admissions round ends on 31<sup>st</sup> August 2020 any waiting list will be treated as an in year admission and will follow the individual policy of the school.

#### Withdrawing a place

If the place is not accepted within a reasonable time after the **30 April 2020** then Reading Borough Council will send a reminder and allow a further seven days for a reply. After that date the place may be withdrawn. If the place has been offered based on fraudulent or intentionally misleading information which denied the place to another child then the place will be withdrawn.

# Requests for admission outside the normal age group

Parents may seek a place for their child outside of their normal age group, to be admitted to reception rather than year 1 in September 2021. Applicants should submit an application on the common application form by 15<sup>th</sup> January 2020. Parents need to complete the offset request form and read the separate guide. The offset request form should be submitted to the school admissions team before 2<sup>nd</sup> February 2020. The application will be forwarded to the relevant admissions authority of the listed schools for consideration and the school admissions team will seek the views of the child's early years setting. Each case will be carefully considered by the admissions authority. Parents/carers will be informed of the decision in writing, before the national offer day, setting out clearly the reasons for the decision. Any request received after 2<sup>nd</sup> February 2020, will be processed after national offer day.

If the request is agreed then parents must formally accept this and, if so, the application submitted for September 2020 will be withdrawn. A new application must be submitted for September 2021. Parents will not be made aware of the school they would have been allocated before the decision is accepted or declined.

Requests for schools outside Reading will be referred to the council in whose area the school is for consideration under that council's scheme.

One admission authority cannot be required to honour a decision made by another admission authority on admission out of the normal age group. Therefore, if an application for 2021 entry lists different schools to the application withdrawn in 2020 then this may need to be forwarded to different admissions authorities for consideration. If this is the case then an offset request form will need to be resubmitted.

# **Disputes between Parents**

When completing the application a parent must tick to state they have parental responsibility for the child and that this application is made in agreement with all parties with parental responsibility. If one or more application is received for a child and there is dispute about the preferences or preference order on the application, the applications will

be withdrawn until a court order is provided detailing the arrangements for schooling. If consensus between parents or a court order is not received by the 1<sup>st</sup> February 2019, all preferences will be removed and preferences will be inserted in the following order: catchment area schools(s), closest appropriate Reading schools by straight line distance to the home address. This is to ensure an allocated school for a child. The home address used will be that of the parent receiving child benefit for the child, or if no parent claims this, then the address registered with the school.

# **In Year Admissions**

Parents/carers seeking admission for their child into Year 1 – Year 6 in a primary school in Reading Borough must apply to Reading Borough Council. Parents/carers may apply direct to some voluntary-aided, academy or free schools in the Borough but the majority of these schools have opted to be part of the co-ordinated admission arrangements and applications are normally submitted to the admissions team at Reading Borough Council. A list of those schools to which a direct application is necessary is available from the Reading Borough Council website. Where a school listed is in another local authority the parent will be advised to apply directly to that local authority and the application for that school will follow the relevant local authorities' scheme

# **Timetable for the Primary School Admissions Round 2020-21**

<u>Action</u>	<u>Date</u>
Guide for parents and carers to be placed	By 12 September 2019
on Reading Borough Council Website.	
Parents/carers to receive application	By 12 November 2019
information.	
Online admissions site open.	12 November 2019 – 15 January 2020
National Closing date for receipt of	15 January 2020
applications.	
Late/change of preference applications	2 February 2020
accepted for good reasons.	
Application details sent to voluntary aided	By 9 February 2020
schools in Reading and other Local	
Authorities.	
Deadline to publish appeal timetable on	28 February 2020
school website.	
Own Admissions Authority schools to	Du O March 2020
Own Admissions Authority schools to	By 9 March 2020
provide RBC admissions team with a list of	
children ranked according to the schools	
over-subscription criteria.	

<u>Action</u>	<u>Date</u>
Reading Borough Council to inform other	From 23 March 2020
Local Authorities of offers that can be	
made to their residents in Reading	
schools.	
Final Co-ordination.	By 4 April 2020
Reading Primary Schools sent list of	By 13 April 2020
children to be offered a place.	
Offer Day - Offer letters posted to Reading	16 April 2020
residents.	
Online applicants can view outcome of	16 April 2020
application.	
Deadline for parents to accept.	30 April 2020
Closing date for receipt of appeals.	15 May 2020
Late applications for over-subscribed	From 1 May 2020
schools added to the waiting lists/change	
of preferences processed.	
Co-ordination with other LAs ends.	31st August 2020
Waiting lists held for Reading schools.	Until at least 31 <sup>st</sup> December 2020

# <u>Timetable for the Infant to Junior School Admissions Round 2020-21</u>

<u>Action</u>	<u>Date</u>
Guide for parents and carers to be	By 12 September 2019
placed on Reading Borough Council	
Website.	
Parents/carers to receive application	November 2019
information.	
Online admissions site open.	12 November 2019 – 15 January 2020
National closing date for receipt of	15 January 2020
applications.	
Late applications/change of	2 February 2020
preference/change of Address	
applications accepted for good reasons	

<u>Action</u>	<u>Date</u>
Application details sent to own admissions authority schools in Reading and other Local Authorities.	By 9 February 2020
Deadline to publish appeal timetable on School website.	28 February 2020
Own Admissions Authority Junior schools to provide RBC admissions team with a list of children ranked according to the schools over-subscription criteria.	By 9 March 2020
Reading Borough Council to inform other Local Authorities of offers that can be made in Reading Junior Schools to their residents.	From 23 March 2020
Final Co-Ordination.	By 4 April 2020
Reading Junior Schools sent list of children to be offered a place.	By 13 April 2020
Offer Day - Offer letters posted to Reading residents.	16 April 2020
Online applicants can view outcome of application.	16 April 2020
Deadline for parents to accept.	30 April 2020
Closing date for receipt of appeals	15 May 2020
Late applications for over-subscribed schools added to the waiting lists/change of preferences processed.	From 1 May 2020
Co-ordination ends	31st August 2020



Co-ordinated Admissions Scheme for Secondary Schools for Reading Borough Council for the 2020/21 academic year.

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#### Introduction

This Scheme is made under section 88 of the Standards and Framework Act 1998 and in accordance with the School Admissions (Admissions Arrangements and Co-ordination of admissions arrangements (England) Regulations 2014).

The purpose of this co-ordinated scheme for secondary school admissions is to ensure that every parent/carer, of a child **resident in Reading Borough**, who has submitted an application, receives **one offer** of a school place at the conclusion of the normal admissions round. At its heart is clear communication between Reading Borough Council, other local authorities, community, and all state schools in Reading. The scheme sets out a process and timescale to enable the offer of a single school place. It does not affect the right of individual admission authorities to set and operate their own admission arrangements, except where they are required to comply with the timetable set out here. As all schools in Reading are foundation, voluntary aided or academy schools so the governing body of each school will consult, if necessary and determine separately on admission arrangements for September 2020.

Parents/carers who live in the Borough of Reading **must** submit an application to Reading Borough Council if they require a place for their child in any state secondary school as part of a routine admissions round, including schools in other local authorities, academies and free schools. Applications cannot be submitted to a school or to the local authority in which the school is situated. Parent/carers living in the area of another local authority must apply to that authority.

These arrangements deal mainly with a child's admission to secondary school during the school year from September 2020 to August 2021. The children concerned are typically those born between 1 September 2008 and 31 August 2009. The place offered is a full-time place from September 2020.

# **Applications**

Reading Borough Council will put in place procedures that, as far as possible, ensure that all parents/carers living in the Borough of Reading with a child eligible to start secondary

school in September 2020 will be aware of the application process. Eligible children living in Reading will receive an information pack in September 2019. Children who attend Reading schools but who are not resident in Reading will be advised to apply to their home loocal authority.

Parents/carers are encouraged to apply online via the Reading Borough Council website. The site will be open from **12 September 2019 until 31 October 2019.** 

Parents/carers will be invited to list four schools as their preferences and rank them in <u>priority order</u>. Parents/carers may also give reasons for their preferences. Parents may list any state schools, including those outside of the local authority, this includes academies, voluntary aided and voluntary controlled schools.

Reading Borough Council's application form and the online terms and conditions will include a statement requiring parents to confirm that they have read the Guide for Parents and Carers and accept the policies and procedures in that document.

Parents/Carers should return their completed forms directly to the school admissions team at Reading Borough Council. Those attending Reading schools may return the paper form to the school.

Parents will complete the common application form on line by the agreed deadline. The School admissions team will validate the application. Validation where possible will be electronic, for example, by reference to other data held by the Council, e.g., Council Tax. Where this is not possible then proof of living in the property will be required in the form of proof of ownership or tenancy agreement.

Where, as part of its admission arrangements, a school requires additional information, parents/carers may also choose to complete a supplementary form to support their application. This should be submitted separately to the school. The Guide for Parents and Carers will identify the Reading schools for which this may be necessary. Supplementary forms will be available from Reading Borough Council's website. Supplementary forms are not applications and parent/carers must submit an application to Reading Borough Council either on the common application form or online.

National Closing Date is **31 October 2019**.

# **Late Applications**

Applications received after the closing date will be treated as a 'late' application. However, applications that are received late for a good reason will be treated as on time if received on or before **31 December 2019**. Such good reasons might be if illness prevented a single parent/carer from returning the form on time; or the family moved into Reading after the closing date. The reason for lateness must be supported by documentary evidence to confirm the reasons specified. If no evidence is provided it will be assumed that an

application could have been made by the closing date and it will be treated as a late application and considered after all on time applications have been allocated. Applications received late for any reason after 31 December 2019 will be passed to the appropriate admission authority in Reading or to the appropriate local authority after 15 March 2020 to be considered. Parents/carers will in informed about the outcome of their application as soon as possible. Applications for over-subscribed schools will be added to the waiting lists of the schools and ranked according to the over-subscription criteria of the school(s).

Offers from applications received after National Offer Day will receive an offer on the last working day of that month. Applications received 5 days or less before that last day will be considered in the next month.

# **Changes of preference**

Changes of preference made in writing by parents/carers and received before **31 October 2019** by the admissions team will be accepted. On-line applications can be changed up to **31 October 2019**.

Changes of preference received in writing after **31 October 2019** will be treated as late applications in the way described above. Change of preferences received between **1 November 2019 and 31 December 2019** will only be accepted as 'on time' if there is good reason, e.g., family move home or family circumstances change. The reason for the change must be supported by documentary evidence to confirm the reasons specified. If no evidence is provided it will be treated as a late application.

After **15 March 2020** late change of preferences will be passed to the appropriate admission authority in Reading or to the appropriate local authority to be considered.

# **Change of Address**

As required by the School Admissions Code 2014 – changes of address made **between 1 November 2019 and 31 December 2019** will be considered as on time. If an applicant changes address after the 31 December 2019 they will need to submit a new application, based on the new address which will be marked as late and their previous application will be withdrawn. Documentary evidence of the change of address will be required.

# **Processing Applications**

#### **Exchange of information**

By **21 November 2019,** the admissions team at Reading Borough Council will forward applications to other local authorities and admission authorities in Reading. Other Local Authorities will forward applications to Reading for their residents to be considered for Reading schools.

Depending on the arrangements agreed with the governing body of each Reading school the admission team will provide the school with relevant information to enable them to rank against their over-subscription criteria **by 5 December 2019.** Reading Borough Council will not pass on the details of where the school was ranked, and no school will be told about other schools a parent has applied for.

Between **5 December 2019 and 23 January 2020**, each admission authority in Reading will rank the applications according to their published over-subscription criteria and return the ranked list to the admissions team. By **23 January 2020** each admission authority in Reading will provide the Admission Team with a list of all the applications ranked according to the over-subscription criteria.

#### **Resolving multiple offers**

From **30** January 2020 to **13** February 2020 Reading Borough Council will inform other Local Authorities of offers that can be made in Reading schools for their residents. During the exchange of information Reading Borough Council will consider all cases where parents can be offered more than one of their preferences. In all cases, the place offered will be at the school that is the parent's/carer's higher preference.

If a place cannot be offered at none of the schools for which the parent/carer expressed a preference, a place will be offered at the designated area school (if there are places available) or at the nearest Reading school with available places. If this is at a school where Reading Borough Council is not the admission authority then this will be in consultation with the governing body of the school. If the nearest school with places is a faith school, parents/carers will be offered this as an option. Should the parent/carer be unhappy with a faith school being offered they will be informed of the schools with available spaces, which may be further away from the home address. If there are no places available at any Reading schools, parents will be informed and alternative schools not in Reading Borough may be offered. The offer will depend on availability and agreement from the appropriate admission authority. This will not preclude parents from requesting an alternative school nor from lodging an appeal with the admission authority for their preferred school.

#### Informing schools

By **26 February 2020** the admissions team will send to each Reading secondary school a list of pupils who will be offered a place at their school. This will be confidential to the school and must not be passed onto the parents/carers.

#### **Informing Parents**

On **1 March 2020** offer letters will be posted to all parents/carers living in Reading Borough Council who submitted an on time application offering a Secondary school place for their child from the first day of the school term in September **2020**. The offer will be made on behalf of appropriate admission authority. The letter will:

- Inform parents of the school offered;
- Provide information on school transport;
- Indicate how to accept a school place. The deadline for accepting school places for 2020 entry is 15 March 2020.

If the school offered is not the first preference, parents will also be supplied with the following information:

- How the places have been allocated at over-subscribed schools in Reading.
- How to submit an appeal.
- If the place offered is not the highest preference school(s) then parents will be informed that their child's name will be registered on the waiting list(s) of **all of** the school(s) for which a place was not offered (except Grammar Schools if the parents did not pass the admissions test). Parents are required to inform Reading Borough Council if they do not wish their child's name to remain on a waiting list.
- Contact information for other Local Authorities.

This information will also be available on the Reading Borough Council Website.

Parents/carers who submitted an online application will receive an email and be able to view their offer **on 1 March 2020**. This email is for information only as the letter posted is the formal offer of the school place.

#### **Waiting Lists**

After 1 May 2020 a 'waiting list' will be administered if a school has more applicants than places available. A child's position on the waiting list is determined according to the oversubscription criteria of the school. When a place becomes available this will be offered to the next child on the waiting list. Positions on the waiting lists may go up or down due to pupil withdrawals or new revised applications. Places will be allocated from the waiting list and a child's current allocation for a lower preference school will be removed and allocated to another student, if appropriate. It is the responsibility of the parent to inform the admissions team if they no longer wish to remain on a waiting list of a school. It will be assumed that parents wish to remain on the waiting list of all schools listed as a higher preference than the allocated school. Waiting lists for all schools in Reading Borough will be kept until the end of the 31 December 2020. After this date the policy of the individual school(s) will be followed. After the co-ordinated admissions round ends on 31st August 2021 any waiting list will be treated as an in year admission and will follow the individual policy of the school.

#### Withdrawing a place

If the place is not accepted within a reasonable time after the **15 March 2020** then Reading Borough Council will send a reminder and allow a further seven days for a reply. After that date the place may be withdrawn. If the place has been offered based on fraudulent or intentionally misleading information which denied the place to another child then the place will be withdrawn.

#### Requests for admission outside the normal age group

In exceptional circumstances applications may be received for children who may not be in the school year appropriate to their age. Where this arises, the schools requested will consider the circumstances of each case. Applications for these children will normally be processed with all other children, and these children will be permitted to enter their allocated secondary school.

Applicants should submit an application on the common application form by 31st October 2019. Parents should outline their reasons for the request and supply any supporting documents (e.g. information from their child's education setting or medical evidence) to the school admissions team as soon as possible. The application will be forwarded to the head teachers of the listed schools for consideration and the school admissions team will seek the views of the child's primary school. Each case will be carefully considered by the admissions authority and parents/carers will be informed of the decision in writing, before the national offer day, setting out clearly the reasons for the decision.

Requests for schools outside Reading will be referred to the council in whose area the school is for consideration under that council's scheme.

One admission authority cannot be required to honour a decision made by another admission authority on admission out of the normal age group. Therefore if an application for 2021 entry lists different schools to the application withdrawn in 2020 then this may need to be forwarded to different admissions authorities for consideration. If this is the case then supporting evidence will need to be resubmitted.

# **Transgender Students**

Where a transgender pupil wishes to apply for a single sex school, they must do so in the normal way, outlined in this policy by completing the Common Application Form. Reading Borough Council will co-ordinate these admissions but it is for the admissions authority of the school(s) listed on the application to make a decision on the case. If a place is refused parents will be notified of their right of appeal.

## **Disputes between Parents**

When completing the application a parent must tick to state they have parental responsibility for the child and that this application is made in agreement with all parties with parental responsibility. If one or more application is received for a child and there is dispute about the preferences or preference order on the application, the applications will be withdrawn until a court order is provided detailing the arrangements for schooling. If consensus between parents or a court order is not received by the 1<sup>st</sup> February 2019, all preferences will be removed and preferences will be inserted in the following order: catchment area schools(s), closest appropriate Reading schools by straight line distance to the home address. This is to ensure an allocated school for a child. The home address used will be that of the parent receiving child benefit for the child, or if no parent claims this, then the address registered with the school.

#### In Year Admissions.

Parents/carers seeking admission for their child into Year 7 – Year 11 in a secondary school in Reading Borough must apply to Reading Borough Council. Parents/carers may apply direct to some schools in the Borough but the majority of schools have opted to be part of the coordinated admission arrangements and applications are normally submitted to the admissions team at Reading Borough Council. A list of those schools to which a direct application is necessary is available from the Reading Borough Council website. Where a school listed is in another local authority the parent will be advised to apply directly to that local authority and the application for that school will follow the relevant local authority's scheme.

# **Timetable for the Secondary School Admissions Round 2020-21**

Action	Date
Parents/carers to receive application information Guide for parents and carers to be placed on Reading	By 12 September 2019
Borough Council Website.	
Online admissions site open.	12 September 2019
National Closing date for receipt of applications.	31 October 2019
Late applications/Change of preference /Changes of Address accepted for good reasons.	By 31 December 2019
Application details sent to other local authorities.	21 November 2019
Application details to be sent to schools.	5 December 2019
Own Admissions Authority schools to provide Reading Borough Council admissions team with a list of children ranked according to the schools over-subscription criteria.	By 23 January 2020
Reading Borough Council to inform other local authorities of offers that can be made to their residents in Reading schools.	From 30 January 2020
Final co-ordination.	By 13 February 2020
Reading secondary schools sent list of children to be offered a place.	By 26 February 2020
Offer Day - offer letters posted to Reading residents.	1 March 2020
Online applicants can view outcome of application.	1 March 2020
Deadline for parents to accept.	15 March 2020
Closing date for receipt of appeals.	29 March 2020
Late applications for over-subscribed schools added to the waiting lists/change of preferences processed.	From 16 March 2020

Action	Date
Co-ordination with other LA's ends.	31st August 2020
Waiting lists held for Reading schools.	Until at least 31st December
	2020





# ADMISSION POLICY FOR COMMUNITY INFANT, JUNIOR AND PRIMARY SCHOOLS 2020-2021

Reading Borough Council is the Admission Authority for community schools and the following policy is proposed for admissions to these schools in 2020/2021.

#### Cohort

Applications for children born between 1-9-2015 and 31-8-2016 will be considered for admission to a reception class 2020-2021 as part of the 2020/2021 routine admission round.

Applications for admission to junior schools in September 2020 will be considered for those born between 1-9-2012 and 31-8-2013.

# Admission of children outside the normal age to Reading Borough Council Community Primary Schools

Children are normally allocated according to their chronological age. Parents may seek a place for their child outside of their normal age group, for example, if the child is gifted and talented or has experienced problems such as ill health. In addition, the parents of a summer born child may choose not to send that child to school until the September following their fifth birthday and may request that they are admitted out of their normal age group — to reception rather than year 1 - in September 2021.

Reading Borough Council as the Admission Authority for community primary schools will consider each case individually and make a decision in every case that is in the best interest of the child, taking into account:

- The parents'/carers' views;
- Information about the child's academic, social and emotional development from their current setting:
- The child's medical history and the views of a medical professional (where relevant);
- Whether they have previously been educated out of their normal age group;
- Whether they may naturally have fallen into a lower age group if they had not been born prematurely.

In each case the headteacher of the school to which the parents are seeking admission will be consulted and their views will be taken into account.

To request a child's admission is delayed to start in September 2021 parents/carers need to complete the offset request form and read the separate guide. They are recommended to make an application for a reception place in the normal way for September 2020 by 15 January 2020 so that the application can be forwarded to the headteacher(s) for consideration. Each case will be carefully considered and parents/carers will be informed of the decision in writing, before the national offer day, setting out clearly the reasons for the decision. If the request to delay admission is agreed, the parents/carers must issue a formal acceptance, declaring their intention to proceed

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on this basis. In this case, the application submitted for September 2020 entry will be withdrawn (before a Reception place is offered) and new application must then be submitted, for entry in September 2021, when the next primary admissions round opens in November 2020. Parents will not be made aware of the school they would have been allocated before the decision is accepted or declined. The decision made by Reading Borough Council is not binding on any other Admission Authority and therefore schools may come to different decisions based on the evidence. If the request is refused, parents must decide whether to accept the offered place for Reception 2020 or refuse it and make an in year application for Year 1 in September 2021.

#### **Over-Subscription Criteria for Community Primary and Infant Schools**

Children with a statement of special educational needs or Education, Health and Care Plan (EHC) that names the school will be allocated a place above all other children.

The Oversubscription Criteria take no account of the parents'/carers' order of preference. Applications for each school named by the parents/carers will be ranked according to the criteria set out below if there are more applications than places available.

Category		Notes
1	Looked after Children in the care of a Local Authority or Children who were looked after but ceased to be so because they were adopted (or became subject to a child arrangement order or special guardianship order) immediately after they had been looked after.	Provided appropriate evidence is submitted – See Note 1.
2	Children who were previously in state care outside England (children who were looked after or accommodated by a public or state authority or a religious organisation or any other provider of care whose sole purpose is to benefit society. The care may have been provided in an orphanage or other setting) but have been adopted and are no longer in state care.	Provided appropriate evidence is submitted – See Note 2.
3	Families who have strong medical or social grounds for their child's admission to a particular school.	See Note 3.
4	Children whose permanent home address is in the catchment area of the school and have a sibling at the school at the time of application who is expected to be attending the school when the child is due to start school.	This category may apply in other circumstances - See Notes 4 and 5.
5	Children whose permanent home address is in the catchment area of the school.	
6	Children whose permanent home address is not in the catchment area of the school but have a sibling at the school at the time of application who is expected to be attending the school when the child is due to start school.	See Note 5.
7	Children in receipt of Early Years Pupil Premium (EYPP) at the time application who attends the nursery unit at the school.	
8	Other Children	

#### **Priority within the Over-subscription Criteria**

Within each of the above categories 1-6 and 8, priority will be given to children who are in receipt of the Early Years Pupil Premium (EYPP), Service Premium or Pupil Premium (PP) at the time of application. To be considered for this priority parents/carers will be required to complete a Supplementary Information Form which **must be endorsed by the child's current school or nursery** confirming that they receive Early years or pupil premium for the child. This form must be completed and returned to the admissions team prior to 2<sup>nd</sup> February 2020 in order to be awarded this priority on time for the routine admissions round. Any applications received later than this date will be awarded the priority after the 1<sup>st</sup> May 2020.

#### Over-Subscription Criteria for Community Junior Schools – Geoffrey Field Junior School

Children with a statement of special educational needs or Education, Health and Care Plan (EHC) that names the school will be allocated a place above all other children.

The oversubscription criteria take no account of the parents'/carers' order of preference and applications for each school named by the parents/carers will be ranked according to the criteria set out below if there are more applications than places available.

Older siblings still attending the linked junior school will be considered as siblings for admission to the infant school.

Category		Notes
1	Looked after Children in the care of a Local Authority	Provided appropriate evidence
	or children who were looked after but ceased to be so	is submitted – See Note 1.
	because they were adopted (or became subject to a	
	child arrangement order or special guardianship	
	order) immediately after they had been looked after.	
2	Children who were previously in state care outside	Provided appropriate evidence
	England (children who were looked after or	is submitted – See Note 2
	accommodated by a public or state authority or a	
	religious organisation or any other provider of care	
	whose sole purpose is to benefit society. The care	
	may have been provided in an orphanage or other	
	setting) but have been adopted and are no longer in	
	state care.	
3	Families who have strong medical or social grounds	See Note 3.
	for their child's admission to a particular school.	
4	Children whose permanent home address is in the	This category may apply in
	catchment area of the school and have a sibling at the	other circumstances - See
	school, or Geoffrey Field Infant School at the time of	Notes 4 and 5.
	application who is expected to be attending the	
	school when the child is due to start school.	
5	Children whose permanent home address is in the	
	catchment area of the school.	
6	Children whose permanent home address is not in the	See Note 5.
	catchment area of the school but have a sibling at the	
	school or Geoffrey Field Infant School at the time of	
	application who is expected to be attending the	
	school when the is due to start school.	

7	Children who are attending Geoffrey Field Infant	
	School at the time of application.	
8	Other Children.	

#### Priority within the over-subscription criteria

Within each of the above categories 1-8, priority will be given to children who are in receipt of Pupil Premium (PP) or Service Premium at the time of application. To be considered for this priority, parents /carers will be required to complete a Supplementary Information Form which must be endorsed by the child's current school or nursery confirming that they receive pupil premium for the child. This form must be completed and returned to the admissions team prior to 2nd February 2020 in order to be awarded this priority on time for the routine admissions round. Any applications received later than this date will be awarded the priority after the 1st May.

#### Notes relating to the above over-subscription criteria.

#### Note 1 – Category 1 – Looked After Children and Previously Looked After Children

A 'Looked After' child is a) in the care of a local authority, or b) being provided with accommodation by a local authority in the exercise of their social services functions as defined in Section 22(1) of the Children Act 1989 at the time of making an application for a school place.

A previously 'Looked After' child is a child who was looked after, but has been adopted or became subject to a child arrangement order or special guardianship order immediately following having been 'Looked After'. Confirmation will be required from the local authority that last looked after the child that the child was looked after immediately prior to the issuing of one of the following orders:

These are children adopted under the Adoption Act 1976 (Section 12) and children adopted under the Adoption and Children's Act 2002 (Section 46).

The Children and Families Act 2014 amended the Children Act 1989 and replaces residence orders with child arrangement orders.

#### Note 2 – Category 2 – Children who were previously in state care outside England

These are children who were previously in state care outside England (children who were looked after or accommodated by a public or state authority or a religious organisation or any other provider of care whose sole purpose is to benefit society. The care may have been provided in an orphanage or other setting) but the child may have been adopted and is no longer in state care. Evidence of the previously looked after status and/or the adoption will be requested. Where such evidence is not available, the Admissions Authority will work closely with Reading Borough Council Virtual School for Looked After Children to make a pragmatic decision based on the information available so that there is a local consistent approach.

#### Note 3 – Category 3 Medical / Social Reasons

When submitting an application under criterion 2, families who have strong medical or social grounds for their child's admission to a particular school must provide written evidence. This may come from an independent professional aware of the case relating to the child, parent/carer or other children living at the same address (e.g. doctor, hospital consultant or psychologist for medical grounds or registered social or care worker, housing officer, the police or probation officer for social needs). This evidence must: be specific to the school in question; show why that school is the most suitable; what facilities will benefit the child, and why no other school can offer the same support. It

is not enough for the professional to report what the parent/carer has told them.

If failure in awarding this priority would result in no appropriate school being allocated, the panel, after taking into account the evidence submitted, the parental preference and the catchment school, will allow categorization of medical/social grounds to the most appropriate school. This applies to those children whose social/medical needs can be met by one than one school but not many schools. For example, when reasons are due to mobility issues and a number of schools are equal distance and failure to award this would result in no appropriate school being allocated.

In addition, this category includes children who are subject to a child arrangement order or special guardianship order awarded to a family member in order to prevent the child being taken into care by a local authority. A copy of the order must be provided.

No individual officer will take responsibility for determining whether a case is ranked in the category. A panel of officers will make the final decision. Evidence must be provided by **2**<sup>nd</sup> **February 2020** to be considered as on time for national offer day. If evidence is received by the team after this date then it is at the discretion of the panel whether to accept these documents for "on time" allocations. The admissions team will not prompt parents to send evidence to support admission under this category but they may ask for further evidence if this is required to make a decision. If evidence is received before the **2**<sup>nd</sup> **February 2020** parents will be informed, in writing, before national offer day as to whether this has been granted. This is not a guarantee of a place at a particular school.

#### Note 4 - Category 4 - Siblings

Children whose home address is in the former catchment area of a school and have a sibling at the school and that sibling was admitted to the school from the same address will be treated as category 3 of the over-subscription.

#### Note 5 – Category 4 – Siblings

If parents/carers applied for a place at their catchment area school for their child and it was not possible to offer a place at that school because the school was over-subscribed a sibling protection applies. Where the child was admitted to a lower preference Reading community primary school, or allocated a place by the authority at an alternative Reading community primary school the application for any younger siblings for that school will be treated as catchment area and considered as category 3. Where a parent does not list all schools in the catchment area for the home address at the time of application and a place would have been offered at a catchment area school had it been listed, they forfeit the right to sibling protection. Parents/carers must inform the Admission Team at the time of application if they consider this exemption applies.

Where a space is allocated as part of an in-year admission at a school listed second preference or lower, if a school closer to the child's home address was available to parents and was refused, parents forfeit the right to this sibling protection for future admissions. Parents will be informed at the time of allocation if this right has been forfeited.

#### **Catchment area**

The catchment area of the schools can be seen from attached maps. These are a guide only. Exact catchment area information for individual address can be found on Reading Borough Council's website.

#### **Tiebreaker**

If a school does not have enough places for all children in a particular category, places will be allocated to those living nearest the school. The distance is measured in miles as a straight line between the Ordnance Survey data point for the child's home address and the school using Reading Borough Council digital mapping software. This distance is measured to three decimal places. In the rare event that it is not possible to decide between the applications of those pupils who have the same distance measurement then the place will be offered using random allocation. A member of Committee services staff for Reading Borough Council will supervise the selection process.

#### Multiple births (twins, triplets etc.)

Places are offered according to the oversubscription criteria. In the event that this would result in splitting multiple birth families, in the majority of cases the other child/children will be offered a place. In very exceptional circumstances, where the admission of more than one additional child to the year group causes prejudice to the provision of efficient education and efficient use of resources it may not be possible to offer a place to all multiple birth children.

In the event that siblings with a different date of birth, but in the same year group, are split by the oversubscription criteria, only one child will be offered a place. This applies to children during Key stage 1, up to and including Year 2, if admission would take a class over 30. Selection will be made randomly by a representative of Reading Borough Council's Committee Services. It is open to the parents to decline this offer and seek places for all their children at another school or suggest the place is given to one of the other siblings. The other sibling(s) name(s) will put on the waiting list. If the admission is in Key Stage 2 or admission of the other siblings will not contravene infant class size regulations then each case will be considered and in most cases the other child/children will be offered a place. (On the condition that the admission will not prejudice the provision of efficient education and efficient use of resources).

#### Parent/Carers

A parent/carer is any person who has parental responsibility or care of the child. Parental responsibility for a child is set out in the Children Act 1989. Normally this parent/carer would reside with the child at the permanent home address stated on the application.

#### **Home address**

Applications are processed on the basis of the child's single permanent home address, where the child lives with parent(s) or a carer/legal guardian and are living at this address on the closing date for applications. By submitting an application parent(s)/ carer/legal guardian are confirming the child will be living at that address on national offer day on the 16<sup>th</sup> April 2020. An address will not be accepted where the child was resident other than with a parent or carer unless this was part of a private fostering or formal care arrangement.

Checks will be made to determine whether an address declared on the application form is that of a second home with the main home being elsewhere. Some residential arrangements will be considered to be temporary arrangements. The Council will consider the available evidence to determine if, on the balance of probability, the declared home address is the child's permanent home. Where the applicant, or their partner or spouse, is reasonably considered to be living with them as a single family unit owns another property, has previously lived in it and has chosen not live in it (including where a home is rented out to a third party) the owned property will ordinarily be considered to be the permanent home. Special circumstances that might lead to the declared address being considered as a permanent home despite another home being owned or otherwise available for occupation will need to be declared at the point of application by parents. Without being exhaustive these might include:

- an owned property being a considerable distance from the preferred school, indicating that the family had permanently relocated to the new home; or
- that the owned property is uninhabitable and cannot reasonably be made habitable in the period leading up to admission to the school; or
- that the owned property is in the process of being sold and the family live permanently in the declared property; or
- that following divorce or separation the family home cannot be occupied by the applicant or otherwise treated as the child's permanent home.

Where the declared address is rented and the applicant has no claim on any other property the declared address may be considered to be a temporary address if there is evidence the applicant has chosen to rent the property solely for the period necessary for a child to be admitted to a particular school.

Reference to council tax records will be made to determine a single address for consideration of a place under criteria 3 or 4. It is for the applicant to satisfy the local authority that they live at the address stated.

Applicants will be asked to declare that the address used is expected to be their place of residence beyond the date of the pupil starting school. Applicants are required to advise of any change of circumstance at any time prior to the child starting school. If the applicant does not declare such arrangements, or a different address is used on the application where the child does not usually live; it will be considered that a false declaration has been made and it may be decided to decline to offer a place at a particular school, or to withdraw the offer of a place. In deciding whether a place was allocated on the basis of a misleading or fraudulent application, an admissions panel will consider any supporting evidence giving reasons why the move was necessary prior to the child starting school.

It is important to declare if there is to be a change of address prior to the child starting school. If the applicant already owns a property which is in the process of being sold, the admissions team are able to accept the address of the new property only on submission of the appropriate evidence in support e.g. completion of contracts letter on both the new property and, where possible, disposal of their current property. The deadline for submission of evidence to support a move is 1st February 2020. If the move takes place later or evidence is submitted later, the application will be marked late and considered after national offer day.

If the applicant is renting property the tenancy agreement must be dated 1<sup>st</sup> February 2020 or prior, to be accepted as on time. If the tenancy agreement then expires prior to the 16<sup>th</sup> April 2020 the applicant must provide evidence showing that they still reside at the property past that date. If the applicant moves to a new rented after the 1<sup>st</sup> February the application will be marked late and considered after national offer day.

A temporary address cannot be used to obtain a school place. Temporary addresses will only be considered where evidence is provided of a genuine reason for the move e.g. flooding or subsidence.

The local authority reserves its right to carry out further investigation and require additional evidence and to reject applications or withdraw offers of places if it believes it has the grounds to do so. In such cases, the applicant will have recourse to the independent appeals process. Where Reading Borough Council believes an address provided is not the only address then the Corporate Audit & Investigation Team will look into the address.

The home address should be the child's current address and is assumed to be the address on the national offer day. Any change of address after submitting the application must be notified to the Admissions Team at Reading and the application will be reviewed using the new address. Any place offered based on misleading information with the intention of deception or fraud concerning a permanent home address will have the place withdrawn even if the child has started at the school.

#### **Split living arrangements**

Where a family claims to be resident at more than one address, justification and evidence of the family's circumstances will be required, e.g., formal residence order, child arrangements order or legal separation documentation. The application must be completed by the parent using the address which is owned, leased or rented where the child lives for the majority of the school week. This is based on the number of school nights a child spends at the home (Sunday night 1800hrs to Friday 0900hrs).

Where there is an equal split or there is any doubt about residence, the school admissions team will assess and make a judgment about which address to use for the purpose of the allocation of a school place where necessary requesting further information, for example:

- any legal documentation confirming residence;
- the pattern of residence;
- the period of time over which the current arrangement has been in place;
- confirmation from any previous school or early years setting of the contact details and home address supplied to it by the parents;
- the address where child benefit or other benefit (if applicable) is paid;
- where the child is registered with the GP;
- any other evidence the parents may supply to verify the position.

It is recommended that consensus is reached by both parents and child on the school preferences to be expressed and it should be noted that only one offer letter will be sent to the main applicant unless otherwise requested and agreed by both parents.

The information provided to determine the home address to be used will be considered by an admissions panel of at least two officers and their decision is final.

#### **Siblings**

Siblings are older siblings for purposes of admission criteria during the routine admission rounds, except those for Geoffrey Field Junior School, which will consider a younger sibling at Geoffrey Field Infant School. In year applications will consider younger siblings but not a sibling attending the nursery class of a school.

Siblings are children who have either the same mother or father, or they are children who live together in a family unit and with their parents/carer(s). Siblings must live at the same permanent home address as each other. If they do not live at the same address, then they are not treated as siblings for the purpose of admission.

#### **Deferring a Place**

There is a legal requirement to offer a full-time place to every child whose parents wish to take up that option from the September following a child's fourth birthday. Places offered in a Reading school are on a full-time basis from September 2020 as a "rising 5" admission. Children do not need to be in statutory education until the September, January or April after their fifth birthday. When children are offered "rising 5" places, parent/carers may defer the place until January 2021 or April 2021 or until their child reaches statutory school age whichever is earlier, but may not defer after April 2021 as admissions beyond that are in the next school year. Parents will then need to re-apply

for a place in Year 1, which may not have any places because the places will have been allocated to children in the previous year as part of the routine admissions round.

#### **Part Time Admissions**

Where the parents wish, children may attend part-time until later in the school year but not beyond the point at which they reach compulsory school age. If parents choose this option they cannot insist on part-time provision that is individually tailored to their needs. Parents/carers must discuss this with the headteacher of the allocated school to agree the best arrangements for the child and School.

#### **Waiting Lists**

After 17th April 2020 'waiting lists' will be created for Reading schools where it has not been possible to offer a place at the parents/carers first or a higher preference school to the school offered. A child's position on the waiting list is determined according to the over-subscription criteria and will be re-ranked when new children are added to the list as a result of late applications or change of preference. When a place becomes available this will be offered to the next child on the waiting list. After the 1 September 2020 children identified for placement as part of the Fair Access Protocol can be placed above those on the waiting list. Positions on the waiting lists may go up or down due to pupil withdrawals, new or revised applications. Reading Borough Council will keep waiting lists until end of August 2021 (End of Term 6 for reception classes). After this date the waiting lists will be abandoned. Parents/carers must then re-apply for a place in Year 1 as an in year admissions application if they are still interested in obtaining a place for their child.

#### **Returning Crown Servants and Armed Forces Personnel**

Families of crown servants returning from overseas to live in the Reading Borough or applicants relocating in the armed forces may apply for a place in advance of their move provided the application is accompanied by an official letter confirming the posting to the UK and the expected relocation date. A school will be offered in advance of a move and held until the appropriate time. If the schools listed on an application form are oversubscribed, the family will need to provide an address in order to be ranked accordingly. Where a parent is unable to provide confirmation of a relocation address, an indication of the area may be provided, narrowed down as far as possible, to which the family intend to return. Preferences will be processed but applications will be considered under criterion 7 (other children) until the parent is able to provide confirmation of the new address such as proof of exchange of contracts or a signed rental agreement. If a place cannot be offered at a preferred school an alternative school will be offered and parents will be advised of the right of appeal for a place at the preferred school. It is the responsibility of parents to keep the school admissions team informed of any changes to their planned address during the application process.

#### In Year Admission Arrangements for the School Year 2019-20.

Parents/carers seeking admission for their child into Year 1 – Year 6 in a community primary school in Reading Borough must apply to Reading Borough Council. Parents/carers may apply direct to some voluntary-aided or academy schools in the Borough but the majority of these schools have opted to be part of the coordinated admission arrangements and applications are normally submitted to the admissions team at Reading Borough Council. A list of those schools to which a direct application is necessary is available from the Reading Borough Council website.

If there is a place in the parents'/carers' preferred school the place will be allocated but if there are more applications than places available the over-subscription criteria, as outlined above will apply and the places allocated to the child with the highest priority. Remaining applicants will be added to the waiting list which will also be ranked according to the oversubscription criteria. Children

allocated according to the Fair Access Protocol will take precedent over children on the waiting list.

Children new to the area or who have moved within the borough will be able to start at the school as soon as possible after their move. If the request is to move schools within the Borough without a move of home, the children will normally be expected to start at the beginning of the following term.

Waiting lists for admission to Year 1-Year 6 will be held until 31 December 2019 after which parents/carers must reapply for their child to remain on the waiting list until July 2020. The waiting list will be abandoned after July 2020 and parents/carers must re-apply if they are still seeking a place for September 2020.

#### **Appeals**

If it is not possible to offer a place at the preferred school(s) parents/carers will be advised of their right of appeal.

#### Admissions Numbers - Reading Community Infant, Junior and Primary Schools.

The following are the proposed admission numbers for 2020.

School	September 2020 - Admission Number
Alfred Sutton Primary	90
Caversham Park Primary	30
Caversham Primary	60
Coley Primary	30
Emmer Green Primary	60
EP Collier Primary	60
Geoffrey Field Infant	90
Geoffrey Field Junior	90
Katesgrove Primary	90
Manor Primary	45
Micklands Primary	60
Moorlands Primary	60
Oxford Road Community	30
Park Lane Primary	60
Redlands Primary	30
Southcote Primary	90
St Michael's Primary	60
Thameside Primary	60
The Hill Primary	60
The Ridgeway Primary	90
Whitley Park Primary School	90
Wilson Primary	60



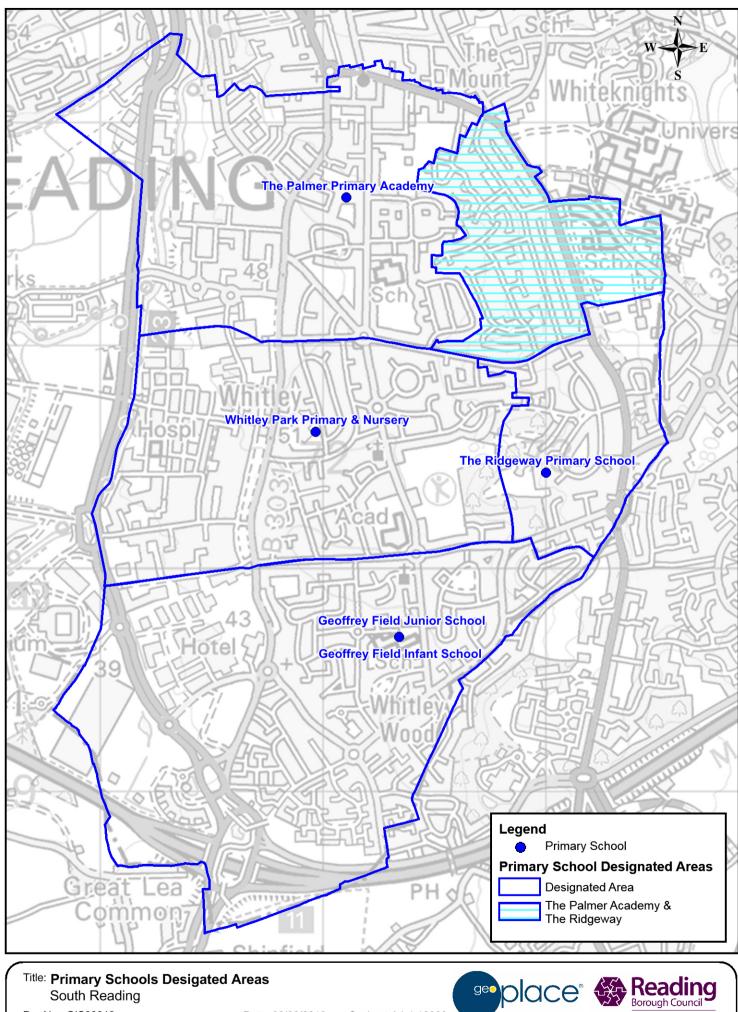
#### Relevant Area.

The School Standards & Framework Act 1998 requires Local Authorities to establish Relevant Area(s) for admission policy consultations. The Relevant Area is the area in which admission authorities must consult with schools regarding their proposed admission arrangements before finalising them.

The Education Act 2002 requires the local authority to consult on and review its Relevant Area every two years. The following Relevant Area was determined by Reading Borough Council in 2017 as follows:

- 1. Reading Borough Council will consult on admission arrangements for primary/infant and junior schools with:
  - Headteachers and governing bodies of all schools in Reading Borough;
  - Neighbouring local authorities Oxfordshire County Council, West Berkshire Council and Wokingham Borough Council;
  - Diocesan authorities Oxford Church of England Diocese, Portsmouth and Birmingham Catholic Diocese;
  - All academies, voluntary aided or foundation secondary schools within 8 kilometres (5 miles) of Reading Borough border;
  - All academies, voluntary aided or foundation primary/junior/infant schools within 3.2 kilometres (2 miles) of the Reading Borough border.
- 2. Having first consulted with the appropriate Diocese, **primary** voluntary aided schools must consult with:
  - Reading Borough Council;
  - All primary/infant and junior and maintained nursery schools in Reading Borough;
  - Neighbouring local authorities Oxfordshire County Council, West Berkshire Council and Wokingham Borough Council;
  - All academies, voluntary aided or foundation primary/junior and infants schools outside Reading Borough within 3.2 kilometres (2 miles) of the school.
- 3. Primary Academies and Foundation and Trust schools must consult with:
  - Reading Borough Council;
  - All primary/infant/junior and maintained nursery schools in Reading Borough;

- Neighbouring local authorities Oxfordshire County Council, West Berkshire Council and Wokingham Borough Council;
- All academies, voluntary aided or foundation primary/junior and infants schools outside Reading Borough within 3.2 (2 miles) kilometres of the school.
- 4. Secondary academies and foundation schools must consult with:
  - Reading Borough Council;
  - All primary/junior and secondary schools within Reading Borough;
  - Neighbouring local authorities Oxfordshire County Council, West Berkshire Council and Wokingham Borough Council;
  - All academies, voluntary aided or foundation secondary schools within 8 kilometres (five miles) of Reading Borough border;
  - All academies, voluntary aided or foundation primary/junior schools within 3.2 kilometres (2 miles) of the Reading Borough border.
- 5. Having first consulted with the appropriate Diocese, **Secondary** Voluntary Aided schools must consult with:
  - Reading Borough Council;
  - All primary/junior and secondary schools within Reading Borough;
  - Neighbouring local authorities Oxfordshire County Council, West Berkshire Council and Wokingham Borough Council;
  - All academies, voluntary aided or foundation secondary schools within 8 kilometres (5 miles) of Reading Borough border;
  - All academies, voluntary aided or foundation primary/junior schools within 3.2 kilometres (2 miles) of the Reading Borough border.



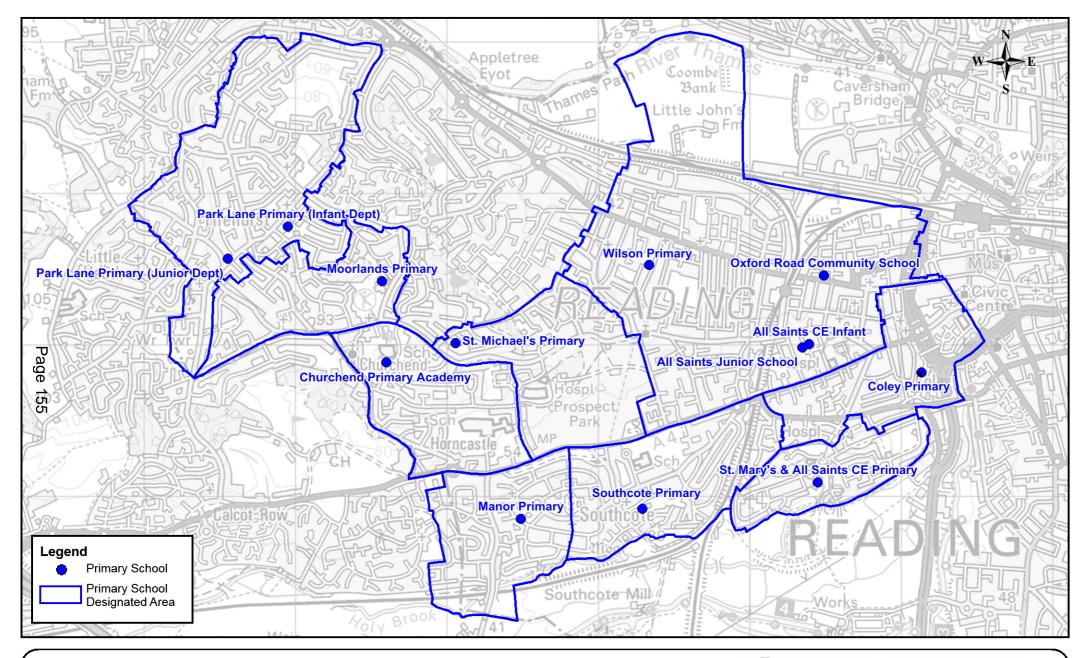
**Title: Primary Schools Desigated Areas** South Reading

Drg.No.: GIS00013 Date: 09/08/2018 Scale at A4:1:18000

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Working better with you





Title: Primary Schools Designated Areas

West Reading

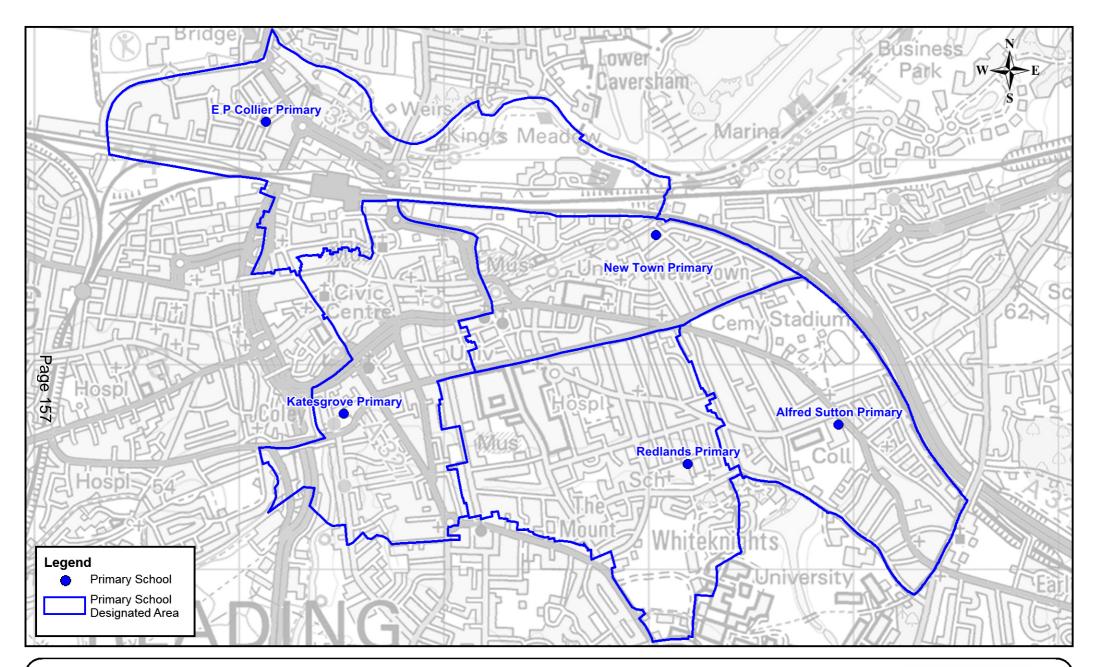
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Title: Primary Schools Designated Areas

Central and East Reading

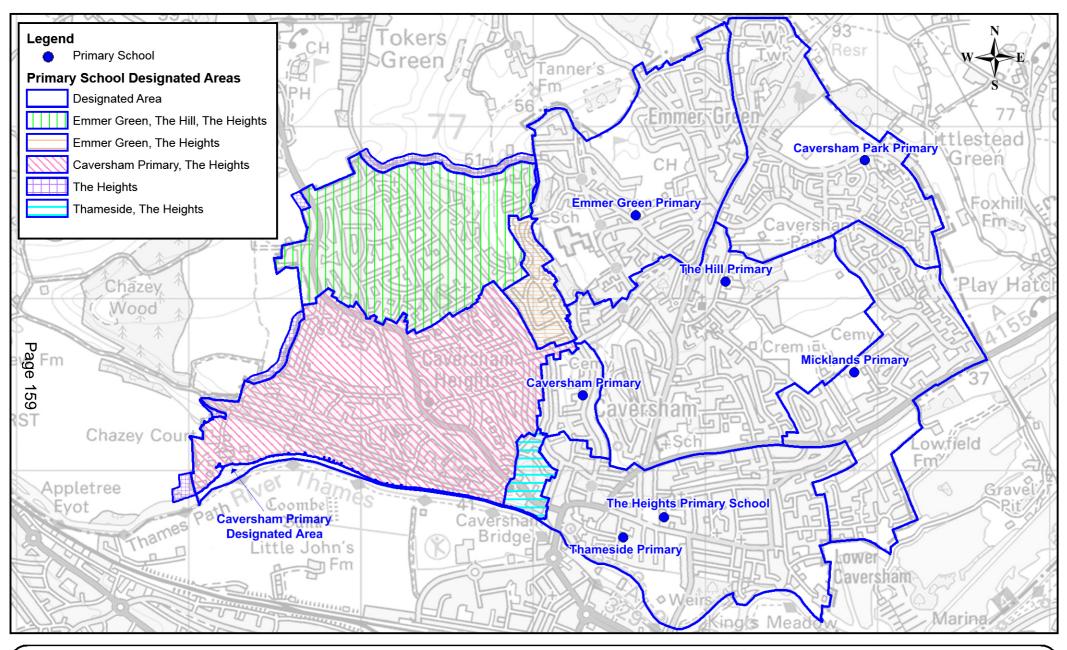
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**Title: Primary Schools Designated Areas** 

North Reading

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#### READING BOROUGH COUNCIL

#### REPORT BY DIRECTOR OF ADULTS AND HEALTH SERVICES

TO: ADULT SOCIAL CARE, CHILDREN' S SERVICES AND EDUCATION

COMMITTEE

DATE: 14 FEBRUARY 2019 AGENDA ITEM: 14

TITLE: ADULT CARE AND HEALTH SERVICES - DIRECTION OF TRAVEL

"SUPPORTING OUR FUTURE"

LEAD TONY JONES PORTFOLIO: ADULT SOCIAL CARE

**COUNCILLOR:** 

SERVICE: ADULTS CARE AND WARDS: BOROUGHWIDE

**HEALTH SERVICES** 

LEAD OFFICER: SEONA DOUGLAS TEL: 0118 937 0940

LORRAINE GOUDE

JOB TITLE: DIRECTOR OF ADULT E-MAIL: <u>Seona.douglas@reading.gov.</u>

CARE AND HEALTH <u>uk</u>

SERVICES

ASSISTANT DIRECTOR Lorriane.goude@readign.gov .uk

TANT DIRECTOR

OF STRATEGIC COMMISSIONING, QUALITY WELLBEING

#### 1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The purpose of the report is to set out the strategic direction of travel supporting Adults including children's transitions entitled "Supporting Our Future".
- 1.2 The report provides an overview of the context and rationale for the development of Supporting Our Future for Adults, and seeks approval for the approach set out under the prevention agenda.
- 1.3 The draft strategy "Supporting Our Future" underpins the Council's vision, approach and the priorities in the delivery with partners in early intervention and prevention across Reading. It reflects changes from the Care Act 2014, and the current context of increasing demand and reducing finances, and emphasises to all involved the importance in supporting people to remain at home and independent.
- 1.4 Supporting Our Future sets out our joint opportunities to work across the Health and social care system economy, in better supporting people to receive a seamless service at home.
- 1.5 Appendix 1 Supporting Our Future Consultation Plan

#### 2. RECOMMENDED ACTION

- 2.1 That the national and local context in which the Council is undertaking its statutory duties in the provision of adult social care, and in meeting the needs of children who transition to adult services be noted.
- 2.2 That the Supporting Our Future Consultation Plan (Appendix1), which will influence the finalised strategy to be published April 2019 be noted.
- 2.3 That the workforce best practice Five P's which enables our workforce to remain focused on prevention and independence at every stage in person's journey be noted.

#### 3. POLICY CONTEXT

#### NATIONAL CONTEXT

- 3.1 The Care Act 2014 brought new responsibilities for local authorities, and a move away from a previous 'dependency culture', with new eligibility for services, support for carers, new areas of work around information, advice, prevention, support for the care market and safeguarding.
- 3.2 Nationally, social care budgets have been reduced by 30% in real terms over the last four years. Half of this has been through spending reductions and half through managing demand differently. To continue to do this means new ways of working.
- 3.3 The joint report of the Kings Fund and the Nuffield Trust Social Care for Older People, Home truths, published on 15th September 2016, states:

'The picture that emerges is of social care providers under pressure, struggling to retain staff, maintain quality and stay in business; local authorities making unenviable choices about where to make reductions; a complex set of causes of delays in discharging older people from hospital; and the voluntary sector keeping services going even when funding was curtailed'.

Ref: https://www.nuffieldtrust.org.uk/person/the-king-s-fund

3.4 The LGA report Adult social care funding: 2016 State of the Nation published on 2nd November 2016 makes a strong case for raising the profile of adult social care through clear prevention strategy and its funding. It provides evidence about adult social care funding and through a series of essays from a range of people including elected members, and representatives from health, social care, carers, user led and provider organisations outlines the concerns about the state of adult social care funding and its implications on the ground. One of the conclusions of the report is:

'While adult social care desperately needs more funding to relieve urgent and ongoing pressures, it is apparent that a pre-condition for being successful with such calls in the longer-term will depend in part on raising awareness amongst the public of what social care is, why it matters and why it must be valued.'

Ref: https://www.gov.uk/government/publications/state-of-the-nation-2016

3.5 Therefore in the local and national context "Supporting Our Future" - will support the delivery of prevention across Reading through our strategic aim - to enable people to live Healthy Independent Life at home.

#### 4. LOCAL CONTEXT

- 4.1 The Council is a primary stakeholder in a number of partnership-based strategies and programmes which support better outcomes and value for money from increased joint working with health and social care. This is informed by Reading's Joint Health and Wellbeing Strategy and the Better Care Fund.
- 4.2 In parallel with these, the Council has been undertaking its own Transformation Programme of Adult Social Care to deliver recommendations underpinned by the Medium Term Financial Plan and to meet other obligations set out in the Care Act 2014. A key objective is the change in commissioning and delivery of services is to ensure the sustainability of Adult Social Care services into the future, against a backdrop of increasing service demand and reducing public sector funding.
- 4.3 The health and social care system in which we operate across Reading over the next three years is widening beyond the Reading boundaries as a result of wider partnership working with other near local authorities and Clinical Commissioning Group. Our collective ambition to best utilise limited resources therefore is increasingly important so that in Reading we have a clear vision and strategy for the delivery of adult social care early intervention and prevention. This will mean we reflect clear and consistent messages about the unique and important role that adult social care plays within this wider health and social care system, both for staff and colleagues across the Council and with partners across the whole system.

#### 5. THE PROPOSAL

#### 5.1 Current Position:

- 5.1.1 It's important to note that whilst adults and health have not had in place an up to date strategy, the practice based work across social care and commissioning teams, continues to deliver prevention successfully as part of the Transformation Programme.
- 5.1.2 We require a clear strategic direction of travel, that supports the continued work to deliver improved outcomes, supporting people of Reading, and sets out clear principles of working, based on a more strength based approach through the three conversation model.

5.1.3 "Supporting our Future" (the Strategy) captures our programme of change to give structure, visibility and momentum, within the wider strategic context of preventative change across Reading, working with wider system partners. The proposal in "Supporting Our Future" is not a new commitment for the Council, rather a re-organisation and re-articulation of actions previously consulted upon, with some areas presenting as new.

#### 6. Proposed Draft Strategy (Supporting Our Future)

6.1 Supporting Our Future is Adults and Health strategic direction of travel, setting out the challenges Reading faces supporting people who access Adult Social Care, Young People's Transitions and Health services over the next three years from 2019 to 2022. Its focus is on enabling people to retain independence in their own home, by putting in place the right support, early and in developing Reading's community services and partnerships that support people better at home.

#### 6.2 Our Vision Statement

"Adults Care and Health Services through "Supporting Our Future" will focus on preventing the need for care, so to support People to live a "Healthy Independent Life at Home" longer, by having in place:

- A system that drives wellness and independence, enabling people to stay healthy and active in their community, at home.
- An integrated health and social care system with clear information and advice about local services, facilitating access as appropriate.
- A Supportive sustainable market that protects the most vulnerable in our communities, offering a wide range of self directed support that is value for money
- A future that *prevents reduces* the need for long term care, and one that supports a positive *skilled community workforce* who enable and empower people to remain independent in their community, at home.
- A Future, which works within its means, delivering high quality care and value for money for all.

#### 6.3 **Aims**

The aims for Supporting Our Future are to:

- Acknowledge the changing adult social care, and younger people's transitions needs of the Reading population, and the process of transformation that will take place to increase personalisation for each individual we support.
- Sets out our strategic priorities for action, identifies the improved outcomes
  we want to see for adult social care, and looks at how we will measure
  success.

• It provides the roadmap for the changes in adult social care and transitions that we will make in Reading over the coming three years, to ensure that all Readings citizens are supported to achieve their personal goals and ambitions, in a context which promotes safety, whilst recognising each person's right to independence and choice.

#### 7. Other Options Considered

7.1 The only option to consider is to not put a strategy in place and to remain as we have, this would not be a viable option given it remains imperative that our partners across Reading who support preventative change need to have clear strategic foundation on which to build a platform of success which the strategy supports in its detail. In short partners supporting the strategy have shared priorities in which to build "Supporting Our Future" together.

#### 8. CONTRIBUTION TO STRATEGIC AIMS

- 8.1 "Supporting Our Future" underpin 4 of the below Council's core aims:
  - I. Safeguarding and protecting those that are most vulnerable;
  - II. Providing the best start in life through education, early help and healthy living;
  - III. Providing infrastructure to support the economy; and
  - IV. Remaining financially sustainable to deliver these service priorities.
- 8.2 "Supporting Our Future" enables partners across Adults, Children's and Health to have a shared commitment and intention to drive and support preventative change across Reading, enabling people to remain healthy independent at home, longer.
- 8.3 Healthy Independent Life at Home is our joint commissioning priorities working with our system health and social care partners, working proactively with Berkshire West Seven Group.

#### 9. COMMUNITY ENGAGEMENT/ INFORMATION/ CONSULTATION

- 9.1 In May 2018 Adult Social Care and Health through "Meet the Directors events" started to consult and engage the views in looking forward over the next three years.
- 9.2 Also engaging the views of lead members and wider care market engagement events across care homes, homecare and supportive living services, so to ensure prevention has a clear steer and influence in the design of the "Supporting Our Future".
- 9.3 We have engaged initial views from primary health partners across and have held three commissioning under prevention workshops whereby commissioners across health and social care have applied strategic thinking to the needs of people in Reading in the application of the "three conversation model" so to ensure our joint commissioning priorities can deliver "Supporting Our Future".

9.4 We are now consultation with wider the market place, people accessing services and wider public view supported by our strategic partners across health and social care as detailed at Appendix 1 - Consultation Plan of this report.

#### 10. EQUALITY IMPACT ASSESSMENT

- 10.1 Under the Equality Act 2010, Section 149, and 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.
- 10.2 An Equality Impact Assessment will be completed regarding the impact of "Supporting our Future" informed through the consultation.

#### 11. LEGAL IMPLICATIONS

- 11.1 "Supporting Our Future" is part of the Council's commitment to changing the model for delivery of adult social care to meet the requirements of the Care Act 2014.
- 11.2The Councils' duties under the Care Act include assessing the needs of those who appear to require social care support, and ensuring that needs which meet the statutory eligibility threshold are met. It is a matter for the Council's judgement, strategically and in the individual case as to how eligible needs are met.

#### 12. FINANCIAL IMPLICATIONS

12.1 The Council has recently set a robust 3 year budget for 2019/20 - 2021/22 (due to be signed off at Policy Committee in February 2019) and setting a direction of travel strategy will assist the service to manage within this budget.

#### 13. Next Steps

- 13.1 It's important to note that "Supporting Our Future" is underpinned by Healthy Independent Life at Home (three year commissioning and transformation programme) and Readings Adult, Transitions and Health Market Position Statement.
- 13.2 A period of consultation will commence in February 2019.

13.3 Projects to deliver what is expected are already in place as part of Adult Care and Health Transformation Programme for 2019 to 2022, which now includes children's transitions and public health projects, in the delivery of "Supporting Our Future".

#### 14. BACKGROUND PAPERS

- 14.1 Supporting Our Future (Draft Strategy)
- 14.2 Appendix 1 Consultation Plan
- 14.3 Appendix 2 Governance Structure



## Adult Social Care and Health Services





#### CONTENT

Section 1 - Introduction to Reading Borough Council Supporting Our Future

Section 2 – National Picture

Section 3 – Local Policy and Population Profile

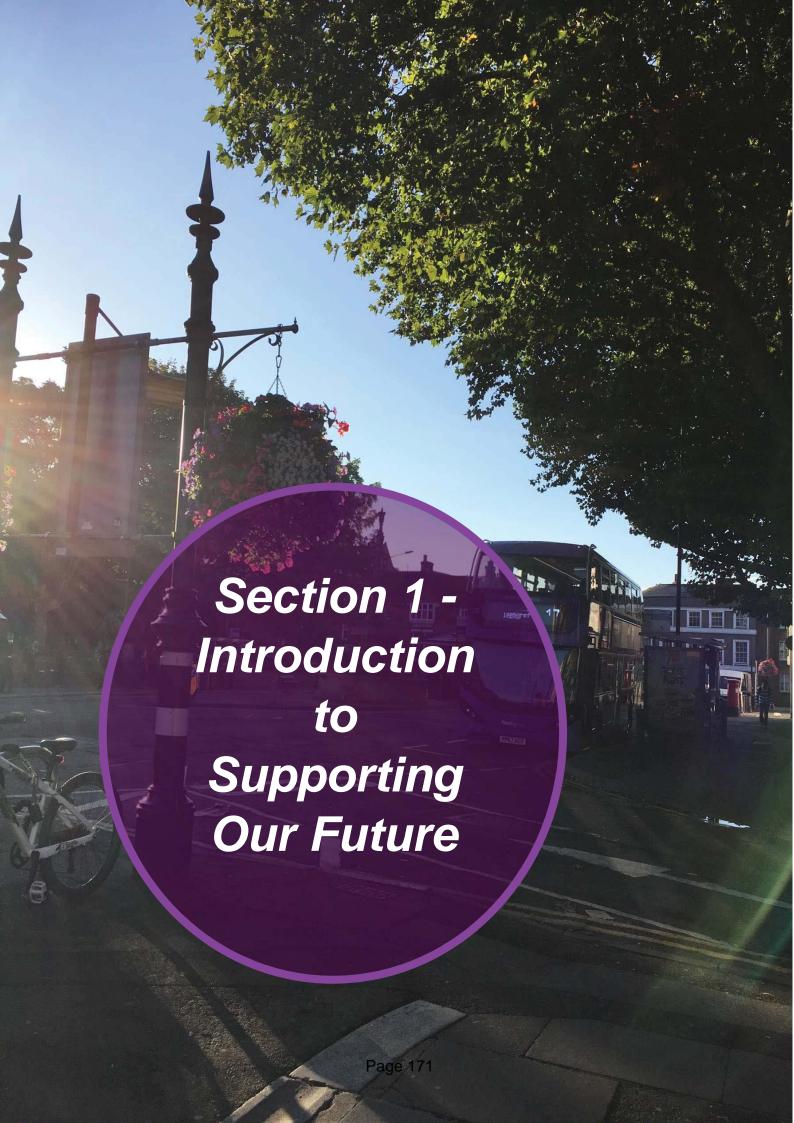
Section 4 – Our Outcomes and Priorities

Section 5 - Our Approach to Prevention

Section 6 - Our Performance and Review

Section 7 - How To Get Involved?

Please tap on any of the above content boxes, so you can easy navigate this document.



## Supporting Our Future Forward



Local authorities are facing unprecedented pressure through reduced budgets and rising demand.

Reading Borough Council, remain committed to supporting our residents with *the right* support, at the right time, in the right place, when people need it, also being focused on reducing the need for long term health and social care services, by putting in place more self-enabling support.

In these challenging times we require a fresh approach and new thinking.

In Reading self enabling support means encouraging people to take responsibility for their own health and wellbeing, so they can make healthy choices, stay active and feel they are part of a community.

In this endeavour we recognise the important role of Carers and will continue to support families and carers to help and support their loved ones or friends.

We have also developed –
Reading's *Healthy, Independent Life, at Home* which is our joint (public health, transitions and adult's social care) commissioning under prevention, three year plan, making clear our commissioning priorities in delivering *Supporting Our Future* through a robust programme of Transformational Change.

Cllr Tony Jones

Lead Member Adults and Health

#### Reading's Lead Member for Public Health



Understanding the health needs of Reading's population is vitally important in influencing *Supporting Our Future*. In understanding the health needs of people, we can change the future demand on health and social care services by supporting people to make better lifestyle choices.

The challenging financial position continues and ever reducing funds from Central Government continue to add pressure to the Council in how we commission services across health and social care.

We are committed through Supporting Our Future; in developing new ways of working that continue to deliver the best outcomes against the National

Health Service - Public Health Outcomes Framework.

We can't do this on our own, and must develop opportunities through joint commissioning public health outcomes, to better support peoples, lifestyle choices, choices that enable people to live well longer in the community and by building with our health partners a better understanding in how we can develop universal preventative change that is long lasting across Reading.

Cllr Graeme Hoskin Health, Wellbeing and Sport

# Statement from the Director of Adults Social Care and Health



Supporting Our Future sets out the challenges Reading faces supporting people who access Adult Social Care, Young People's Transitions and Health services over the next three years, working with a wide range of community also health and social care partners. Its focus is on enabling People to retain independence in their own home, by putting in place the right support, early and in developing Reading's community services that support people better at home.

It sets out how we will:

- Continue to focus on *early intervention*, overall prevention in care, offering people alternatives to support them better at home.
- ✓ Develop more costeffective ways in delivering social care.
- ✓ Work to develop more integrated health and social care, maximising important joint resources, and the sharing of skills across teams and system partners.
- Working with system partners to continue reducing demand for care, targeting resources toward community prevention and in supporting self-help approaches through strength- based practice.

Seona Douglas

Director of Adults and Health Services



### Who is Supporting Our Future for?

Adults with Mental
Health needs
accessing health
and care services

Adults who fund services themselves who feel they may need support

Professionals who have an invested interest in supporting and caring for people in need of health and social care

Adults with a sensory need and/ or Autism need accessing health and social care

Partners & Carers
who deliver care
and support
services, including
community
partners

Adults with a physical disability and/ or learning disability needs

Children with a range of health and care needs who transfer to adults services

#### **Terms Explained**

We have tried to make this document as jargon free as possible and easy to read, so we have not shortened any words and will explain any terms that we use in blue boxes below throughout the document.

When we say **Residents**, we are talking about everyone who lives in Reading.

When we say *Place* we mean where you live and the community.

When we say Adult
Social Care we are
talking about care and
practice support people
may need in ensuring
they can remain
independent longer.

When we say *Public Health*, we are talking about the Councils responsibility to ensure that the health needs of Reading residents are understood and supported.

When we say system partners we mean—partners who form the Berkshire West Seven Group.

When we say

Commissioning, we are talking about how the Council decides to use resources in meeting People's needs for care and support.

When we say
Safeguarding People,
we are talking about the
Council Policy to ensure
people can live safely,
free from harm and
abuse.

When we say Clinical
Commissioning Group
(CCG) we are talking
about the commissioners
who work for the National
Health Service and who
are responsible for
clinical commissioning.

When we say **People or Person** in this document, we are talking about people who need care and support who access social care services.

When we say **Self- enabling or self- help**we mean people
directing their own life,
through being person
centred.

✓ You will see these terms used throughout Supporting Our Future to support improved understanding.

## Why do we need this Strategy?

Prevention and early intervention have been key elements in Government policy for many years and remain critical to our vision in ensuring that the health, care and support system works to actively promote wellbeing and independence, for all.

To meet these challenges

Supporting Our future, will be vital to all care and support in Reading, in order that intervenes early to support people; to retain or regain skills and confidence in their life, which prevents or delays deterioration wherever possible.

The needs of residents as a population living in Reading are changing and becoming more diverse. People have higher expectations in how they want to retain a *healthy independent life at home*, whilst still accessing their communities.

At the same time, we face significant challenges. Some local services are more traditional, expensive, and need to change, if we are to meet people's expectations now and in the future.

Reading faces significant financial pressures. People are anxious about the impact this may have on their own care and support, therefore there is a need to make sure services provide best value, so people can get the most from the available resources which supports real independence.

We need a wide range of good quality health, care and support services, to meet people's individual needs and ensure real choice is offered across Reading's market place.

We also need culture and practice to continue to change, so that support builds on individual, family and community resources, thus reducing people's dependency on health and social care.

We need to understand better people's personal outcomes, outcomes that enable them to self – help by accessing wider community voluntary faith sector support.

We need to continue to work proactively with our system health and social care system partners, enabling people to receive a seamless service at home

#### **Our Partners**

Health and social care services and as system responds to a wide range of needs, supporting people to live as independently as possible, whilst supporting people during times of crisis and balancing rights and risks.

Health & social care services and as a system need to grasp the opportunity through improved joint commissioning, far-reaching change in order to be better equipped us to the challenges presented by reduced government funding, increasing costs and increasing demand for health and social care across Reading and wider across Berkshire.

We fully recognise that we can't deliver success on our own and feel proud of the partnerships we have forged over years in working proactively together across a health and care system. In this regard *Supporting Our Future* is read in conjunction with Berkshire West Clinical Commissioning Group 2020 Vision.

https://www.berkshirewestccg.nh s.uk/media/1755/primary care st rategy\_\_final-1.pdf Also the National Health Service Long Term Plan-

https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf

One focus from the plan is to connect partners across the health and social care economy, to commission better at a placed based community level.

The Council supports in collaboration with Berkshire West Clinical Commissioning Group, our collective emphasis on prevention and putting people in control of their own health, care planning, such as:

- Implementation of new models of care which support better integration, and which expand and strengthen primary and out of hospital care.
- Development of new payments mechanisms which incentivises the delivery of outcome focused care and which support the future sustainability of the local system.
- Commissioning highly responsive and urgent care services which ensure people get the right care at the time in the right place.

Better use of technology and innovation to achieve better outcomes for people and improved demand management.

Achieving parity of esteem for people with mental health and learning disabilities by:

- Continuing our long standing partnership relationship with Community/Third Sector and Private Sector organisations, valuing their contribution to support the Council in fulfilling its obligations to the Residents of Reading.
- Developing an understanding of what residents want from their communities, will take a huge amount of consultation, and we aim to ensure people influence preventative change.

Healthwatch Reading http://healthwatch reading.org.uk/ Call 0118 937 2295 Healthwatch Reading have an important role in enabling people who are vulnerable in having a voice, drawing on their knowledge based on their experience in accessing health and social care services, by:

- ✓ Helping people take control over their health and Wellbeing
- Helping people source health, social care, voluntary or community services
- ✓ Taking feedback from people about their experience of services both good and bad
- Challenging those who run or fund services to make improvements
- Acting as advocates for people who want to lodge formal complaints
- Watching services in action through 'Enter and View' visits
- Supporting people to have a greater say through local patient and specific need groups
- ✓ Working in partnership with providers of care to codesign improvements
- Escalating serious concerns to Healthwatch England or official inspectors of services.

We can only deliver **Supporting Our Future** through a range of strong partnerships that will ensure the participation of all the key stakeholders, therefore we will:

- Work in partnership with people who receive health, care and support to ensure that they have choice and control over the options available to them.
- Work in partnership with carers to ensure that they receive recognition and support to enable them to fulfil their central role in caring, whilst maintaining their wellbeing and lifestyle.
- Not only work with people, but also with groups that represent the interests of specific individuals to improve the outcomes in specified areas.
- Work to ensure that the existing Partnership Boards are fully engaged in both shaping and delivering *Healthy, Independent Life at Home* through our Transformation of Adult Social Care and Health Programme.

This will include work on more specific strategic plans around key groups such as people with dementia, people with autism, people with mental health and our learning disability accommodation with care pathway, and others where we need a targeted approach to get things right for those groups.

Working
Together to
improve
people's
health and
social care
outcomes

## **Principles**

In delivering **Supporting Our Future**, we have set out the following driving principles, which are central to our partners and our success:

Focus on early diagnosis, prevention and short-term intervention to help people regain control of their lives

Performance is robustly and regularly monitored, managed and evaluated.

Conversation Counts

(Having a different conversation with people)

Decisions will be taken with people rather than for people & support is proportionate

A single point of access or all enquiries and referrals
Our workforce is supported and Skilled to deliver the preventative change

## **Team Reading**

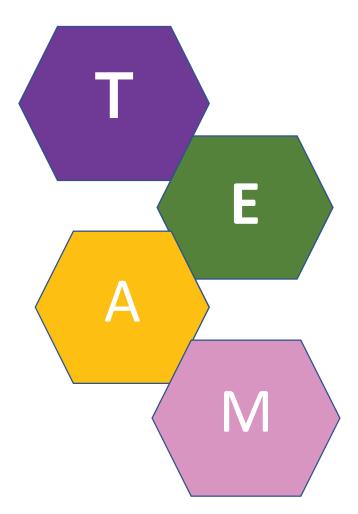


Our improvement approach is called *TEAM* Reading and its rallying cry is challenging everyone to:

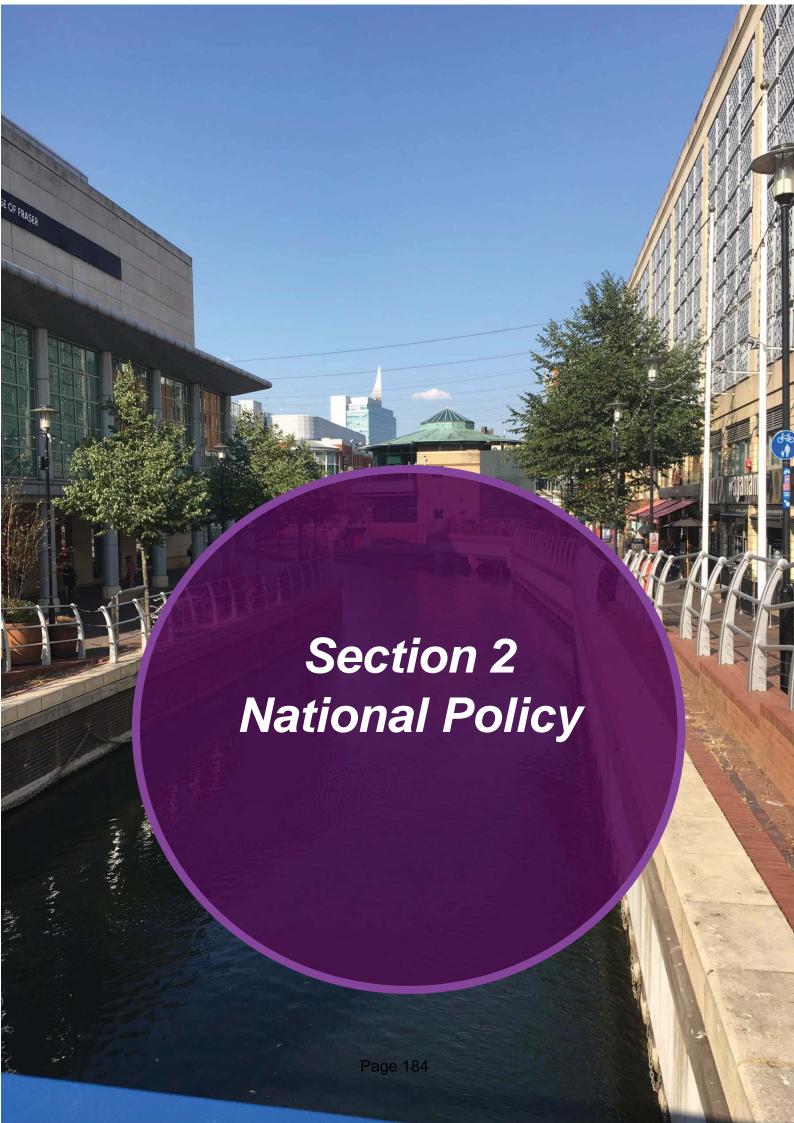
- ✓ work Together
- ✓ be Efficient
- ✓ Ambitious and
- ✓ Make a difference.

Team Reading is not just about the 2835 Council staff. It is about ensuring all of Reading's different sectors are focused on building a town with strong values and a shared vision for its success.

"We can deliver success together"







## Section 2 – National Policy

National Policies that influences *Supporting Our Future* are:

### The Care Act 2014

Implementation of the Care Act began in April 2015. The Act sets out a vision for a reformed care and support system.

It places a series of duties and responsibilities on local authorities about care and support for adults, in order to ensure that people:

- ✓ are supported to keep as well as possible;
- get the services they need to help prevent or delay their care needs from becoming more serious;
- can achieve the needs and goals that matter to them, and that their wellbeing is the driving force behind their care and support;
- Can get the information, advice and guidance they need to make good decisions about care and support; and have a good range of providers to choose from.

There are many areas of the Act that reflect the key aims of this strategy, in particular:

#### Information and advice for all

The Council has a duty to provide comprehensive information and advice about locally available care and support services to all our residents.

#### Personalisation

The Act gives people the legal right to a 'personal budget'. This is the amount of money that the Council have worked out it will cost to provide care and support for a person with eligible social care needs.

#### Wellbeing

The Council has a duty to ensure health and social care and support is focused on people's wellbeing, prevention and supporting people to stay independent for as long as possible.

#### Children and Transition

The Council must offer information and advice to children, young carers and adults caring for children nearing 18 years old if they are likely to need care and support beyond that age. An assessment must also be offered if it would clearly help them, regardless of whether they currently receive a service.

If a child is receiving support, it must continue after their 18<sup>th</sup> birthday until either adult social care support is put in place, or they have been assessed as having no eligible needs as an adult.

#### **Carers**

Carers have new rights. They will be entitled to an assessment of their needs and may be eligible for support regardless of whether the person they care for receives support.

## Helping people be fully involved in their care. If

someone has significant difficulty being fully involved in their assessment, support planning, review, or in understanding safeguarding processes, and they have no one appropriate to support them, the Council will have a duty to arrange an independent advocate for them.

#### Safeguarding

Adult safeguarding is the process of protecting adults at risk from abuse or neglect. The Care Act requires local authorities to set up a Safeguarding Adults Board in their area, giving these boards a clear basis in law for the first time. The Council are also required to make enquiries if they think an adult may be at risk of abuse or neglect, and to find out what, if any, action may be needed.

#### Personal budgets

A personal budget gives you flexibility, choice and control over how you pay for your care and support needs. A personal budget is an agreed amount of money that is allocated to you by your local council (and through other funding streams).

A personal health budget is an amount of money to support your health and wellbeing needs, which is planned and agreed between you (or someone who represents you), and your local NHS team. ... It works in a similar way to personal budgets, which allow people to manage and pay for their social care needs.

Reading Borough
Council promotes
pre-paid cards.
People with
Personal Budget are
in control, people
with a Direct
Payment are
employer of staff.

## National Public Health Outcomes Framework

In Reading we aim to improve and protect people's health and well-being through *Supporting Our Future*, and improve the health of the poorest fastest.

Outcome 1 – Increased life expectancy – by taking account of people's health quality – in terms of length of life.

#### **Domain 1**

Improving the wider Reading
Health Needs

People in Reading are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

#### **Domain 3**

**Health Protection** 

Reduced numbers of people in Reading living with preventable ill health and people dying too early in life, which reduces the gap between communities

Outcome 2 – Reduced difference in life expectancy and healthy life expectancy between Reading's communities – by having a greater focus in more disadvantages communities and supporting hard to reach groups of people.

Improvement against wider factors which affect people's health and wellbeing and any health inequalities

#### Domain 2

Health Improvements

The population of
Reading's is protected
from major incidents and
other threats whilst
reducing health
inequalities

#### Domain 4

Healthcare public health and preventing early death

## Health and Social Care Act 2012

The Act creates a new commissioning framework for the provision of social care and public health that enables local authorities and wider partners, such as clinical commissioners to form joint contracts and pooled budgets, to ensure people receive more integrated services.

The Act sets out the five core standards of services that are regulated by the Care Quality Commission, as detailed below:

**Safe:** you are protected from abuse and avoidable harm.

**Effective:** your care, treatment and support to achieve good outcomes, helps you to maintain quality of life and is based on the best available evidence.

**Caring:** staff involve you and treat you with compassion, kindness, dignity and respect.

**Responsive:** services are organised so that they meet your needs.

Well-led: the leadership, management and governance of the organisation make sure it's providing high quality care that's based around your needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

## National Carers Strategy

We recognise that unpaid carers play a significant role in Reading enabling residents with health and social care needs to remain independent and at home. It is important that carers are supported to look after their own health and wellbeing and access support to enable them to continue with their caring role. In commissioning carers' services, we will look to ensure that people can access information, advice and support around their caring role.

Our aim is to improve the way we identify carers (including young carers), and ensure they are offered carers support and services including short-break respite provision.

## NHS | A Call to Action

Nationally the NHS is facing a multi-billion financial shortfall by 2020-21 if no action is taken. It is recognised that major change for the NHS is required to respond to the challenges of an ageing population, to failures in the quality of services such as those seen at Mid-Staffordshire and Winterbourne View, and to make sure that the population get the best value when the public finances are under pressure.

## The National Health Strategy

The National NHS strategy, set out in the Five Year Forward View (23 October 2014), outlined the case for change and gives a clear vision for the future of the NHS. It expresses the view that current models for health and care services will be unsustainable in the context of reducing social care budgets and no real increase in NHS budgets, at a time when demand for services and costs are increasing.

The NHS must change if services are to remain free at the point of access. It wants to see a greater focus on preventative rather than reactive care; services matched more closely to individuals' circumstances instead of a one size fits all approach; people better equipped to manage their own health and care, particularly those with long term conditions.

## Living Well with Dementia

Dementia is a key long-term condition affecting many people. For people experiencing memory loss or symptoms indicative of Dementia or Alzheimer's disease, access to formal clinical diagnosis is important. Following diagnosis, this ensures that people receive appropriate information and advice about support services.

Dementia causes damage to the brain resulting in a gradual decline in skills such as memory, reasoning, communication and the ability to carry out daily activities. It affects people differently depending on the type of dementia, stage of illness and individual. The most common types are Alzheimer's disease and Vascular Dementia.

The National Strategy sets out 12 priority areas:

- ✓ Improve public and professional awareness of dementia and reduce stigma
- Develop services that support people to maximise their independence
- ✓ Improve access to support and advice following diagnosis for people with dementia and their carers
- ✓ To reduce avoidable hospital and care home admissions and decrease hospital length of stay
- ✓ To improve the quality of dementia care in care homes and hospitals
- ✓ To improve end of life care for people with dementia
- Safeguarding people living with dementia.

## Mental Capacity Health Act

We aim to improve mental health wellbeing and access to support people at times of a mental health crisis, by reducing the flow of frequent attendees at hospital emergency departments.

We continue to provide timely, responsive and proactive services for people in a crisis to avoid mental health conditions escalating.

To improve support to people in a crisis we will be looking at improving our current services, shifting settings of care, hospital based psychiatric liaison.

We recognise that mental wellness in Reading across all needs of people, must improve, and our Reading's public health village profile shows that, if Reading was a village of 100 people, at least 24 people would have some form of mental health, most people under 65, which is higher than the national average.

Over 2018, we are reviewing how we deliver our mental wellness offer and will put in place services that focus on preventing mental health and in promoting mental wellness.

We are working with Berkshire West Clinical Commissioning Group and wider social care partners to ensure we engage with people who experience mental health, so that services are designed from their views.

We are also working with subregional partners across
Berkshire, in the development of a new emergency duty services that supports people in crisis outside normal hours and over weekends, ensuring we continue to target joint resources to people most in need.

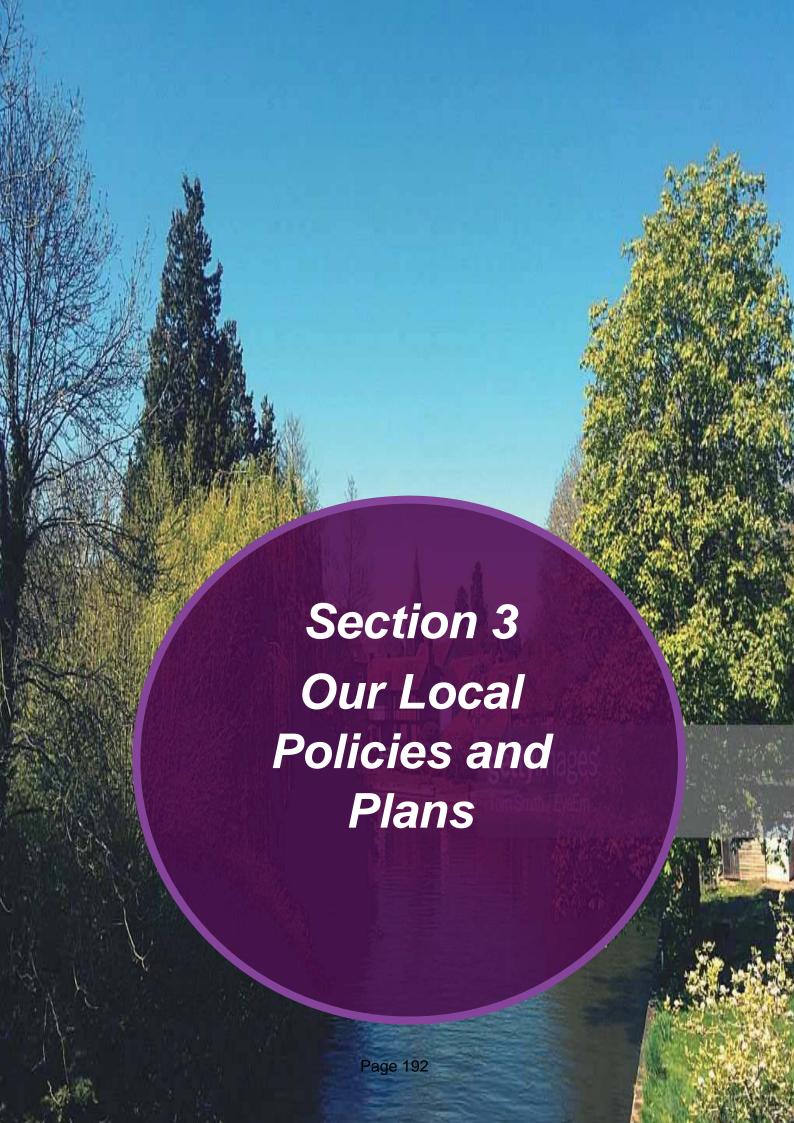
## **Transforming Care**

Transforming Care is the national drive to implement a community-based learning disability model of care with a significant reduction in inpatient admissions, and increased access to mainstream services.

The programme focuses on:

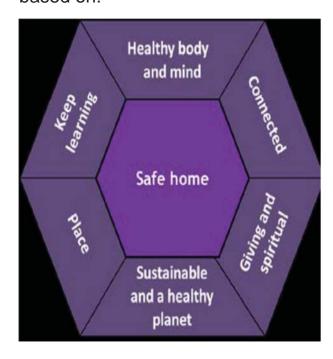
- ✓ More choice for people and their families, and more say in their care
- ✓ More support to families and carers to sustain their caring arrangements
- More care provided in the community, with personalised support provided by multidisciplinary health and care teams
- More innovative services to give people a range of care options, using personalised approaches, so that care meets individuals' needs
- More early intensive support provided for those who need it, so people can stay in the community, close to home for those needing in-patient care, ensuring it is only provided for as long as they need it, education services supporting young people to develop their independence and skills, the development of local resources so fewer people are placed and/or educated outside of the area where they live, and fewer young people and adults admitted to hospital.

In Reading we are proud that people with a Learning Disability do not live in any Nursing Care Homes.



# Local Policies and Our Plans Shaping Our Futures

Reading's corporate opportunities for health, social care & wellbeing services are based on:



- ✓ Healthy body and mind physical activities like walking, running and dance, amongst other possibilities, can encourage people to make healthy choices like stopping smoking and improving their diet
- ✓ Connected enable people to connect with others so they don't feel lonely and isolated

- ✓ Giving opportunities for giving back to our communities and getting involved through volunteering
- ✓ Sustainable and a healthy planet what do we do to look after and take pride in our environment, like recycling and public transport
- ✓ Place places that you can visit like gardens, museums and recreational grounds
- ✓ Keep learning opportunities to learn new things like singing and languages
- ✓ Safe home feeling safe and secure in a place you can call home

Through consultation and engagement with Reading's Residents the Council has listened and a number of core priorities were established, that focuses on health and social care for all:



Protecting and enhancing the lives of vulnerable adults and children

Securing the economic success of Reading

Promoting great community, education, leisure and cultural opportunities for people in Reading

Improving access to decent housing to meet local needs

Keeping Reading's environment clean, green and safe

Ensuring the Council is fit for the future

## **Peoples Experience**

## What People have told us from their experience?

You Said - I want to stay healthy but don't know what support is there for You Said - I You Said - I want me? want to have to feel safe in the more choice of choices I want Domiciliary You Said - I want make to know that I will be safe in my You Said – quality community You Said – I war of care is very more information good, your feel about how to get a You Said - I want supported **Direct Payment?** more control over my money and support You Said - I with my direct want to have a payment You Said - I want place to live and to be involved in a job quality in the care You Askedhome how do I You Said - I access extra want more care housing? You Said - I want to information have my care needs about Advocacy met in my own You Said - I home want the carer to arrive on You Said - better time information about You Said - I community want to see the services same carers each day

## YOUR VIEWS ARE IMPORTANT TO US

# Reading's Health and Wellbeing Strategy 2017 to 2020

Reading's Health and Wellbeing Board works in a positive and productive partnership with North and West Clinical Commissioning Group, South Reading Clinical Commissioning Group and local Healthwatch Reading, including wider Health and Social Care stakeholders are fully committed to working together and to achieve our aims.

The people of Reading's different communities, the providers of local services, and our various voluntary, faith and community groups hold the detailed knowledge we need to draw on in order to build Reading's assets and meet the challenges ahead, through our mission statement;

"To improve and protect Reading's health and wellbeing - improving the health of the poorest, fastest" Supporting Our Future through "Healthy, Independent Life, at Home" supports our joint public health and social care commissioning activity to deliver the following important priorities:

- ✓ Supporting people to make healthy lifestyle choices (improving dental care, reducing obesity, increasing physical activity, reducing smoking)
- 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 uptake of breast and bowel screening and prevention services
- ✓ Reducing the number of people with tuberculosis

# Making Safeguarding and Quality Personal in Reading



West of Berkshire Safeguarding Board works with a vast range of key partners, focused on Making Safeguarding & Quality Personal in everything we do.

You can access the local plan below:



We recognise the importance in understanding adults at risk and in ensuring people can remain safe and independent in the choices they make and in working with local independent statutory agencies such as Healthwatch, NHS Independent Complaints Advocacy.

Feedback in 2017 indicates for people who had experienced abuse, their desired outcomes were met, in line with Making Safeguarding and Quality Personal and the well-being principle.

We monitor how learning is shared and used to improve practice and we understand what the data tells us about where the risks are and who are the most vulnerable.

Over 2018/2019 in Reading we are working with a small group of care providers to develop our first Making Safeguarding Personal through Our Quality Assurance Framework, which will focus the right resources on working with a wide range of vulnerable groups of people, carers and care providers, in enabling people to tell us from their experience what they want the Council to provide.

## Carers' Rights and the Reading Plan

An adult carer can be defined as "an adult who provides or intends to provide care for another adult" ("adult needing care") (The Care Act 2014).

The term refers to people providing unpaid or informal care as distinct from 'care workers'. Not all carers are adults, however, and 'young carers' face a range of risks to their wellbeing on account of providing care.

Caring can take many forms ranging from practical help with shopping or personal care to providing emotional help and keeping an eye on someone.

12,315 Reading residents identified themselves as a carer in the 2011 Census, which was 7.9% of the local authority's resident population. This is an increase on the 2001 census figures of 7.7% and shows that unpaid care has increased at a faster pace than population growth in Reading over the last decade. This reflects the national picture.

In 2011, most unpaid carers in Reading were providing 1-19 hours of care a week (66%). However, 2,599 carers were providing a high level of care at 50 or more hours of unpaid care per week.

This is 21% of all carers in Reading, and is an increase on 2001's figure of 18.1%. 56.5% of unpaid carers in Reading were female in 2011. This percentage increases to 61.3% for unpaid carers who provided 50 or more hours of care per week.

You can find more information about being a carer in Reading and West Berkshire at the below web link:



In Reading over 2017/ 2018, we reported that we have 921 carers who have been formally assessed, which is an increase of 209 since 2016/2017.

## **Loneliness Matters in Reading**

Although loneliness and social isolation are important issues for people in older age groups, local and national survey results indicate that other age groups are also affected. As well as those of older age, those of older working age and young adults may also be at risk.

"Bill age 96 -I am happy living in the care home and the social activities are such fun, but I miss my son and feel so lonely"

Healthwatch Reading also have a role in supporting vulnerable people to have a voice is understanding how they feel, and in January 2018 they undertook an important conversation with older people in care home across Reading where people did express the view they were feeling lonely – therefore we intend to work with system partners to understand how we can together address this, influencing commissioning plans.

"Sally aged 18 - I know when I go out I can make lots of noise, people are unsure of me, it makes me feel lonely"

Older people in Reading live in neighbourhoods in the North and West of the Borough (Peppard, Thames, Mapledurham, Kentwood, Tilehurst and Southcote) Higher numbers of those in older working age groups also live in these areas, as well as neighbourhoods around Whitley and Park wards in the South.

"John aged 46 - it is great being part on my local community and the care at home service is great, really does help me stay independent but my family have moved away and I feel lonely" Of course, loneliness isn't new, but the way our society works is changing rapidly. This brings great opportunities – including new ways of connecting and communicating with others. But it also means it's now possible to spend a day working, shopping, travelling, interacting with business and with public services, without speaking to another human being. And for some people that can be repeated day after day. So as we continue to make the most of new technologies, ways of working and delivering services, we need to plan for connection and design in moments of human contact.

Young adults are more likely to live in more central areas, including those adjacent to the University of Reading.

Key transitions in people's lives appear to increase the risk of both loneliness and social isolation.

This could include changes in relationships, changes in health status, or a change that affects the person's role or sense of identity such as retirement, bereavement or becoming a parent.

There is some evidence that for many people this may be a transitory phase after which they are able to enlarge or improve the quality of their network of relationships and 'recover' from loneliness in due course.

Although these experiences are difficult to quantify locally, it is notable that in 2017 survey of residents in Reading found that those who had lived in the area for a relatively short amount of time appeared more vulnerable to loneliness than those who had been resident for longer.

Reading's Wellbeing Team is working with a wide range of partners in delivering on our local plan to reduce loneliness and social isolation.

We have commissioned the University of Reading to carry out a series of focus groups with different resident groups to improve our understanding of the local experience of loneliness and how best to help people overcome the challenges this brings.

## Accommodation with Care Pathway

Across Reading, those involved in health, housing and social care are continuing to radically reshape the way services are delivered, majoring on preventative community and health and social care that support people to stay in their own homes as long as possible.

In Reading we are committed to developing partnerships and the ongoing appetite to deliver change collectively which is crucial to the success of this. To deliver the community support services in an appropriate environment there will need to be an increase in the provision of extra care housing and supported community accommodation focusing on services and design for people with more longer-term health and care needs.

There also needs to be flexible and responsive provision for short term enablement assessment services.

In Reading over 2018/2019 the Council supports 70% of people in the community and 30% of people in current care home settings, this represents 292 people placed in Reading Borough.

Over 2018/2019 a robust bed based review is taking place working with an independent partner across system health and social care partners – to influence commissioning plans looking forward.

We know that in order to support more people in the community with more complex care needs, we need to develop more accommodation-based support both short- and long-term and are working with Berkshire West Clinical Commissioning Dependency Care look like in Reading".

Well-designed accommodation in Reading that enables people to remain Healthy, Independent at Home

Our approach over 2018 and 2019 will be to develop Reading's first Accommodation with Care Strategy and Community Pathway that will:

- Provide a detailed understanding of existing housing and care home provision across Reading for Adults with Social Care needs.
- Provide a detailed understanding of existing and predicted needs of Adult Social Care groups, including younger peoples transitions to adult services pathway;
- To help plan for future housing and care home provision across Reading, to include re-modelling existing provision to meet identified predicted needs;

- To help shape the housing and care home markets across Reading to ensure there is a range of appropriate accommodation available for all adult social care groups;
- To enable Reading and our partners to adequately plan for any future capital and revenue housing and care home expenditure.
- ✓ To develop in Reading what services we want to design in responding to the changing needs of people with Learning Disability.

## **Equality Statement** being Inclusive

Everyone who works in care and support will actively work to ensure social inclusion.

A socially inclusive Reading somewhere people feel equal regardless of their personal circumstances. Equality doesn't mean treating everybody the same, equality means responding to individuals' needs. For example, 'for disabled people inclusion must include independent living, fully inclusive education, and access to information, the environment, and all social systems.'

We've been listening to our communities and people who access services.

Through consultation we've heard that people endorse better access to services.

We acknowledges that targeted and personalised support is needed to help people take advantage of a wider range of community activities, therefore we will:

- ✓ Work with local people to understand and then address key issues.
- ✓ Share and seek out good practice in promoting social inclusion for the benefit of all our communities.
- Share high expectations of people's capabilities, their ability to develop new skills (whether they live with, or away from their families), and recognises that unnecessary dependence on services is 'disabling'.
- Require major improvements in the quality of community-based services, including robust, preventative and proactive care.

#### The End of Life Care

# Our local approach working with care and support providers supports the national approach to Dying Matters:

Some people die as they would have wished, but many do not. Many people do not die in the place they would choose to; many do not receive quality care at the end of their lives; and there are reports that people have not been treated with dignity and respect

In the past, the profile of end of life care across the NHS and across society has been relatively low, leading to variability in access to and the quality of end of life care across the country and in different communities

People are uncomfortable talking about dying and death, meaning that when they come to the end of their lives friends and loved ones are not aware of their preferences The Department of Health End of Life Care Strategy acknowledges that there are many challenges to be overcome to ensure that everyone attains 'a 'good death' irrespective of their background.

Everybody deserves 'a good death' and this is more likely to be achieved by talking about it early on. Although every individual may have a different idea about what would, for them, constitute 'a good death' for many this would involve:

Being treated as an individual, with dignity and respect

Being without pain and other symptoms

Being in familiar surroundings

Being in the company of close family and/or friends

## Reading's Overall Population

In the year to June 2018
Reading's estimated population increased by 0.57% from 160,825 to 161,739. Overall, population increase was driven by both international migration (accounting for 50.6% of new people in the area) and natural change (accounting for 48.7% of new people).

Since 2013 the annual increase in population had fallen from 1.36%, to 0.99% in 2014 and to 0.57% in 2015, the overall population in Reading continues to increase, over 2017/2018.

Net international migration into Reading in the year to mid-2015 was 1,483 (1,483 more people moved to Reading from outside of England and Wales, than moved out of Reading to areas outside of the UK).

These additional people accounted for 0.89% of the total population in mid-2014.

This compares to 0.52% in the whole of England and Wales and 0.4% in the South East.

## Public Health in Reading

## **Smoking**

Estimated smoking prevalence in Reading in 2017 was 13.60% - down from 20.6% in 2012, but still second highest in Berkshire. The rate is 27.6% in routine & manual occupations - England average of 25.7%, more than twice prevalence - managerial and professional groups (14%) 6.8% of new mothers in Reading are smokers at the time of delivery –twice the Wokingham rate.

## Weight

Excess weight in adults is estimated at 40.05% in Reading (2016-17). In 2016-17, 9.6% of children in a Reading reception class were obese. Amongst Year 6 children in the same year, 18.5% of children were obese.

## **Physical Activity**

68.7% of Reading adults met the recommended target of 150 minutes of moderate activity a week in 2016-17 17.2% of Reading adults were 'inactive', i.e. doing less than 30 minutes of moderate activity per week

#### **Alcohol**

An estimated 30,000 Reading residents are drinking to hazardous levels, and 4,500 to harmful levels 602 Reading residents were admitted to hospital for an alcohol related reason in 2016-17.

Reading has the 4th highest rate of liver disease in under 75s in the South East at 20 per 100,000 (regional rate was 15.1 for the same period)

## Loneliness and Isolation

Over 10% of Reading residents who responded to Reading Voluntary Action's 2017 survey felt lonely all or most of the time, 25% felt lonely on 3 or more days a week, Loneliness affected a significant number of people in every age group, but was most common amongst people aged 65-74.

## **Drugs**

Whilst locally the numbers of drug-related admissions and drug-related deaths are proportionally smaller, what is clear is that drug misuse, particularly of opiates and crack cocaine, places an enormous strain on the families of drug users, including their children;

and can have a serious negative impact on the long-term health and well-being of family members; and that many drug misusers have a myriad of health and social problems which require interventions from a range of providers

The most commonly used drugs, such as cannabis, opiates and crack cocaine, are illegal, uncontrolled novel psychoactive substances (also known as 'legal highs' and 'club drugs') are relatively easily available and, especially, alcohol misuse is a significant cause of both violent crime and acquisitive crime. Whilst we know that acquisitive crime, mainly associated with drug use, is declining, violent crimes and assaults (including domestic abuse) are increasing and are a significant factor in personal and family problems, often placing children at risk.

Many young people receiving interventions for substance misuse have a range of vulnerabilities that require specialist support and intervention. Those in treatment often report being victims of domestic violence; having contracted a sexually transmitted infection; experiencing sexual exploitation; being more likely not to be in education, employment or training; and being increasingly likely to be in contact with the youth justice systems.

More needs to be done to encourage and enable front-line personnel in education, health and social care, and across other relevant sectors, to sustainably raise awareness of the risks of drug and alcohol misuse and how to avoid it education, health and social care front-line personnel also need to be enabled and encouraged to do more to identify people at risk of misusing drugs and/or alcohol, to provide brief interventions, and to refer to appropriate services. It would be appropriate to extend this to other services too, which may come into contact with vulnerable adults and young people, such as housing and the police.

### **Adult Social Care**

Statutory data shows that as of 31<sup>st</sup> March 2018, 1625 adults were accessing Reading's social care services, of whom 1154 (71%) were receiving community services and 421 (29%) were residents in nursing or residential care settings in across Reading Borough and Out of Area.

A total of 2,077 adult's access Reading's social care services at some point during 2017/18.

As a snapshot on 31st August 2018, 1631 people were accessing long term services in Reading, 425 (25%) in residential

and nursing care homes and 1206 (74%) living in the community with support and care provision.

Of the people receiving services on 31st August 2018, 871 (53%) were aged 65 years or older and, of these, around three quarters (668 people) mainly needed physical support.

Of the 760 (47%) aged 18-64 years, 52% (397 people) needed help with a learning disability, 19% needed help with mental health and 20% needed physical support.

The 65+ older population is predicted by to increase by 8% by 2022 and will account for 17% of Reading's population (compared to 16% in 2016).

In the last 6 months, the average age of older people (65+) entering residential and nursing care in Reading has been 84 years. The Reading population aged 80-84 is estimated to increase by 7% by 2021.

Over 2017/18 (October) The occupancy levels in care home provision commissioned across Reading has remained stable at 94% occupancy, compared to the South East average of 89%, including retaining a 89% on quality, compared to the South East average of 79%.

# Children's Transitions to Adult Social Care Services

When a young person turns 18 they are legally an adult under the SEND agenda and Leaving Care Agenda, but children's services retain the responsibility to ensure the right package of care is provided for young people up until age 25 and 21 respectively.

The differences between thresholds for support and models of care between adult and children's services can often cause tension. Some vulnerable young people whose development has had significant disruption can struggle under an adult services response, and equally there are some 16 year olds whose needs could be met by adult services. Ideally the young person's need should determine which service they are supported by. If transition planning begins early at the age of 15 /16, it can mitigate some of the tensions through the identification and promotion of additional life skills and independence skills and early planning in adult services of how to help children and their families adjust.

The Care Quality Commission in 2016 set out the national guidance for children transitioning to an adult service in the National Institute for Clinical Excellence (NICE).

These principles set out the best practice so to ensure children experience a smooth and seamless transition, enabling them to shape the services looking forward.

The principles underpin -

- ✓ Involving young people and their carers in service design, delivery and evaluation related to transition by:
- ✓ Co-producing transition policies and strategies with younger people
- ✓ Planning, co-producing and piloting materials and tools
- ✓ Asking younger people if the services helped them achieve agreed outcomes
- Feeding back to them about the effect their involvement has had.

Ensure transition support:

Is <u>strengths-based</u> and focuses on what is positive and possible for the young person rather than on a

- pre-determined set of transition options
- Identifies the support available to the young person, which includes but is not limited to their family or carers.
- ✓ Use <u>person-centred</u> approaches to ensure that transition support:
- ✓ Treats the young person as an equal partner in the process
- Involves the young person and their family or carers, primary care practitioners and colleagues in education, as appropriate
- Supports the young person to make decisions and builds their confidence to direct their own care and support over time
- Addresses all relevant outcomes, including those related to:
  - education and employment
  - community inclusion

- health and wellbeing, including emotional health
- independent living and housing options
- Involves agreeing goals with the young person and includes a review of the transition plan with the young person at least annually or more often if their needs change.

In Reading we are developing a robust younger person's transition to adult pathway, by working with families and children, who are preparing to transfer to an adult service, from the age of 13 to 17 years.

The summary of needs below is based on information provided by Mosaic, July 2018. There are 55 young people with disabilities approaching adulthood between the ages of 14 and 17 that receive a service from the Children and Young People's Disability Team.

These young people have a diagnosed severe and profound disability, complex medical needs or a combination of disabilities.

Children's Services estimates that between 60% and 70% of

these may be eligible to receive adult services when they reach 18 years, from 2019 to 2022, but Care Act eligibility cannot be confirmed until a Care Act Assessment is undertaken when they are 18.

Individuals may appear in more than one category below if they have a combination of needs.

- 33% (18) have autism.
- 30% (17) have a learning disability together with other needs.
- 13% have Asperger's / high functioning autism (3) or ADHD (4). These young people may have other needs such as autism, speech and language difficulties or mental health issues.
- 16% (9) have developmental delay, with learning disability and / or communication disorder, epilepsy or visual impairment.
- 11% (6) have cerebral palsy, visual impairment,

- mobility or other physical disabilities.
- 5% have other disabilities.
- 7 are looked after children.

#### Breakdown by age group:

There are twenty **14 year olds**. It is anticipated that 15 of these may be eligible for Adults Services.

- Eighteen are in a special school or specialist setting.
- Seven have autism.
- Three have Asperger's / High functioning autism.
- Seven have a learning disability, developmental delays, downs syndrome.
- Six have physical disabilities / visual impairment.
- Out of 6 high cost packages, four have autism.

There are fifteen **15 year olds**. Ten of these may be eligible for Adult Services.

- Thirteen are in a special school or specialist setting.
- Six have autism.
- One has Asperger's / High functioning autism and one has ADHD with speech and language difficulties.

- Five have learning disability together with other needs.
- Four have physical disabilities / sensory impairment.
- Of the five high cost packages, the young people have learning disabilities, autism, developmental delay or physical disabilities.

There are eight **16 year olds**. Five of these may be eligible for Adult Services.

- Six attend a special school or specialist setting.
- Three have autism and a learning disability or developmental delay.
- Two have developmental delay.
- Two have physical disability and learning disability.
- There is one high cost placement in this cohort, for physical / learning disability.

There are eleven **17 year olds**, seven of whom may be eligible for Adult Services.

- All eleven are in a special school or specialist setting.
- Four have autism.

- Three have developmental delay and communication disorder.
- Three have learning disability or behavioural difficulties.
- Two high cost placements are for young people with autism and learning disabilities.

We endorse that a safe transition is everyone's business and work closely to safeguard children at risk of harm.

In any younger persons transition we involve important people who can support the young person, such as family/ friends and professional support, ensuring the person remains central to their plan.



In Reading working with young people, children and families commissioning will throughout the transitions process:

#### Aim One

Raise aspirations: ensure that all children and young people are provided with opportunities that inspire them to learn and develop skills for future employment.

#### **Aim Two**

Deliver prevention and early help: intervene early to meet the needs of children, young people and their families who are 'vulnerable' to poor life outcomes

#### **Aim Three**

Deliver an integrated education, health and care offer: ensure the delivery of integrated assessment and care planning for our children

#### **Aim Four**

Keep our children and young people safe: ensure effective safeguarding and provide excellent services for children in care

I will have more support to understand and manage my child's difficulties

I will get help before problems reach crisis point

I will have the right support in the early years to make sure my child is ready for school

I will know how to help my teenager avoid putting themselves at risk

## Adult Social Care & Wellbeing

## Performance Headlines

## What are we proud of?

- The Council was subject to a Care Quality Commission health and social care system review, with health and social care system partners resulting in good outcome for Readings older people residents. The review really did showcase excellent practice across health and social care and key improvements areas that are well on the way to being addressed. The review really did demonstrate the health and social care operational effective of our workforce and their commitment to person centred care from hospital to home.
- Social Care's attributable
  Delayed Transfer of Care
  from hospital per 100,000
  population have fallen
  considerably in 2017-2018
  and are now below the
  2016/ 2017 averages in our
  Peer Group, the South
  East and England.

- In 2017/ 2018, at 90.8%
  Reading continued to improve on the Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital to reablement (e.g. the proportion of people successfully returning home is very good).
- This compares favourably with the 2016-2017 performance (when Reading was 87.1% of our Peer Group and is higher than both the South East (80.1%) average and England (82.5%).
- Carer reported quality of life based on the Survey of Adult Carers in 2017/18 is higher than our Peer Group and the same as the England average.
- We continue delivering our programme of transformation change and have done since 2015, delivering £10 million of prevention efficiencies, enabling people to take better control over their life, through improved outcomes.

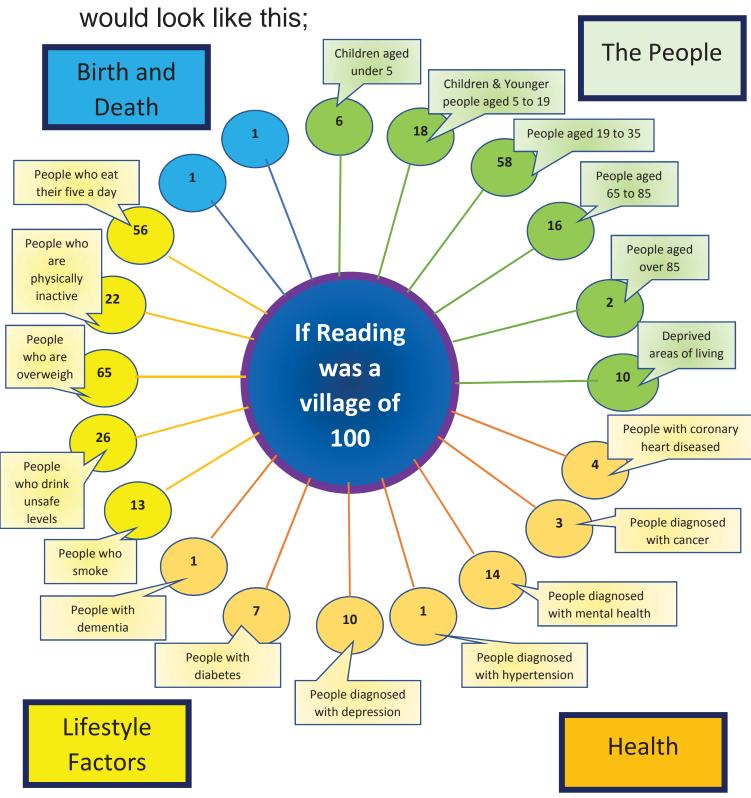
## What do we want to improve on?

- ✓ In 2017/2018, 100% of people accessing adult social care have a personal budget, 17.3% of people take their personal budget in the form of a Direct Payment, this is 1% less than the regional South East average of 18%, and 12% less than the national average of 30%.
- In 2017/2018 the number of admissions to permanent placements in residential and nursing homes for younger adults (18-64) has again fallen and is now broadly in line with 2016/2017 averages.
- In 2018/2019, today we support no adults in nursing care homes, which is great, given we continue to support people with more complex care needs in the community.

- We continue to work with care home and health system partners to ensure that we reduce the number of unplanned admissions to hospital.
- Seek to develop more joint up commissioning opportunities that offer good seamless care in the community.

## Reading's Population Profile

If Reading was a village of 100 people, it would look like this;



Reading has a relatively young population with a third of our residents being under the age of 25.

The statistics tell us that most people who move into Reading are in their late teens to early twenties, whilst most people who move away from Reading are between the ages of 30-50 years.

We have a smaller number of older people in comparison to other areas of England.

Reading has a high number of poorer areas and this matters because people living in those areas are likely to live for fewer years than those people living in richer areas. A young boy living in Whitley can expect to live 9 fewer years than a young boy living in Mapledurham.

Many people in Reading have good health, but there are many who are at risk if poor health because of lifestyle choices such as smoking, poor diet, being overweight or drinking too much alcohol. Over half of adults in Reading are overweight, nearly a quarter are not active enough and nearly a quarter of people drink to levels that can harm their health.

A higher number of people who live in our poorer areas are more likely to have more than one

unhealthy lifestyle risk factor.
This will mean they are likely to live nearly 20 years less in good health compared to those in the richer areas. This means the boy living in Whitley will spend nearly a third of his life in poor health compared to a boy living in Mapledurham who will spend will spend a sixth of his life in poor health.

People living in poorer areas are more likely to die earlier from heart disease, stroke and cancer.

Tobacco smoking is still the risk factor that contributes to the highest proportion of avoidable deaths in both Reading and England. Supporting people to quit is a really good way to help improve their chances of living a longer, healthier life. Smoking during in pregnancy also puts babies at high risk of being born early, underweight and in the worse cases, can result in a stillbirth.

Early detection of cancer is really important and not enough people in Reading are being screened for cancer when they are eligible for example for bowel and breast cancer.

More people die younger in Reading from cardiovascular disease in comparison to the England average and more people die from cardiovascular disease which could have been avoided if they had made changes to their lifestyle earlier. We want more people to have their blood pressure checked regularly because early detection of high blood pressure can help people get the support they need to live longer, healthier lives.

Reading has a high number of people who are living with type 2 diabetes but there are many who do not know they have the disease as the signs and symptoms can be easily missed. People of black and minority ethnic communities are at higher risk of developing type 2 diabetes.

An early diagnosis of dementia is really important to help people to receive the right support and treatment early.

We know that for people diagnosed with dementia it can have a significant impact on their lives, the lives of their partner, their family and friends. Nearly a third of dementia cases could be prevented if people lived a healthy lifestyle such as quitting smoking.

When people are diagnosed with dementia we want to make sure that Reading is a place that they are supported to live well and independently as long as they can.

Mental health and mental health conditions touch the lives of many Reading residents. We know that people who have a poor mental health often experience poor health in general which can make life more difficult.

# Public Health Reading is Doing Well?

There have been a number of areas of public health that have improved over the last couple of years in Reading. The below is not an exhaustive list but some which are notable and contribute to improving the health of Reading residents:

- Adult smoking prevalence in Reading continues to be similar to the England average this is positive as it shows we are continuing to engage and support local smokers to quit tobacco for good, significantly improving their chance of good health in the long term. In 2012 it was estimated that 20.6% of adults in Reading were smoking this decreased to 13.6% in 2017.
- We continue to reflect these positive lifestyle changes in how we develop services to be more modern and innovative in our approach to smoking.

- There has been significant improvement in successful completion of drug treatment (treatment ratio) in Reading – this indicator can illustrate the effectiveness of a service. It improved from 0.89 in 2015 to 1.44 in 2016, this saw Reading improve from being similar to England average to better than. Individuals overcoming drug dependence can lead to improvements in health and wellbeing, reduced mortality, reduced bloodborne virus transmission risk, improved parenting and improved physical and psychological health.
  - ✓ The number of excess winter deaths in Reading has decreased at its highest, Reading was 35.3% (August 2008 July 2011) however this has decreased in line with the England trend, to 17.9% (August 2013 to July 2016).
  - ✓ In Reading we have achieved a year-on-year decrease in incidence of Tuberculosis [TB] cases. The local reduction in TB cases since 2012 is 37% for Reading.

# Reading Public Health Needs to Do Better

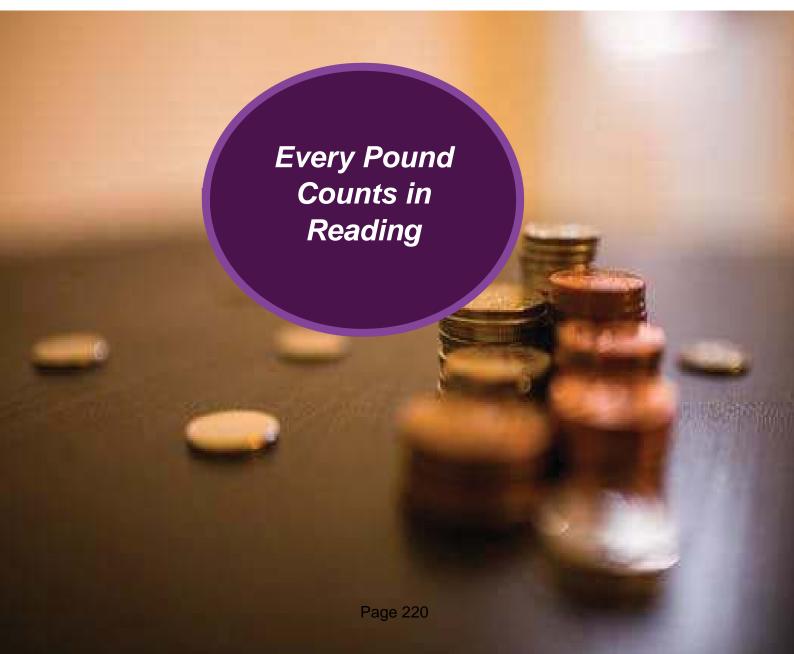
Despite our improvements – there are also still a number of areas that evidence shows us that we need to improve. These include:

- Percentage (%) proportion of dependent drinkers not in treatment - Reading continues to be worse than the England average. Offering appropriate interventions can improve the health and wellbeing of the individual as well as their family and community. It is likely to long term reduce alcohol related disease (liver disease, cancer) and alcohol related deaths. The effects of alcohol are greater in poorer communities so interventions can support with addressing inequalities.
- Intentional self-harm requiring emergency admissions to hospital has increased in Reading in 2014/15 there were 128.6 per 100,000 in Reading which was better than the England average this has significantly increased (256.9 per 100,000) making Reading worse than the England average.
- Reduce premature mortality in under 75's (all and from cardiovascular disease) - this is a good indicator of Reading's overall health at the moment. Under 75's premature mortality in Reading is worse than the England average – mortality from cardiovascular can be improved by tackling lifestyle factors (inactivity, poor diet, obesity, smoking, alcohol misuse).

### **Finance and Spend**

Our view of the finance position is to better manage demand for high cost services, whilst implementing models of care that are more focused on self-directed support, reablement, which will deliver outcomes and better value for money.

In setting our costs we are governed by the Care Act 2014, which sets out the eligibility and charging for support. Our approach will be to continue to apply these rules rigorously whilst seeking to maximise our income through recovering fully the costs of care provided to people assessed as being eligible to fund some or all of their support or care package, making their financial contribution in a timely manner and in developing Reading's care and support market place, to be able to response to the changing needs of Reading's population.





Like many local authorities we face unprecedented financial challenges against continued reduced government funding, since 2015 from a £46 million budget we have delivered savings of £10 million, resulting today in a £36 million budget for adult social care.

People with a learning Disability living in the community £5,830million

People with a learning
Disability living a Care Home £8,110million

People with a Learning Disability in Shared Living £247,469 Our spend each year on meeting people's eligible assessed need is detailed below:

People with
Mental Health
who live in
the
Community
£1,070Million

People with
Mental
Health who
live in a Care
Home
£990,000

People with Mental Health who live in a Nursing Home £333,000 Our aspiration is to keep supporting more people at home in the community and in enabling people to access more self-help from the community that provides better added value.

People with dementia living in the community £300,000

People with dementia living in a care home £1,190 million

People with dementia living in a nursing care home £990,000

People with a physical and sensory need living in a care home £1,8million

People with a physical and sensory need living in the community £6.280million

People with a physical and sensory need living in a nursing care home £2,940million

The challenges we face which impact spend over the next three years & beyond are:

- Increase population of older people and people with advanced stages of dementia.
- Unplanned care for people under 65 with mental health and increased need of people with mental health.
- Increased complexity of need at a later stage in life.
- More people under 65 with health and care complex care needs.
- Increased carers care needs at later stages in life.
- Continued reduced grant funding.
- Health profile of adult's (male and female) age 40 to 66 with increased health needs.
- Unplanned younger people with complex care needs transferring to adult services.
- Lack of community investment from reduced grants in third sector.
- Complex and challenging market conditions.
- National inflation
- Outcome of the Government Brexit Deal "Deal to No Deal"
- Outcome of Welfare Reform through Green Paper.



## Adults Social Care Better Outcomes What will success look like in three years' time?

More people will live independently without the need for any care

Reading's will have a sustainable and vibrant community-based provision

Fewer people will need to access residential or nursing care services

Less people will access hospital and more people will be supported through self helps means

Adult Social Care Success Outcomes

Most people will stay living independently at home

More people will be supported into supported employment

Young people moving from children's services will be better prepared for adulthood

More people will have choice and control through Direct Payment Option

# Public Health Better Outcomes What will success look like in three years' time?

Improved access to wellbeing services for vulnerable groups

Reduce
unhealthy
lifestyles
particularly
where people
have multiple
unhealthy risk
factors

Improved healthy lifestyle choices ensuring that the gap between communities is not exacerbated

Increased
numbers of
people
completing drug
and alcohol
treatment and
able to access
preventative

Public Health Success Outcomes Increase
numbers of
volunteers able
to support
people to keep
healthy

Reduced
numbers of
people living
with preventable
ill-health whilst
reducing the gap
between
communities in
Reading

Increased numbers of people accessing outdoor space for increasing their levels of physical activity and improving their health

Improved capability and increased independence and resilience



#### Our

### Transformation Plan Vision Statement

Statement "Adult Social Care and Health through *Supporting Our Future* will focus on preventing the need for care, so to maintain People to live a "*Healthy*, *Independent Life, at Home*", by having in place:

- A system that "Supports
  Our Future" by driving
  wellness and
  independence, enabling
  people to stay healthy and
  active in their community,
  at home.
- An integrated health and social care system that "Supports Our Future" with clear information and advice about local services, facilitating access as appropriate.
- A Supportive sustainable market that protects the most vulnerable in our communities, offering a wide range of self directed support that is value for money.

- A future that *prevents*reduces the need for long term care, one that supports a positive skilled community workforce, who enable and empower people to remain independent in their community, at home.
- ✓ A Future, which works within its means, delivering high quality care and value for money for all.

#### **Our Aims**

### Supporting Our Future aims to:

Acknowledges the challenges we all face together

Delivers our priorities in the acceleration prevention

Build a strong and robust roadmap

- 1) Acknowledge the changing adult social care and younger people's needs across Reading's population, and the process of transformation that will take place to increase prevention through personalisation for each person we support.
- 2) Deliver our strategic priorities for action, identifies the improved outcomes we want to see for adult social care, and looks at how we will measure success together, building on the great health and social care partnerships we have forged.
- 3) Builds a strong and robust roadmap for change in adult social care and children's transitions to adults, delivering success over the next three years, so to ensure that all people are supported to achieve their personal goals and ambitions, in a context which promotes safety, whilst recognising each person's right to independence and choice.

#### Our Workforce Best Practice Five P's Framework

Statement – "Adult Social Care and Wellbeing through **Supporting Our Future** will focus on preventing the need for care, so to maintain People to live " **Healthy, Independent Life, at Home**", by having in place:

"We value - the right support, at the right time, in the right place"

Best **Best** Best Best Best People **Performanc** Place **Partner Pound** We will We will We will We will We will transform services so that; Make best use of have a difference **Help You to Ensure** our joint conversation with Less people needing services are remain at workforce people, focused health and social care home in your affordable, resources across on you. offering good community Less people entering health and social value and 1 – How can we care homes care Help you to good quality help you, help More people living in yourself? know what Work with system the community support is in **Ensure you** partners who your have choice of More people being understand your 2 – Help when supported at work community care and needs you need it? support More people with Help you personal budgets/ See joint Offer you a access the health budgets and in commissioning 3 – Help you live **Direct** right taking a Direct Payment and service vou life, well Payment to information longer? opportunities A sustainable market better at the right place of preventative with health manage your time care and support partners to better money providers deliver services together

Reading Borough Council Shaping Our Future and Readings Health and Wellbeing Strategy

Reading's Healthy Life's and Places

Healthy, Independent Life at Home

# Our Principles in Public Life are based on the Nolen Principles

#### 1. Selflessness

Holders of public office should act solely in terms of the public interest.

### 2. Integrity

Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

#### 3. Objectivity

Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

#### 4. Accountability

Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

#### 5. Openness

Holders of public office should act and take decisions in an open and transparent manner.
Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

#### 6. Honesty

Holders of public office should be truthful.

#### 7. Leadership

Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

### Approach to Integration

Health and Social Care partners as a system work together through 'the Berkshire West 7 (BW7), comprising of the Berkshire West Clinical Commissioning Group, Reading Borough Council, Wokingham, West Berkshire Council, (three local authorities), Royal Berkshire NHS Foundation Trust (RBFT), Berkshire Healthcare Foundation Trust (BHFT) and South Central Ambulance Service (SCAS) - within a shared governance structure.

The BW7 Integration Programme is organised around a collective aim to improve outcomes for people/ patients within a financially sustainable system.

The Better Care Fund (BCF) investment is managed through the BW7 structure with a focus on:

- Avoiding unnecessary unplanned admissions to hospital
- ✓ Reducing delayed transfers of care (DTOCs)

Social Care is currently engaged with the Berkshire West Integrated Care System (ICS) through the BW7 programme, so to develop joint commissioning which can support placed based community commissioning.



### Opportunities to work together better

- Joint Strategic Needs
  Assessment and
  Population Management
  Tool, that remain live to
  real changes in the
  community, and wider
  population of needs.
- More joint working across important care and support contracts and services, such as Community, Domiciliary Care and Support, Cerers, Autism, Care Homes and Supportive Living.
- ✓ Developing services for people with mental health/ section 117 who need important community care support to enable them to leave longer term care.
- ✓ Align how social care works across GP's and communities (alliances of GP practices)

- Developing more joined up ways in monitoring safeguarding and quality, through single governance approaches and making safeguarding personal.
- ✓ A single market position statement.
- ✓ Connecting Care, in drawing health and social care recording and reporting in one place.
- ✓ A Health and Social Care
  E- Market Place whereby
  people with their budgets
  can buy support in a
  flexible way.
- A joint full intake Reading
  Reablement Offer that
  delivers better interfacing
  with Intermediate Care –
  that supports people home
  and adult front door.
- ✓ Improved Responsive
  Discharge to Assess
  Services driving system prevention.

- Robust Brokerage Support as part of the Integrated Hospital Discharge Support Service, better support people home.
- Joint Commissioning under prevention workforce, who can respond to Universal, Early Intervention, Prevention; Unplanned Care and Prevention, drive placed based commissioning.
- Joint approach to Making
  Safeguarding Personal
  through Our Quality
  Assurance Framework –
  developing single
  governance and recording,
  and working more effective
  across the South East.
- Implementing Reading's
  Care and Support "I
  Statements Quality
  Assurance Framework"
  working across Health and
  Social Care in building a
  framework for quality
  monitoring developed from
  the subject matter expects
   people who access and
  use services.

- Commissioning developing with our health and social care system partners our Voluntary Community and Faith Sector Framework aligned to our Front Door and Community Pathway.
- ✓ Developing our community Wellbeing Health Hub, that offers a "One Stop Shop" approach.
- Working with primary health and public health in development prevention across Sexual Health, Drugs and Alcohol and Weight Management, also 0 to 19 Children's Services.
- ✓ Improved social prescribing supporting GP's across Reading.

### How we will deliver successful outcomes? "In Reading the Conversation Counts)



### Help You, to Help Yourself

### Priorities Over 2019/2022

- We will develop with our partners our approach to joint commissioning, that drives placed based commissioning underpinned by Healthy Independent Life at Home (Our Joint Commissioning Strategy)
- We will have an easily accessible digital information service, supported by an *online self-assessment process*, to enable people to identify their own solutions without needing to contact the council or other services.
- Reading will have a single coordinated approach to information, advice and guidance that will mean residents do not need to know the difference between health, social care, housing, welfare.

We will redesign our adult's social care front door, so people can be better supported to access wider community support alternative to care, and improved full "intake" reablement support, for people, to better remain at home through a period of rehabilitation.

In saying full intake we mean all adults who have been assessed as eligible for our Reablement service.

We will ensure that our workforce across health, social care and commissioning are skilled in undertaking the 3 conversation approach "Every Conversation Counts" through strength based assessments and reviews.

- We will develop with public health, primary health and third sector partners our 
  Community Wellness 
  Hub, aligned to GP's practices which will provide a "one stop shop" to preventative health and community support through a wide range of useful information, including self health checks.
- Reading residents will be supported to maintain their own health and wellbeing, and engage with the resources in their own community, through the development of Reading's Personalisation Offer through a Personal Budget and Direct Payments Guidance and range of Support providers including developing Brokerage Support and Finance.
- ✓ We will develop our *E-Market Place* a place where people can access on line a wide range of information about community services, which can support people to remain independent at home, longer.

We will, where appropriate, promote the use of assistive technology to support people to maintain independence and will align this offer at our adult social care front door.

### Help you when need It

### Our Priorities Over 2019/ 2022

- Health and social care staff will be supported to take managed risks when people reach, or are close to, a point of crisis, they will be able to access immediate short term support to enable them to regain independence after the crisis has passed.
- We will help those who need extra support for a period of time. This means offering swift and appropriate support to them to *regain their independence* they want and value. It means sticking with people to see what works.

- Ensure that short term packages of care are outcomes focused, and with a clear end date, to enable people to return to independence.
- We will refresh *Reading's*Autism Strategy, by
  working with people with
  Autism and family
  representatives, in enabling
  people to co-produce what
  services in the community
  best respond to their
  needs.
- We will develop a Learning
  Disability
  Accommodation with
  Care Pathway and Plan,
  better supporting people
  with a learning disability to
  be supported by the
  Council and our health
  partners to live
  independently at home.

- Ensure that reviews of short term packages of care and support are undertaken in a *timely manner*, as agreed with the individual, and are reviewed through Readings best practice *Eligibility*, *Review Risk Group*.
- ✓ Ensure that we communicate with people to let them know what is happening, when it is happening, and how they can plan for their own future
- Work to support staff and health colleagues to undertake the *cultural* shift needed to deliver a new approach and support people to take responsibility for their own health.

### Help you to live your life

### Our Priorities Over 2020/ 2022

- Developing our role within the *Integrated Care*Partnership supporting system pathway thinking that draws integrated resources into one place.
- Having a responsive integrated health and social care workforce that supports people at community levels maximises personal budgets and Direct payments.
- ✓ Step up and step down transition pathway that best supports people in the community from acute settings.

- ✓ Implement a new joint *care*and support at home

  dynamic framework —

  drives self-enabling care,
  putting people in control.
- Implementing a new Joint
  Residential and Nursing
  Care Homes Standards of
  Person Centred Care —
  enriching the life's of
  people in care home and in
  developing enablement
  approaches
- ✓ Implementing Reading's first Joint *Day Opportunities Framework*.

### A Workforce Approach – Team Reading

Our workforce has taken a proactive role in the design of **Supporting Our Future** and we have set out our commitments in the delivery of prevention.

We have adopted a proactive approach to prevention through personalisation that supports a new approach for all staff, one that focuses on the person's strengths and assets, empowering people and making best use of the support available in their local community, by having different conversation with people that supports self -help through our strength-based practice.

We intend to develop over 2019/2020 our Workforce Strategy, which will really support and underpin prevention, building on the great work we have started.

We pride ourselves on building good relationships between all social care and support staff and continue to provide innovative ways of meeting people's needs and in realising the added values of linking people with their community.

We intend over 2018/2019 to drive the different conversation model this approach we believe improves peoples outcomes whilst reducing care and in delivering savings on our financial resources.

In the future social work will move away from work largely independently to forming part of a broader umbrella of support provided by the community and primary care services. We need to ensure that our limited resources are deployed to best effect and that our most experienced workers are working with those people with the most complex needs whilst people with less support needs receive a lighter touch support.

### The Ethical Care Charter

In 2017 we signed the Ethical Care Charter making a clear stance regarding improved support and practice supporting care staff across Reading.



The Ethical Care Charter means we will:

- ✓ Work with a wide range of partners to ensure that our care workforce receive the best possible welfare support from employers.
- ✓ That we move towards ensuring that all health and care employers supports staffs welfare through terms and conditions of employment, tat better support the interests of all.

That's care staff feel involved in the service and are *consulted* with, on matters of quality improvement and change.

- ✓ That person centred practice is embedded through the service and that people and staff feel they can *contribute* to successful outcomes for all.
- ✓ That investment in made into paying the *National Living Wage*, including in Domiciliary care paying staff travel time to and from people's homes.



### Reading's Better Care Plan

The Better Care Fund requires health, social care and community partners (such as the voluntary sector) to work together, in order to deliver against four national targets.

#### These include:

- Reducing the number of delayed transfers of care (DTOCs);
- Reducing the number of admissions to residential and nursing care;
- Increasing the number of people remaining at home
   days after discharge from hospital into reablement services;
- Reducing the number of unplanned hospital admissions.

Together, these targets promote joint working and a focus on supporting people to retain an independent life at home.

The Council and our health partners delivered against 2 out of 4 targets (residential admissions and reablement) in 2017/2018 while simultaneously driving strong reductions in Delayed Transfer of Care (DTOC) numbers.

To date in 2018/2019, we are meeting 3 out of 4 targets, with our performance now matching the planned expectations looking forward.

This performance has been driven by a variety of initiatives which include intermediate care, rebablement support, rapid response, community support, and effective working between health and social care hospital discharge teams, who support people in the hospital setting to return home and in avoiding any unnecessary delays from hospital.

The Reading's performance against its Better Care Plan is governed by the Reading Integration Board, and ultimately owned by the Reading Health & Wellbeing Board.

The Board consists of Adult Social Care, Wellbeing and Commissioning representatives from Reading Borough Council, the Berkshire West Clinical Commissioning Groups, Royal Berkshire Hospital, Berkshire Healthcare Foundation Trust, the voluntary sector and the local Healthwatch.

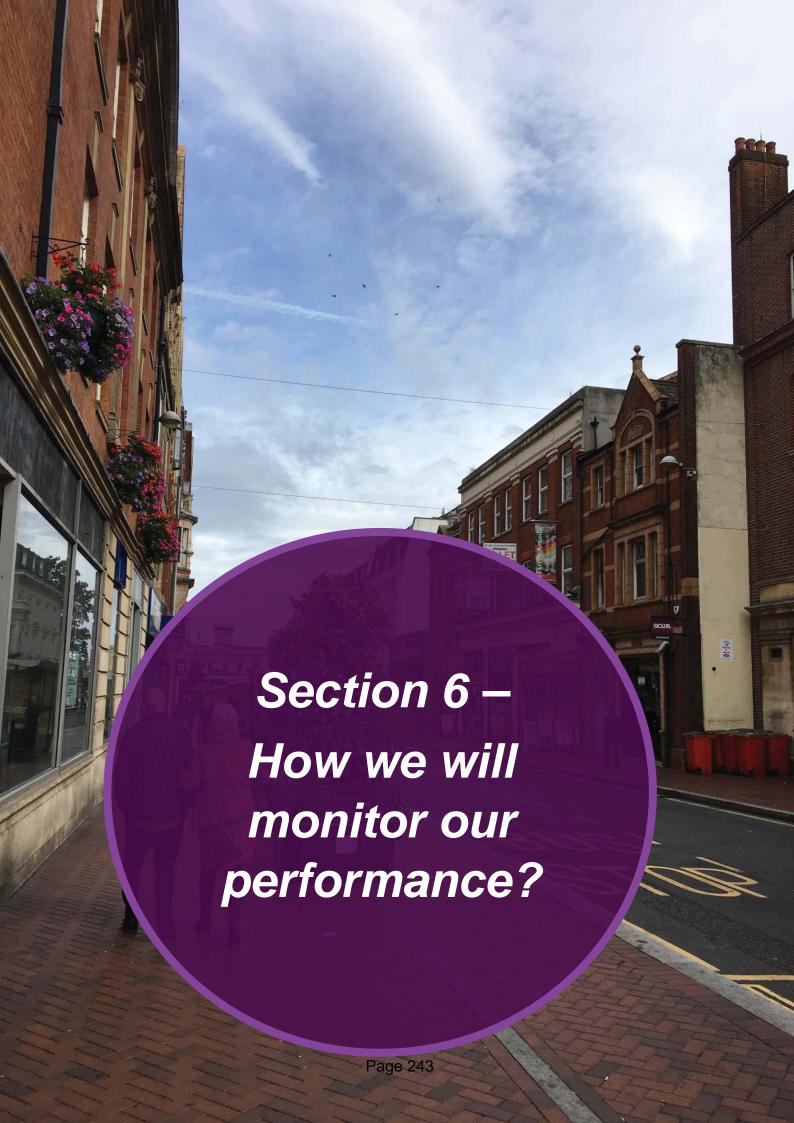
The Reading Health and Wellbeing Board have a similar representation, with additional representation from GP surgeries.

The Reading system and its members are also active participants in the Berkshire West 10 Integration programme, which identifies and oversees opportunities for integration and delivery against the better care targets that can be effectively achieved through joint working arrangements.

Reforms including seven-day working and the devolution of powers to local authorities are being driven by the government. Britain's departure from the European Union also means major changes and deep uncertainty for health and social care. The National Health Service is introducing new models of care through the five years forward plan. This is all being tested through historic

financial constraints, with record NHS deficits nationally, and an intense search for preventative efficiencies.

Looking forward we will continue to focus on generating further improvements in performance against the Better Care Plan targets.



### How we will monitor our performance?

We will:

- ✓ Through Our *Joint*Commissioning
  Governance of services commissioned.
- ✓ Monitor our performance
  by looking at the benefits
  to the person, which also
  includes carers, we call this
  outcome. This will include
  existing methods for
  monitoring performance
  plus this experience of
  people who access and
  use services.
- ✓ Review our transformation programme of work that supports what we will deliver over 2018 to 2021, this forms the base in reporting and measuring our performance against what we have said we will do.
- ✓ Review and report our statutory activity, finance and performance information reported and used by health and adult social care professionals

- and comparisons with other local authorities to keep a track of progress.
- ✓ Annually report our success through our local accounts – which tells people – what we said we would do and how we have delivered against what was expected including how funds are spent.
- ✓ Report and review through corporate performance monitoring working with elected members responsible for supporting their local communities.
- ✓ Undertake surveys and feedback from people who access and use services and their carers, on their views and experiences.
- ✓ Undertake *focused monitoring* of specific areas that may present as a risk and will also *support peer challenge* in inviting other local authorities to review our performance.

- ✓ Work closely with the Care Quality Commission reports and service quality as the independent regulator of health and social care.
- ✓ Report to Reading's Health and Wellbeing Board and work with a range of statutory organisations that support people's voice - such as Healthwatch Reading.
- ✓ We continue to engage with wider employers of care and through own our workforce development programme, engaging the views of staff focused on their wellness.
- ✓ We continue to review and learn from safeguarding enquires and concerns and report to the independent safeguarding board.
- ✓ Undertake and lead provider engagement forums engaging the views of partners regarding how we can improve and facilitate a

- number of important groups – where specific people have the opportunity to share their views supported by local advocacy services.
- ✓ Consult the views of people through Readings

  Citizens Portal.



### Have Your Say, Get Involved?

We welcome your views about **Supporting Our Future** and the next section tells you how you can get involved in shaping success with us.

We will be consulting on Supporting Our Future January 2019 to March 2019.



Consultation on 'Supporting our Future' Adult Social Care & Health Draft **Strategy 2019-2022** 



We all need a bit of help sometimes. Adults who are living with a disability or long term health condition may need extra support to stay well and independent, and Reading's Adult Social Care service is there to make sure that support is in place when it's needed. From advice about local groups and activities, through to support on leaving hospital, finding the right aids, or help to arrange home care, our staff support people to make informed choices and live life to the full.

Social care is not the same as health care, but we work in partnership with the NHS to support people's recovery from illness or injury. And we never forget that people live in families and communities: these often provide the most effective care of all, but may need back-up to continue this vital role.

Evidence shows that early help to prevent health problems from getting worse is more cost effective than focusing on support after a crisis. There has never been a more pressing need to ensure that Adult Social Care is as efficient and as cost effective as possible. Government funding for Reading will have been cut from nearly £58 million between 2010 and 2020. leaving the Council with a grant of under £2 million. That grant may be removed entirely by 2020 and there still remains little clarity on how the Government will fund local authorities beyond that point.

We have developed a set of priorities for Adult Social Care over the next three years to ensure we prioritise early help, value individuals and achieve efficiencies. Please tell us what you think of these priorities and how we can work with you - as a resident and/or a care partner to meet these. Your feedback will help us to work out a detailed plan to get us to where we need to be so that Reading residents receive excellent care and support from a sustainable local system.

#### This consultation will run from January 2019 to March 2019

A report on the response to this consultation will be presented to Reading Borough Council's at April 2019 Policy Committee.

Please contact us if you:

- have any queries
- would like to receive a hard copy of the consultation questionnaire
- require additional support to understand or complete the questionnaire

If you prefer you can write to us to let us know your comments:

Lorraine Goude (Interim) Head of Strategic Commissioning and Wellbeing

Reading Borough Council

Civic Centre,

Reading

RG1 2LU

Or Email Lorraine.goude@reading.gov.uk Page 249

### **Consultation Questions**

### "Every Conversation Counts"

#### **CONVERSTAION 1 - HELPING YOU TO HELP YOURSELF**

Please tell us how important each of the following is to you.

	Not at all important	Not very important	Unsure	Important	Very important
Q1. An online self- assessment process to enable people to find their own solutions					
Q2. Co-ordinated information and advice covering heath, social care, housing and welfare benefits					
Q3. An Adult Social Care 'front door' which supports people to connect with community support as well as formal care services					
Q4. An Adult Social Care approach which focuses on people's strengths rather than starting with their needs					
Q5. A Community Wellness Hub where people can get information about preventing illness					
Q6. Support to manage a Personal Budget or Direct Payment					
Q7. An e-market place so people can choose and purchase support services online	Pa	age 250			

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Q8. Assistive technology			
to support independence			

Q9. Do you have any Yourself?	other comments	about how	we should	Help Yo	ou to	Help

#### **CONVERSATION 2 - HELPING YOU WHEN YOU NEED IT**

Please tell us how important each of the following is to you.

	Not at all important	Not very important	Unsure	Important	Very important
Q10. Immediate short					
term at or close to a point of crisis					
Q11. Individualised					
support to regain					
independence					
Q12. Short term care					
focused on achieving					
outcomes in a set time					
frame					
Q13. A refreshed Autism					
Strategy co-produced					
with people with autism					
and their families					
Q14. A Learning Disability					
Accommodation with					
Care pathway to support					
more people with a					
learning disability to live					
independently at home					
Q15. Timely care reviews					
Q16. Regular					
communication with Adult		age 251			

Social Care service users			
Q17. Adult Social Care			
staff focused on			
supporting people to take			
responsibility for their			
own health			

#### **CONVERSATION 3 - HELPING YOU TO LIVE YOUR LIFE**

Please tell us how important each of the following is to you.

QUESTION	Not at all important	Not very important	Unsure	Important	Very important
Q19. A clear role for					
Reading Adult Social Care					
as part of the Berkshire					
West Integrated Care					
System					
Q20. An integrated health					
and social care workforce					
Q21. Step Up and Step					
Down services to support					
people in the transition					
from acute care settings					
to the community					
Q22. A Home Care					
framework which focuses					
on enabling people and					
putting them in control					
Q23. Person-centred					
standards for residential					
and nursing care homes					
	Pa	age 252			

DRAFT v.1

Opportunities in Reading									
Q25. Do you have any other comments about how we should Help You to Live Your Life?									
About you									
views of different residents,	al but will help us to see if there a and to check that we have heard you give will be kept completely o	d from a representative							
Are you?									
☐ Male	☐ Female								
Which age group do you bel	ong to?	<b>D</b>							
Under 18		☐ 18 – 24							
<b>□</b> 25 – 34	<b>□</b> 35 – 44 <b>□</b> 55 - 64	<b>□</b> 45 - 54 <b>□</b> 65 - 74							
□ 45 – 54 □ 75+	<b>3</b> 5 - 64	<b>U</b> 05 - 74							
<b>4</b> 75+									
	ong-term illness or health prob ivities or the work you can do	•							
☐ YES	□ NO								

wnich	or these ethnic groups do you belong to?
	White - British
	White - Irish
	White - Gypsy or Irish Traveller
	White - Any other White background (Please specify below)
	Mixed - White and Black Caribbean Mixed - White & Black African Mixed - White & Asian
	Mixed - Any other Mixed background (Please specify below)
	Asian or Asian British - Indian Asian or Asian British - Pakistani Asian or Asian British - Bangladeshi Asian or Asian British - Chinese
	Asian or Asian British - Any other Asian background (Please specify below)
	Black or Black British - African
	Black or Black British - Caribbean
	Black or Black British - Any other black background (Please specify below)
	Other ethnic group - Arab
	Other ethnic group - Any other ethnic group (Please specify below)
	Prefer not to say
	Don't know
Please	give details of "Other"
What is	your religion or belief?
	Buddhist
	Christian
	Hindu
	Jewish
	Muslim
	Sikh
	No religion
	Prefer not to say
	Other
	Please give details of "Other"
Are you	u?
	Heterosexual/straight
	Gay or lesbian
	Bisexual
	Prefer not to say
	Other

Please give details of "Oth⊌häge 254

Do you want to be kept up to date on future budget proposals and consultations and other council news?									
□Y	Yes								
If yes – please provide your contact details									
Contact Details:									
If you provide your contact details any future participation will be entirely voluntary - there is no obligation									
Title		First name		Surna e	am				
Address						Postcode			
Daytime	Tel.		Ema	il					
Data Protection									
Under the Data Protection Act, we have a legal duty to protect any information we collect									

from you. We use leading technologies and encryption software to safeguard your data, and keep strict security standards to prevent any unauthorised access to it.

We do not pass on your details to any third party or government department unless you give us permission to do so.

The information you have completed on this form will only be used in connection with your feedback.

☐ I agree to my data stored by Reading Borough Council for the purpose of processing this form

Thank you for taking part in this consultation Please return your completed questionnaire by 31<sup>st</sup> March 2019 to:

Lorraine Goude at Reading Borough Council Civic Centre, Plaza West, Bridge Street Reading RG1 2LU

Or Email Lorraine.goude@reading.gov.uk



### Appendix 2 - Governance

**Shaping Our Futures** 

Reading's Health and Wellbeing Strategy

Readings Market
Position Statement

Supporting Our Future
(Direction of Travel)

Healthy Independent Life at Home

(Joint Commissioning and Transformation Programme) Healthy People, Healthy Place

**JSNA** 

Readings
Accommodation
Pathway
(High
Dependency)
Care Strategy
2019

Making
Safeguarding
Personal through
Readings Quality
Assurance
Framework 2019

Readings Mental Wellness Strategy 2019 Older Peoples Strategy 2019

Dementia Strategy 2019 Carers Strategy 2018 Autism Strategy 2019 The Reading's Community Deal Drugs and Alcohol Strategy 2018

ADULT SOCIAL CARE AND HEALTH SERVICE PLANS

Statement – "Adult Social Care and Health through Supporting Our Future will focus on preventing the need for care, so to maintain People to live " Healthy, Independent Life's, at Home"

We value - the right support, at the right time, in the right place

Best People

**Best Place** 

Best Partners

Best Pound Best Performance

We will have a difference conversation with people, focused on; 1 – How can we help you, help yourself 2 – Help when you need it 3 – Help you live

you life, well longer

We will
Help You to remain
at home in your
community
Help you to know
what support is in
your community
Help you access
the right
information at the
right time

We will

Make best use of our
joint workforce
resources across
health and social
care
Work with partners
who understand your
needs
See joint
opportunities with
health partners – to
better deliver
services together

We will
Ensure services
are affordable,
offering good
value and good
quality
Ensure you have
choice of care and
support
Offer you a Direct
Payment to better
manage your
money

We will transform services so that: Less people needing health and social care Less people entering care homes More people living in the community More people being supported at work More people with personal budgets/ health budgets and in taking a Direct Payment A sustainable market place of preventative care and support providers

### Supporting Our Future

### **READING BOROUGH COUNCIL**

### REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO: ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION

COMMITTEE

DATE: 14 FEBRUARY 2019 AGENDA ITEM: 15

TITLE: SAFEGUARDING ADULTS BOARD (SAB) ANNUAL REPORT 2017-18

LEAD CLLR TONY JONES PORTFOLIO: ADULT SOCIAL CARE

**COUNCILLOR:** 

SERVICE: ADULT SOCIAL CARE WARDS: BOROUGHWIDE

LEAD OFFICER: KAREN GLAISTER TEL: 9376465

JOB TITLE: LOCALITY E-MAIL: Karen.glaister@reading.gov.

MANAGER/PRINCIPAL

SOCIAL WORKER

### PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 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.
- 1.2 The overarching purpose of a SAB is to help and safeguard adults with care and support needs. It does this by:
- 1.3 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;
  - Enhances the quality of life of adults in its area.
- 1.4 The Annual Report 2017-18 presents what the SAB aimed to achieve on behalf of the residents of Reading, West Berkshire and Wokingham during 2017-18. This is 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.

### 2. RECOMMENDED ACTION

2.1 That the report be noted.

### 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 the partnership will contribute. The annual report (attached) details how effectively these have been met.

### 3.2 The priorities for 2017/18 were:

- We have oversight of the quality of safeguarding performance.
- We listen to service users, raise awareness of safeguarding adults and help people engage.
- We learn from experience and have a skilled and knowledgeable workforce.
- We work together effectively to support people at risk.

### 3.3 The priorities for 2018/21 are:

- We will strengthen our communication and engagement across groups and communities in the West of Berkshire to ensure that our plans and actions are informed by the experience of the widest range of local people.
- We will extend our links with other partnerships to work together to break down barriers across agencies and to promote approaches that safeguard people with those that care about them, in their family and community.
- We will share learning and develop innovative ways to support both paid and unpaid organisations across the partnership to continually build confidence and the effectiveness of everyone's practice.
- We will understand how effective adult safeguarding is across the West of Berkshire to ensure that we identify emerging risks and take action accordingly.

### 4. THE PROPOSAL

### 4.1 Current Position:

The Annual report notes that:

- There has been a 22% reduction in the number of safeguarding concerns from last year. This is the first time there has been a decrease in the number of safeguarding concerns. This shift in trend has been added to the Board's Risk and Mitigation Log. Local Authority Safeguarding Leads across West Berkshire have been tasked to work together to understand the reasons for the decrease in referrals and report back to the Board. The Board will decide if any further work is required in this area and add to the 2018/21 Business Plan.
- As in previous years, 62% of concerns reported relate to older people over 65 years.
- More women were the subject of a safeguarding enquiry than males as in previous years; however the difference has reduced by 2%.
- 81% of referrals were for individuals whose ethnicity is White. There has been a slight
  increase in referrals for individuals whose ethnicity is Mixed, Asian, Black or Other. This
  continues to be a focus of work for the next year in view of the demographic makeup of
  Reading.
- For 11% of referrals made, the individual's ethnicity was not known. This has increased by 3%. Whilst we seek to establish this on initial contact it is difficult to determine if the referrer chooses not to disclose.
- As in previous years the most common type of abuse for concluded enquires were for Neglect and Acts of Omission. This was followed by Physical, Psychological or Emotional and Financial abuse.
- For the majority of cases, the primary support reason was physical support.
- As in previous years, the most common locations where the alleged abuse took place were a person's own home and a care home.

### 4.2 Activity in Safeguarding Residents of Reading

In response to the SAB report 2017/18 (Appendix E) Reading has:

• Ensured consistency raising awareness of Domestic Abuse in Reading. The Reading Domestic Abuse Forum was established and is held quarterly attended by multi agencies including providers. This can often attended by over 60 people and ensures consistency in how to report, promote and respond to domestic abuse concerns. This has led to an increase in safeguarding enquiries for the 2017/18 period relating to domestic abuse. This

- means individuals are being supported with information and advice and hopefully being informed to make choices that protect them from abuse.
- Promoted tools and training for staff via the Research in Adults Practice safeguarding online support tools.
- Reading has delivered Safeguarding Adults "Train the Trainer" programme and 8 social care staff are now trained to deliver safeguarding adults level 1 training within the Borough.
- Reading staff attended a Berkshire joint Children's and Adults Safeguarding Conference.
  There were 140 attendees with at least 80% of delegates rating the event as good or
  excellent. This was an opportunity for good practice to be shared and identify areas of
  development and understand to improve our support to individuals who may be or are
  suffering from abuse.
- We have established a programme of Safeguarding "Bite Size Workshops" for multi-agency professionals which are attended by a wide range of professionals.
- We have continued to promote the importance of involving advocates and Independent Mental Capacity Advocate's (IMCA's) to ensure person centred responses are promoted within Safeguarding. This has led to an increase in numbers of advocates used to support the person through the safeguarding enquiry.
- A workshop was delivered at the Joint Conference to raise awareness of the issues and improve practice for working with those who self-neglect. A Self-Neglect audit was commissioned by the SAB following the Conference and a "self-neglect and clutter tool" was launched in Reading. This encourages identification of self neglect as part of our support to resident and reduces the need for safeguarding referrals and is responded to as part of the social care support package working towards positive change. The number of self-neglect S42 enquiries has decreased reflecting an improvement in social work intervention to ensure self-neglect cases are only referred following the use of the "self-neglect and clutter tool".
- Information on self-neglect added to the Boards Website.
- Safeguarding training has included the importance of recording a person's ethnicity to
  ensure the most appropriate response. This has which has led to increase in safeguarding
  concerns being reported.

### 4.3 Reading Improvement Plan

In response to the SAB report 2017/2018 Reading have delivered:-

- Reading has a "Time to Change" champion group to promote the understanding of mental health and prevent discrimination. Workshops and training are planned for 2019/20.
- The RBC website is to be re-launched and a user friendly referral form to enable an improved way to raise a referral.
- Reading will partake in a self-neglect project commissioned with the SAB to embed the learning of Safeguarding Adult Reviews (SAR's) across not only West Berkshire but wider SAB reviews.
- A core set of questions has been agreed at the SAB 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, and to ensure this is in line with "Making Safeguarding Personal" and the Well-Being principle.
- Endorsed safeguarding training provided by Reading to Train the Trainer sessions for providers and voluntary agencies to continue 2019/20.

### 5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The SAB is a statutory function and has set priorities for 2018/2021 as detailed in section 3 of this report. The organisation has a legal duty under the Care Act 2014 to

safeguard adults and promote wellbeing and this has been evidenced within our Cooperate Plan 2016-2019; Service Priority 1 - Safeguarding and protecting those that are most vulnerable.

### 6. COMMUNITY ENGAGEMENT AND INFORMATION

6.1 A priority for the board for 2018-2021 is to strengthen communication and engagement across groups and communities in the West of Berkshire, and to ensure that plans and actions are informed by the experience of the widest range of local people.

### 7. EQUALITY IMPACT ASSESSMENT

7.1 The local authority, as a public body, is under a legal duty to comply with the public sector equality duties set out in Section 149 of the Equality Act (2010). In order to comply with this duty, the Council must positively seek to prevent discrimination, and protect and promote the interests of vulnerable groups. There is currently no change in the service to the residents is proposed hence an Equality Impact Assessment will not be competed at this stage.

### 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 The Care Act provides a power for members of the SAB to contribute towards the expenditure incurred for the purposes of its work. The work undertaken but social care and health staff for delivering a safeguarding service is provided through their core responsibilities and incorporated into the day to day responsibilities of all staff.

### 10. BACKGROUND PAPERS

West of Berkshire Safeguarding Adult Report 2017/2018 Care Act 2014

http://sabberkshirewest.co.uk/media/1388/west-of-berkshire-sab-annual-report-2017-18-v10.pdf



### West of Berkshire Safeguarding Adults Board

Annual Report 2017-18

If you would like this document in a different format or require any of the appendices as a word document, contact <a href="mailto:Lynne.Mason@Reading.gov.uk">Lynne.Mason@Reading.gov.uk</a>

I am very pleased to introduce the Annual Report for the West of Berkshire Safeguarding Adults Board 2017/18. As the Independent Chair of the Board, I continue to be very grateful to all partners for their support and contributions to the Board. The Annual Report reflects the partner's commitment and enthusiasm for taking forward shared vision and actions over the past year. There is a lot that we need to do and want to do to reduce the risks of abuse and neglect in our communities and support people who are most vulnerable to these risks. In these increasingly challenging times of resource constraints and growing demand on services, the work of our partnership demonstrates a real willingness to work together to make the West of Berkshire a safe place for everyone.

This Report shows what the Board aimed to achieve on behalf of the residents of Reading, West Berkshire and Wokingham during 2017/18, together as a partnership as well as through the work of individual partners. The Report provides a picture of who is safeguarded across the area, in what circumstance and why. The Report helps us to know what we should be focussing on for the future. It includes the Business Plan for the next three years, which will be reviewed and updated as we continue to identify new priorities for improvement, as well as ensuring that we maintain good performance and quality across the area.

During the year we looked at cases where people have died and Safeguarding Adults Reviews (SARs) were done to understand what happened and what needs to change. We want to make sure that the lessons learned are making a difference and the recommendations from the SARs have directly informed our Business Plan. We are keen to ensure that the work of the Board is accountable to local people and we need to find better 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. I would also like to thank Lynne Mason, the Safeguarding Board's new Business Manager, who joined us in June 2018. Lynne has quickly and efficiently moved into her pivotal role, bringing the excellent organisational direction and support which is so essential in helping this large partnership deliver its aims and objectives. I am confident that the Board's partners have the vision and dedication to continue to strive for 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, including but not exclusively: Physical, Domestic, Sexual, Psychological or Emotional, Financial or Material, Modern Slavery, Discriminatory, Organisational or Institutional, 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: https://www.berkshiresafeguardingadults.co.uk/

#### Trends across the area in 2017-18

There has been a shift in trends from last year. The Board is aware of these changes and will consider the implications and address within the Board's Business Plan.

- There has been a 22% reduction in the number of safeguarding concerns from last year. This is the first time there has been a decrease in the number of safeguarding concerns. This shift in trend has been added to the Board's Risk and Mitigation Log, Local Authority Safeguarding Leads have been tasked to work together to understand the reasons for the drop in referrals and report back to the Board. The Board will decide if any further work is required in this area and add to the 2018/21 Business Plan.
- As in previous years, 62% of cases concerns relate to older people over 65 years.
- More women were the subject of a safeguarding enquiry than males as in previous years; however the difference has reduced by 2%.

- 81% of referrals were for individuals whose ethnicity is White. There has been a slight increase in referrals for individuals whose ethnicity is Mixed, Asian, Black or Other.
- For 11% of referrals made, the individual's ethnicity was not known. This has increased by 3%.
- As in previous years the most common type of abuse for concluded enquires were for Neglect and Acts of Omission. This was followed by Physical, Psychological or Emotional abuse and Financial abuse.
- For the majority of cases, the primary support reason was physical support.
- As in previous years, the most common locations where the alleged abuse took place were a person's own home and a care home.

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 potential risks that the Board has addressed:

- We want to make sure that people who experience the Safeguarding Adults Process as Adults with care and support needs, as well as their carers, have appropriate opportunities for involvement or engagement with the Board. Local Authorities are required to collect feedback on individual experience of the Safeguarding Process. In addition an action has been set in the 2018/21 Business Plan, to increase the public's voice in at the Board.
- We want to ensure that people who make safeguarding referrals receive feedback. This has been incorporated within the 2018/21 Business Plan.
- We want to make sure that there is consistent use of advocacy services to support adults through their safeguarding experience. A key performance indicator is in place to monitor performance across the local authorities. Performance in has improved by 5% compared with previous years (84% 89%).
- We want to ensure that responsibilities under the Mental Capacity Act 2005 are fully understood and applied in practice as a safeguard for people who may lack capacity. Partners' were required within their self-assessment audits to assure the SAB that partner agencies are compliant with Mental Capacity Act.
- The Board was made aware of capacity issues within the supervisory bodies to obtain timely Deprivation of Liberty Safeguards (DoLs) assessments and provide appropriate authorisations. This situation and numbers of DoLs applications continue to be monitored by the board.
- To ensure that arrangements to support people who have Mental Health issues were fully understood, a report detailing governance arrangements has been presented to the Board and updates will be provided on a six monthly basis.
- We want to make sure that local priorities and arrangements to support and minimise risks for people who experience Domestic Abuse are fully understood. Understanding and working together to prevent and address Domestic Abuse is a priority within the 2018-21 Business Plan.
- We want to ensure that effective measures are in place across the locality to support people who selfneglect. An independent audit was commissioned and due to be presented to the board in December 2018, Understanding and addressing Self Neglect is also a priority within the, 2018-21 Business Plan.

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 2017-18:

### Priority 1 – We have oversight of the quality of safeguarding performance

A core set of questions has been agreed 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, to
ensure it is in line with Making Safeguarding Personal and the well-being principle.

- Principles of Making Safeguarding Personal are well embedded in the peer review case file audit.
- The Board understand what data tells them about where the risks are and who are most vulnerable; a Dashboard has been created and presented at Board meetings.

### Priority 2 – We listen to service users, raise awareness of safeguarding adults and help people engage

- There is a housing representative for each local authority on the Board.
- The Board have raised awareness for safeguarding adults and the work of the board across the communities and partner organisations.

### Priority 3 - We learn from experience and have a skilled and knowledgeable workforce

- Ensured consistency raising awareness of Domestic Abuse in in training.
- Promoted good record keeping by ensuring the message is embedded across all training standards.
- Promote tools and training resources via Board's website and Briefing.
- Delivered Safeguarding Adults Train the Trainer programme
- Held a joint Children's and Adults Safeguarding Conference on theme of Mental Health. There were 140 attendees with at least 80% of delegates rating the event as good or excellent
- Established programme of Safeguarding Bite Size Workshops for multi-agency professionals attended by a wide range of professionals
- Seek assurance of the quality of training across the partnerships, by ensuring agreed standards are met and measuring the impact of training.
- Workforce Development Strategy has been reviewed and published.
- Evaluation template for training to include question to evaluate how practitioners have taken on and embedded learning.

### Priority 4 – We work together effectively to support people at risk

- Raised awareness of the importance of involving advocates and Independent Mental Capacity Advocate's (IMCA's) to ensure person centred responses are promoted within Safeguarding.
- Assurances provided by Commissioners that robust safeguarding processes are adhered to by commissioned services in line with Care Act requirements.
- A workshop was delivered at the joint conference to raise awareness of the issues and improve practice for working with those who self-neglect.
- Information on self neglect added to the Boards Website.

There are a number of actions in this Business Plan that are Red and Amber. Progress has not been made as expected due to a significant number of staff changes in partner organisations in Quarter 4, and the absence of a Safeguarding Adults Board Business Manager from January 2018 until June 2018. Membership of the Board and Subgroups is under review and outstanding actions will be carried over to the 2018/21 Business Plan.

More information on how we have delivered these priorities:

- Additional achievements by partner agencies are presented in <u>Appendix B</u>.
- The completed Business Plan 2017-18 is provided in <u>Appendix C</u>.

### **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 commissioned 3 Safeguarding Adult Reviews. These reviews were not published during the reporting year but will be published in 2018/19. For one review the issues identified appeared to be similar to issues highlighted in previous review therefore the Board took a different approach to this review by asking is there evidence that practitioners are learning from messages in reviews? If not, what are the challenges in practice preventing application to safeguard? Valuable learning has emerged from the all reviews and has fed into the Boards Business Plan for 2018/21.

There is a dedicated page on the Board's website for case reviews: <a href="http://www.sabberkshirewest.co.uk/board-members/safeguarding-adults-reviews/">http://www.sabberkshirewest.co.uk/board-members/safeguarding-adults-reviews/</a>

### Key priorities for 2018-19

A Safeguarding Adults Review, which is due to be published in 2018/19, focused on how learning from previous SARs had been embedded within the partnership. This highlighted to the Board that agreed actions set as a result of learning from SARS and/or commissioned audits need to be tested after completion to ensure that the desired outcome has been achieved and improvements are sustained. In order to do this and the Board have implemented a 3 year business plan, and have allowed the plan to be adapted throughout to ensure that learning is prioritised appropriately. The agreed priorities set for 2018/19 are listed below:

Priority 1 – We will strengthen our communication and engagement across groups and communities in the West of Berkshire to ensure that our plans and actions are informed by the experience of the widest range of local people

- Board membership and arrangements are fit for purpose and reflect a wide and varied group of stakeholders. The voluntary and community sector are engaged and inform the work of the Board.
- The Board has strong links with Local Safeguarding Childrens Board, Safer Communities and Health and Wellbeing boards.
- People who use services are able to influence the work of the Board.

Priority 2 – We will extend our links with other partnerships to work together to break down barriers across agencies and to promote approaches that safeguard people with those that care about them, in their family and community

• The Board are assured that partners work together to recognise and respond to Domestic Abuse, including in respect of coercive control.

- The Board are assured that relevant staff, across agencies, know how to identify risk of significant harm or
  escalation in Domestic Abuse and understand the relevance and application of Inherent Jurisdiction in this
  respect.
- All agencies recognise and respond appropriately where there are interdependencies in relationships that
  mean intervention with one person has implications for another, including recognition and response to
  carers and other complex relationships.
- There are local safeguarding arrangements for people who have Mental Health issues that are effective.
- Partners have in place policies and processes to manage allegations against persons in position of trust.
- There are arrangements to support and minimise risks for people who self-neglect are effective including; clear policies and procedures, recognition of risk, management of complex cases and outcomes for individuals.

### Priority 3 We will share learning and develop innovative ways to support both paid and unpaid organisations across the partnership to continually build confidence and the effectiveness of everyone's practice

- Adult safeguarding services are person led and outcomes are focused because people are encouraged and supported to make their own decisions
- A range of options for undertaking SARs have been considered
- Learning from SARs is shared in a timely manner and agencies embed this in their practice
- Partners training plans reflect the priorities in the Business Plan
- The board is assured that effective supervision is taking place within agencies
- Staff and volunteers are supported to improve their skills and confidence
- Feedback is provided to those who raise a safeguarding concern
- Independent providers deliver safe, high quality services and the Board is assured that safeguarding processes are adhered to in line with Care Act requirements
- The board is assured that all stakeholders are following the *Berkshire Pressure Ulcer Pathway* to ensure effective delivery of care and robust consideration of safeguarding concerns in this context

### Priority 4 - We will understand how effective adult safeguarding is across the West of Berkshire to ensure that we identify emerging risks and take action accordingly

- The board has verified that the workforce is accessing and using the Pan Berkshire policies and procedures following their launch.
- The Board understands what the data tells us about where the risks are and who are the most vulnerable groups.
- Feedback from people having experienced intervention via a Sec 42 Enquiry is used to inform practice development and the strategic aims of the Board.
- The Board is assured that local arrangements to support and minimise risks are effective
- The Board is assured that Adult Safeguarding interventions are compliant with the MCA 2005 and that the
  principles of MSP are adhered to, including; appropriate involvement of advocacy to ensure person-centred
  responses

The Business Plan for 2018-21 is attached as **Appendix D**.

### Strategic Plan 2018-21

The Board's Strategic Plan has been revised and published. 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 were invited to give their views on priority areas for development. A copy of the Strategic Plan can be found here: http://www.sabberkshirewest.co.uk/board-members/priorities-plans-and-reports/

### **Appendices**

Appendix A Safeguarding Adults Board Member Organisations

Appendix B Achievements by partner agencies

Appendix C Completed 2017-18 Business Plan

Appendix D Business Plan 2018-21 as at 18.12.18

**Appendix E** Partners' Safeguarding Performance Annual Reports:

- Berkshire Healthcare Foundation Trust
- Reading Borough Council
- Royal Berkshire NHS Foundation Trust
- West Berkshire Council
- Wokingham Borough Council

Classification: OFFICIAL



### **Annual Report 2017/18**

### 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 Volunteer Centre West Berkshire.



Classification: UNCL



### Appendix B Achievements by partner agencies 2017-18

### **Berkshire Healthcare NHS Foundation Trust (BHFT)**

Berkshire Healthcare NHS Foundation Trust have continued to work closely with partners agencies across all Berkshire localities, participating in serious case reviews and meeting regularly to share information, influence policy change and discuss relevant cases to influence continued improvement and increased knowledge in safeguarding.

A multi-agency safeguarding forum was developed and facilitated for the first time to share learning from serious case reviews. Named professionals participated in organising the west of Berkshire safeguarding conference and the named doctor for safeguarding made a presentation. The Trust is represented by named safeguarding professionals at all relevant Safeguarding Adult Board subgroups, with senior management representation provided at the Safeguarding Adult Board.

During 2017/18 an in-house on-call safeguarding advice line for professionals was established to enable staff to discuss cases and seek advice on safeguarding matters from named professionals.

Achieving training compliance has been a priority for BHFT this year and the Trust have achieved compliance above 94% for safeguarding adults training at level one and above 85% at level two, an increase from 67% the previous year. In excess of 90% staff have completed PREVENT training.

Improvement in staff understanding of and application of the Mental Capacity Act (MCA) 2005 has been another priority for the Trust. Extra training has been facilitated including bespoke small group work on the inpatient wards. MCA champions have been appointed to further this work and are mentored by the MCA lead for the Trust. A new secondment post has been secured for 2018/19 to further this work.

The safeguarding children and adults teams are now fully integrated to facilitate a more joined-up 'think family' approach to safeguarding.

### **Reading Borough Council (RBC)**

There has been a review and a subsequent new recording episode in the Social Care database (Mosaic) for Section 42 enquiries to ensure effective data is available. The revised episode form guides workers to consider and evidence advocacy and Making Safeguarding Personal.

Additional recording episode in Mosaic created for Reviews of safeguarding plans. Review dates are now set and workers prompted by our system to complete those reviews.

Reporting mechanisms have been improved to ensure that senior management have up to date and accurate information on safeguarding. New report functionality provides analysis around concerns or enquiries that are going over timescales so as to enable teams to more accurately risk assess and focus on the allocation of work.

A programme for DASH (Domestic Abuse, Stalking and Harassment and Honour Based Violence Risk Identification and Assessment and Management Model) is in place. A member of the Safeguarding Adults Team has completed the DASH 'train the trainer' qualification. Consideration is being given to incorporate DASH recording into Mosaic to promote use and provide evidence; data analysis as well as quality audits.

RBC staff continues to provide level one, training for all agencies in the Borough throughout the year and 328 people attended Level One training in 17/18.

First review for the Learning Disabilities Mortality Review (LeDer) programme is almost complete.

Formal customer feedback questionnaire developed for those involved in the safeguarding process.

### Royal Berkshire Fire and Rescue Service (RBFRS)

Royal Berkshire Fire and Rescue Service (RBFRS) have continued to promote their Adult at Risk Program and provided awareness raising training to 109 partnership agencies in order to improve referral rates. This work has generated an increase in vulnerable adult referrals to RBFRS across Berkshire. RBFRS works to identify foreseeable risk to our communities and deliver effective, managed, timely performance, preventing and protecting the public along with delivering effective response to emergencies. Partnership working and information sharing with a wide range of agencies have enabled identification of the most vulnerable members of our communities, with preventative work focussing on those most at risk. The recruitment of a designated Safeguarding Coordinator has ensured a robust safeguarding provision.

A Safeguarding Adult Review was conducted in response to a fire fatality in 2017, RBFRS have been heavily involved in compiling the multi-agency action plan, and work is underway to complete actions assigned to each agency. The focus remains

to reduce the number of fire fatalities, as well as fire related injuries, captured in the new IRMP 2019-2023 (currently out for consultation). The Home Fire Safety Check function targets those most vulnerable, to reduce fire risk but also to encompass a Make

Every Contact Count approach during these visits. RBFRS have increased their ability to refer those in need to both Age UK and relevant falls referral pathways across Berkshire.

### **Royal Berkshire Hospital NHS Foundation Trust (RBHFT)**

- Our Safeguarding (adults) clinical governance has continued throughout the year and the adult safeguarding 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.
- 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.
- Our Lead Nurse Adult Safeguarding continues to be part of the SAR panel and has been part of the review team for two SARs.
- 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.
- Adult safeguarding training was at or above the expected and agreed level of 90% of our total workforce throughout the year.
- CQC who inspected in September/October 2017 noted "Staff had training on how to recognise abuse, knew how to raise a safeguarding concern and who to contact if they required advice or guidance".

- Staff knowledge of the Mental Capacity Act has improved as recognised in the CQC inspection report which found: "Staff had good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and were aware of the importance of capacity assessments and knew who to contact for advice and support."
- While this is a good assessment of the status of the Trust, work is still required to embed the knowledge and skills of staff in application of the MCA.
- Training continues with MCA /DoLS sessions on staff induction and as part of the core mandatory training day alongside ad hoc sessions for specific groups of staff.
- Enhanced metal capacity training has been offered on alternate months through 2017-18, the 80% target has been reached with 81.5 % of the identified staff having been trained as of May 2018.
- The number of DoLS applications is a key performance indicator report to the CCG as part of the Quality Schedule and in our integrated Board report monthly.
- There was one possible Prevent concern discussed with outside agencies related to a patient. Appropriate action was taken and there was no further involvement or action for the Trust.

### **South Central Ambulance Service NHS Foundation Trust (SCAS)**

South Central Ambulance Service NHS Foundation Trust (SCAS) was formed in 2006 and covered four counties, which increased in 2017 to seven counties delivering patient transport for non-emergency hospital appointments covering a population of seven million. We employ over 3,600 clinical and non-clinical staff and are supported by over 1,300 volunteers.

SCAS understands and promotes the importance of safeguarding adults across all areas of its services. This will include any person that could potentially come into contact with the general public either face to face or via the telephone, preventing harm to the patients that are cared for in the pre-hospital environment. SCAS has taken measures to ensure that policies and processes comply (adhere) with the requirements and performance outlined by legislation and policies and procedures of partner agencies.

### What have we done in 2017/18

- Carried out a full review of safeguarding training at all levels with the production of new training packages.
- Reviewed and updated the Prevent policy.
- Completed development of a chaperone policy incorporating vulnerable adults.
- Designed and drafted a web-based safeguarding referral form for our 111 and emergency centre, ready to go live later in 2018.
- Upgraded the safeguarding server due to improve storage capacity and update security settings. This upgrade was completed in February 2018.
- SCAS safeguarding team are virtual members of the various MASH teams in the different counties and provide information when requested.
- Delivered safeguarding level 2 to all staff groups. Training is audited by the Head of Safeguarding to ensure the courses that are running are compliant with legislation and safeguarding adults guidance (roles and competencies for healthcare staff).
- SCAS have contributed to a number of safeguarding adult reviews in the West Berkshire area.
- SCAS has developed any highlighted weakness into a joint action plan with partner agencies.
- Produced a weekly staff magazine called Staff Matters that cover a range of safeguarding topics such as FGM, Modern Slavery and Prevent.

Advised and supported other organisations with safeguarding training and processes, for
example working with Fire and Rescue to develop a fire risk assessment for vulnerable persons
and sharing this tool with our partner agencies.

### **Thames Valley Police (TVP)**

Thames Valley Police (TVP) has strengthened existing partnership and created new opportunities with partners to focus their role around Safeguarding. TVP continue to collaborate with partners in relation to safeguarding meetings such as MAPPA and MARAC. There has also been a refocus on the DARIM meeting, to ensure those at risk of medium or standard domestic abuse also are discussed for appropriate support and intervention. TVP have run campaigns relating to Hidden Harm throughout the year to increase awareness within the community of issues that are often not talked about, to encourage reporting and confidence that help is available from within the partnership. Safeguarding, Vulnerability and Exploitation (SaVE) training has been rolled out to officers, which includes online and classroom inputs, and there have been good compliance with the use of ABCDE templates to ensure detailed and accurate information is shared in Adult Protection Referrals. There has been an increased use of Domestic Violence Protection Notices, which ensure that all options are considered when managing risk for domestic abuse victims.

Work continues in partnership with Health. The police liaison Officer Role continues with Prospect Park Hospital, as does the Street Triage car supporting calls to Mental Health Crisis 7 days a week from 1700-0100. There have been joint Mental Health Training Sessions with SCAS at their facility in Newbury, and online courses given to Officers in relation to changes to S136 MHA and Places of Safety. MEAM (Making Every Adult Matter) has been introduced in West Berkshire, with a coordinator in post since January 2018. This has enabled a cohort of clients to be identified who had extreme crisis linked to homelessness, mental health, criminal justice and substance misuse. There has already been some success with system change and help / support being accepted by people previously reluctant to engage.

### **Involve, Bracknell Forest and Wokingham Borough**

During 2017/18 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.

In 2018, Involve held 2 Community Awareness Events supported by public sector partners to raise awareness of the community safety and adult safeguarding processes at which there were 36 and 35 attendees respectively.

We disseminate regular information from the ASB directly to our database of VS groups as and when information is required to be shared on procedures and support available and share general updates in our monthly newsletter The Chain.

### Reading Voluntary Action (RVA)

Our focus this year has been on Safeguarding Adults training. Reading Voluntary Action has delivered 3 half-day workshops for a total of 48 trustees and volunteers to ensure that they understand their responsibilities in safeguarding adults.

In September 2017 we hosted a community event "Safeguarding adults is everybody's business" attended by nearly 40 staff, volunteers and members of the public. The event included speakers from Reading Borough Council and the CCG. Superintendent Stan Gilmour, LPA Commander – Reading, Thames Valley Police spoke about the importance of partners working together to safeguard adults at risk.

Through the RVA newsletter we continue to update the voluntary sector about the work of the Board and publish safeguarding news items e.g. "Beyond Oxfam – a safeguarding update"

### **Volunteer Centre West Berkshire**

Our Director is a full Board Member of the West Berkshire council Health and Well Being Board and the Safeguarding Adults Partnership Board. During the year our charity has assumed the responsibility for Suicide Prevention work, created a Knowledge Event involving 87 Voluntary Sector organisations, provided training courses, funding advice and guidance and operated transport services, befriending services, community navigation and a mental health project.

### **Healthwatch Wokingham**

Healthwatch Wokingham Borough was established in 2013 to act as the statutory, independent consumer champion for health and social care services in the borough to:

- provide information and signposting to help the local population to navigate the complex systems of health and social care
- develop a local evidence base of public opinion on health and social care
- seek opportunities for local voices of seldom heard communities to be heard at strategic fora and seek improvements to service delivery.

Our role is to amplify the voice of local people on issues that affect those who use health and care services. We actively seek views from all sections of local communities and try to ensure that our priorities take account of the issues raised with us. We believe that patients and local residents:

- should be a key aspect of any approach to quality
- should be listened to and heard
- need information and increased awareness of safeguarding issues.

Healthwatch has recently joined and is pleased to be part of the Safeguarding Adults Board. This allows us to provide challenge and inject the issues raised by local people into how safeguarding is developed. We will continue to develop case studies to bring patient stories to a greater audience

### **West Berkshire District Council (WBC)**

2017/18 has been a busy year for the Safeguarding Adult service in West Berkshire. Delivery of the safeguarding function is shared between the operational social care teams who complete the majority of investigations into allegations of abuse and a small safeguarding team that provide a triage and scrutiny function, signing off all investigations and leading on investigations into organisational abuse. They also coordinate the response in relation to Deprivation of Liberty Safeguards (DoLS).

There have been a number of changes in key personnel during the year, with both interim and locum staff in place whilst a new service manager recruited. Despite this safeguarding performance has been managed and data shows evidence of improvements.

We have improved in our threshold decision making which has reduced the number of inappropriate concerns, whist ensuring that appropriate action is taken with those concerns that do not meet the safeguarding threshold. We have seen an increase in the number of concerns going through a S42 enquiry increase by 14% and we expect this to increase.

The number of Deprivations of Liberty Safeguard applications remains high. We now report on both new and existing applications. The number of applications where the outcome was 'pending' was significantly higher in 2017/18.

Despite pressures in the service, high activity both from Safeguarding and DoLS West Berkshire has continued to drive forward the Safeguarding agenda supporting the West of Berkshire in the delivery of its action plan.

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. This year the forum and local operational management teams have progressively worked through the established action plan and achievements include:

- Enhanced engagement by West Berkshire partners in the Safeguarding agenda, attending West of Berkshire events.
- Making Safeguarding initiative continues to be promoted and embedded in practice through further training and monitoring, with local data indicating improvements for achieving stated outcomes.
- Further Mental Capacity training to support good practice and requirements under the Safeguarding Framework
- Ensuring effective learning from good and bad practice is shared.
- Ensuring a robust oversight of safeguarding activity. 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 with regular quality assurance reports to Senior Management and Members.
- Development of an audit approach to practice which will be further implemented in 2018/19
- Introduction of a Risk and Management Panel (RaMP) this panel is designed for practitioners to take key cases that are high risk for multi-agency discussion and ensure that S42 cases are managed in a timely way.

West Berkshire have introduced a new case management recording system – Care Director. The introduction of this system allows greater opportunity to improve recording and monitoring of key safeguarding activity. i.e better identify ongoing S42s and monitor time frames.

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

### **Wokingham Borough Council (WBC)**

The Safeguarding Adult Board business plan for 2017/2018 set out 4 priorities for 2017/2018. Below is a summary of Wokingham's achievements against these priorities.

### Priority 1 – We have oversight of the quality of safeguarding performance

Monthly audits of random safeguarding cases

### Priority 2 - We listen to service users, raise awareness of safeguarding adults and help people engage

- Safer Places Scheme has continued with 39 shops/businesses signed up
- Safer places cards for residents who may have difficulty explaining their needs when seeking support from a Safer Place, remain in place. 22 people currently have a card.
- We continue to produce our literature in variety of styles including easy read.
- SAB briefing notes are shared with our local Forum members and the wider professional and community network.

### Priority 3 - We learn from experience and have a skilled and knowledgeable workforce

We continue to facilitate a variety of training courses based around the Adult Safeguarding agenda as well as contribute overall to the workforce development as directed by the SAB. Additionally as a service during this last year we provided:

- Care Certificate Workshops
- Support was provided to the Community Wardens to present PREVENT training across the workforce.
- Our Joint Children's & Adults E-Learning programme was updated to bring it in line with all
  current Children's & Adult Safeguarding & other relevant legislation, policy & current best
  practice. It forms part of our Corporate Induction for all new staff, Members, volunteers &
  contractors as well as providing a refresher for non-People Services colleagues. It is also
  available to partner organisations.
- Facilitated MCA/DoLS Application into Practice workshops. This is a 4 modular set of workshops aimed at ASC staff who have previously attended the full 1 day course.
- 10 People with a learning disability attended training on 'What is Abuse'.

### Priority 4 - We work together effectively to support people at risk

- We continue to proactively work with colleagues from the Police and Trading Standards to raise awareness of scams and other forms of financial abuse.
- Additionally we provide a safeguarding oversight of the Support with Confidence Scheme (SWC) in Wokingham, providing advice and support through attendance as part of the steering group locally. Currently there are 24 accredited SWC providers based within the Wokingham Borough.
- Liaison also continues with our Care Governance.
- Our Adult Safeguarding Prevention Advisor is now a member of the local Independent Advisory Group (IAG) facilitated by the Police.

- Guidance & support has been given to providers on training and policy development based around current legislation, SAB Workforce Development Strategy and best practice.
- Representation is made to the Carers Strategic Group who meet on a quarterly basis.
- In April 2017 with support from Involve we hosted an Adult Safeguarding Community Awareness event. Presentations were made by the Chair of the SAB, the LPA Commander and our Adult Safeguarding Duty Team. 35 people including customers & carers attended.
- In the last year we have given advice to provider organisations about their own policy and procedure relating to Adult Safeguarding, including where to go to get advice and support to develop their own, DBS and risk assessment relating to lone working.
- Following an incident of hate crime, work has begun with a large learning disability provider based in the borough. A project plan has been developed which includes:
  - Staff training & awareness, including hate crime
  - Community presence and developing links
  - Developing Skills of people supported around their understanding of safeguarding and hate crime
  - Safer Places Scheme
- For the 9<sup>th</sup> year running we held our annual Have a Safe Christmas Event. The Prevention Advisor hosted stands at 4 major supermarkets across the borough and was supported by colleagues from the Police, Trading Standards, Community Wardens, Public Health and others. The aim of this event is to raise awareness of some of the safety issues/concerns that are increased as a result of the festive season. Information is also given as to what support networks are also available during this time..

# 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

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	West Berkshire has developed a set of questions which have been shared with Wokingham and Reading to adapt and adopt.	G	Core set of questions to collect feedback from people in place in each Council.
Page 282	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	Assurance required from each LA when complete.  West Berkshire has confirmed they have.  Reading have a form to be launched  Wokingham are working on implementation.  BM to track progress in 18/19.	A	Mandatory feedback form added to the Councils' electronic systems for every statutory S42 enquiry.

	c) Develop systems for capturing, recording and monitoring MSP outcomes.	Effectiveness and Oversight and Quality Subgroups	Jan 2018	The principles of MSP are well embedded in the peer review case file audit.	G	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 vulnerable  Page 283	a) Audit outcomes are analysed by Oversight and Quality Subgroup and the Board takes required actions to address areas of identified concerns across partner agencies.	Oversight and Quality Subgroup	September 2017 and March 2018	An audit on S42 enquiries was undertaken in September 2047 which included to what extent Making Safeguarding Personal principles have been upheld, highlight report was taken to the board. There was no audit completed in March 2018.  A number of audits have been set within the 18/21 Business Plan.	A	Improvements in practice are evidenced in subsequent S42 case file audits.
	b) Develop a dashboard to present KPI data to the Board	Oversight and	December	Has gone live and is a	G	A clear overview of KPI

	on a quarterly basis	Quality	2017	standing Board agenda		data is presented to the		
		Subgroup		item.		Board on a quarterly basis		
	local level of risk for victims	J	Annually – March 2018	Numbers of identified FGM victims in West Berkshire, is reported on the Boards Dashboard.  Carried over to 18/21 Business Plan – Ref 1.75	Α	FGM data provided supports the Board's understanding of local level of risk for victims of FGM		
Page 284	local level of risk for victims	J	Annually – March 2018	Dashboard reports on numbers of concluded S42 enquiries by type of abuse which includes Modern Slavery.  Carried over to 18/21 Business Plan – Ref 1.76	R	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	a) Representatives from	Independent	Sept 2017	Housing	G	Representatives from
reflects a wide and varied	<b>Housing and Provider</b>	Chair		representative invited		Housing and Provider
group of stakeholders	organisations to be invited			from each LA.		organisations attend
	to attend Board meetings					Board meetings.
2.2 Local communities know	a) Easy read version of the	Communication	May 2017	CLASP commissioned	G	Wider range of people are
about safeguarding adults and	Board's Annual Report	& Publicity		to produce easy read		able to understand the
the work of the Board	2015-16 to be published	Subgroup		version of 2015-16		Board's work and
				annual report;		priorities
				published on website		
	b) Community Awareness	Communication	March	Events held in each	G	Community Awareness
	Event to raise awareness	& Publicity	2018	area.		Event held in each area.
Ps	of safeguarding adults	Subgroup				
Page						
285						
01						
	c) The Board is assured that	Communication	June 2017		G	Safeguarding information
	accessible safeguarding	& Publicity	Julie 2017		J	is available in public places
	leaflets for customers and	Subgroup				and partner agencies'
	staff are available	Subgroup				websites
						WEDSILES
	d) Map partner agencies'	Communication	Nov 2017		G	Subgroup aware of
	external communication channels	& Publicity				partners' external

		Subgroup				communication channels
	e) Develop calendar of local and national events relevant to safeguarding	Communication & Publicity Subgroup	Nov 2017		G	Local and national events relevant to safeguarding are promoted
2.3 Raise awareness across partner organisations and amongst practitioners about the role of the Board, the website and Berkshire Policy and Procedures	a) a) New Berkshire Policy and Procedures website launched and promoted	Berkshire Policy and Procedures Subgroup	Dec 2017	Website for the Berkshire Policy and Procedures complete and launched	G	New Berkshire Policy and Procedures website launched and promoted
	b) b) Produce flyer for practitioners to raise awareness of the Board	Business Manager	April 2017	Developed and distributed across partner organisations	G	Flyer circulated across all partner organisations.
je 286	c) Present Board's Annual Report 2016-17 to Health and Wellbeing Boards and other committees	Independent Chair	January 2018	Annual Report complete and due to be presented to HWB in January.	G	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	a) Opportunities for practitioners	Learning and	May 2017	Quarterly DA Forum	G	Practitioners understand
the capacity, capability,	to explore issues when working	Development		established in		the dynamics of DA in
knowledge and skills to	with people in Domestic Abuse	Subgroup		Reading. Good		terms of coercion and
keep people safe and				attendance from a		

improve safeguarding	situations			wide range of		control
outcomes				practitioners. Has		
				been opened up to		
				West Berkshire and		
				Wokingham and has		
				been promoted.		
	b) Ensure Domestic Abuse	Learning and	May 2017	Consistent training	G	Consistent training
	awareness training and	Development		standards for Level 1		standards for Level 1
	safeguarding training cross	Subgroup		have been agreed and		produced.
	reference.			produced.		
	c) Promote good record keeping	Learning and	Sept 2017	Record keeping is	G	Case file audit peer review
Page		Development		embedded across all		in August and February
e N		Subgroup		safeguarding training		reveals improvement in
287				standards. Issue to be		recording skills.
				raised at trainer		
				meeting 25 May.		
				Promote tools and		
				training resources via		
				Board's website and		
				Briefing. Review		
				results of case file		
				audit peer review in		
				August to confirm		
				whether there is still		

Page 288	d) Deliver Safeguarding Adults Train the Trainer programme (Wokingham BC deliver, open across the area)	Learning and Development Subgroup	April 2017	an issue. To be addressed through supervision.  Course delivered; 8 attendees.	G	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	Conference took place as planned. Feedback is currently being evaluated.	G	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 2017	SAR Findings workshop took place in Sept; further workshops planned: Jan- Advocacy March - Allegations management.	G	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	Learning and Development Subgroup	Ongoing		G	Training programmes delivered and evaluated.

	agreed standards.  Measure the impact of training on a biannual basis  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	Complete.	G	Updated Strategy published on SAB website
3.2 Learning from SARs and other reviews has been shared and used to incorrove practice	a) The SAR Learning Monitoring Tool is used to monitor response to findings by partner agencies upon publication of SARs.	Effectiveness Subgroup	June 2017 and ongoing	Populated with information from Mrs H and Mr I.	G	The SAR Learning Monitoring Tool is completed and presented to the Board quarterly showing that learning from SARs is embedded within partner agencies.
	b) 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	Dementia audit complete and report due presented to Board in June. Tissue Viability Audit	R	Results of thematic audits are published and areas for development are identified for the Board to take appropriate action.

				Carried over to 18/21 Business Plan – Ref 1.80		
to ir	aluation template for training include question to evaluate w practitioners have taken on dembedded learning	Learning & Development Subgroup	May 2017	Training impact evaluation form agreed for use includes question on applying learning to practice	G	Amended evaluation template used to assess how practitioners have embedded learning

<b>PRIORITY 4 We work together effectivel</b>	ly to support people at risk
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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	Awareness raising article included in April's Board briefing. Bite size learning session planned for January. New	G	New approaches to person centred responses are promoted. Quarterly PI data indicates improvement in use of advocates.

				indicator included in KPI set.		
4.2 Providers are supported to deliver safe, high quality services and the Board is assured that robust safeguarding processes are adhered to in line with Care Act requirements	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 with Care Act requirements.	DASS and other commissioners provide assurance	Jan 2018	Question included in Self-Assessment audit: B2  2/3 LA's assessed as Green  1/3 LA assessed as Amber with an action plan in place to address shortfalls.	G	Board is assured that robust arrangements are in place to support and challenge providers
4 We work within a fremework 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	Draft Framework for the Management of Allegations against Persons in Position of Trust endorsed by Board in September. Under consideration by the Berkshire Policy and Procedures group for inclusion in the P&P.  Carried over to 18/21	A	Board is assured that partner agencies have robust policy in place to manage allegations

				Business Plan – Ref 1.37		
	<ul> <li>b) Promote e-learning Safe</li> <li>Recruitment module</li> </ul>	Learning and Development	July 2017	Promoted in January 2018 Boards Briefing	G	e-learning Safe Recruitment module is
	ned are module	Subgroup		2010 Boards Brieffing		promoted and used by practitioners
4.4. We provide	a) Each Local Authority to	Oversight and	Sept 2017	Indicator included in	G	Board is assured that
feedback to people who	provide quarterly	Quality Subgroup		KPI set for Q3 and 4		feedback is provided to
raised a safeguarding	performance data on the	/ Effectiveness		data		the referrer and takes
concern	proportion of concerns	Subgroup				actions to ensure practice
Pag	where feedback was provided to the referrer.					is improved
4.99 We are assured that	a) Raise awareness of the issues	Learning and	Sept 2017	Workshop included in	G	Raise awareness of self-
logal arrangements to	and improve practice for	Development		Conference		neglect through website
support and minimise	working with those who self-	Subgroup		programme and embedded in training		and workshop
risks for people who self-	neglect			standards		
neglect are effective						
		Business	June 2017	Link to the Hoarding		
		Manager		film produced by		
				Birmingham SAB via		
				Youtube to be included on Board's		
				website and		
				promoted in Board's		
				Briefing		

	b) Review undertaken to inform the Board of prevalence of self-neglect cases reported under safeguarding framework, and outcomes for the individual	Effectiveness Subgroup	Sept 2017	External resources commissioned to undertake review, due to be presented at the Board in September 2018  Carried over to 18/21Business Plan – Ref 1.38-1.40	Α	The Board understands how cases of self-neglect are responded to and identifies areas for further development
Page 293	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	Wording amended in section B1 of self-assessment audit template.  To be incorporated in external review 4.5b.  Carried over to 18/21  Business Plan – Ref 1.38-1.40	A	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	a) MCA focused week of workshops for practitioners	Effectiveness / Learning and Development / Communication	October 2017	Funding confirmed. Workshops scheduled for week of 16 Oct.	G	MCA focused week of workshops attended by practitioners

interest, DoLS and restraint)		Subgroups				
4.7 We are assured that local arrangements to support people who have Mental Health issues are effective	a) Raise awareness of current governance structures and accountability for mental health in the locality	Independent Chair	June 2017	Presentation at September Board meeting; mental health subgroups asked to consider safeguarding issues and escalation processes; results feedback at December Board meeting.	G	Partner agencies have clarity about current governance structures for mental health
We are assured that local arrangements to support and minimise risks for people who experience Domestic Abuse	<ul> <li>a) Event on Domestic Abuse for partners to explore issues, understand priorities of each Domestic Abuse Strategy and identify gaps.</li> <li>b) A&amp;E data shared to help each LA identify hotspots in their area and triangulate information</li> </ul>	Independent Chair / Business Manager  Oversight and Quality Subgroup	Feb 2017 Oct 2017	Carried over to 18/21 Business Plan – Ref 1.24  Carried over to 18/21 Business Plan – Ref 1.23	R	The Board is assured that commissioned DA services in each area are effective.  Data shared to inform Board's understanding of DA
4.9 We have a Modern Slavery strategic	<ul><li>a) Modern Slavery strategic pathway agreed and</li></ul>	Policy and Procedures	Dec 2017	Carried over to 18/21 Business Plan – Ref	R	Modern Slavery strategic pathway agreed and

Classification: OFFICIAL

pathway in place	published	Subgroup		3.33		published
	b) Review and promote modern	Learning and	Dec 2017	E-learning module	Α	Modern slavery e-learning
	slavery e-learning	Development Subgroup		available to all LA's, who are able to share		reviewed and promoted
		Subgroup		e learning tools with		
				partners.		

## **RAG Status**

There are a number of actions in this Business Plan that are Red and Amber. Progress has not been made as expected due to a significant number of staff anges in partner organisations in Quarter 4, and the absence of a Safeguarding Adults Board Business Manager from January 2018 until June 2018.

Membership of the Board and Subgroups is under review and outstanding actions will be brought over to the 2018/21 Business Plan.

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### Business Plan 2018 -21

# Priority 1

We will strengthen our communication and engagement across groups and communities in the West of Berkshire to ensure that our plans and actions are informed by the

experience of the widest range of local people

Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
<b>1.1</b> age 297	Board membership and arrangements are fit for purpose and reflect a wide and varied group of stakeholders. The voluntary and community sector (VCS) are engaged and inform the work of the Board.	Review Board membership to ensure it is fit for purpose	Independent Chair & Business Manager	Dec 2018	Membership and arrangements will have been reviewed with rationale articulated for any changes made or for no changes made. Attendance rates acceptable.	Annual review of ToR Attendance rates acceptable	Annual review of ToR Attendance rates acceptable	Complete d	COMPLE TED
1.2		VCS and Healthwatch from each Local Authority is engaged in the work of the Board	Independent Chair & Business Manager	Dec 2018	Included in membership and criteria for meeting attendance agreed Attendance rates acceptable.	Annual review of ToR Attendance rates acceptable	Annual review of ToR Attendance rates acceptable	Meeting with Healthwa tch and VCS arranged to Feb 2019 to discuss how they will be represen ted at the	AMBER

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Page 298 <b>1.3</b>		Review subgroups, membership of them and Terms of Reference	Business Manager	Dec 2018	Clear structure of subgroups with coherent TORs exist, with clearly articulated interfaces for sharing of information and coproduction of outcomes Attendance rates acceptable.	Annual review of ToR Attendance rates acceptable	Annual review of ToR Attendance rates acceptable	Board.  Awaiting sign off from L,D&D and P&P subgroup TOR before action can be signed off.	AMBER
3.4	The SAB has strong links with LSCB, Safer Communities, Health and Wellbeing boards	Reference in ToR	Business Manager / Independent Chair	Mar 2019	Revised ToR	Annual review of ToR	Annual review of ToR	ToR to be reviewed	Complet ed
3.5		Board are aware of groups business plans and links with	Business Manager / Independent Chair	Mar 2019	Plans are reviewed and relevant Subgroup to o	Contact made with	AMBER		

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		Boards priorities are identified and acted upon			Increase in collaborati	ve work with other boar	rds	Board, SAB Annual report to be	
Page 29								presente d at H&WB Boards	
1.6	People who use services are able to influence the work of the SAB, including 'seldom heard' groups (including but not limited to; those for whom English is a second language, younger adults, faith groups, churches and the traveller community)	Task and finish group to consider models of service user involvement	Business Manager / Independent Chair	Mar 2019	Task group will have identified a range of models to be tested by the steering group. Participants in the steering group will have been identified (will include VCS) and membership agreed.			Task and finish group arranged for March 2019	GREEN
1.7		Steering group to test and implement models of service user involvement to co-produce the work of the SAB,	Business Manager / Independent Chair/Steering Group	June 2019		The steering group will have tested a selection of models and identified the preferred model and what resources or			GREEN

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Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
Page 300 <b>1.8</b>		including exploration of a forum and embedding representatives in the subgroups as a possible option Formal proposal to Board on recommending model and how to effectively implement this during next year 2019/20	Business Manager / Independent Chair/Steering Group	Sep 2019		infrastructure will be required to achieve this – this will be provided by delivery of a report and recommendations to the board  A preferred model for involving service users in coproduction around strategic aims of the SAB will have been agreed and work will be underway to embed service user in co-production with the board around the strategic aims of the SAB			GREEN
1.9		Implementation of service user involvement module	Business Manager / Independent Chair/Steering Group	March 2020		Agreed module goes live			GREEN
1.10		Review of service	Business Manager	Dec	-		Review of model		GREEN

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Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
		user involvement model	/ Independent Chair/Steering Group	2020			presented to the board setting out recommendation s		
<b>4.15</b> age		The SAB website is kept up to date	Business Manager	Mar 2019	Six Monthly check of wimprovement actions s	vebsite information com set	pleted and	Audit date schedule d	GREEN
2.14		The Board is assured that accessible	S/G Lead in each stakeholder agency	Dec 2018	•	ck of a random selection accessible information w Manager by 31/12	•	Spot check in progress	GREEN
2.15		safeguarding information is available for all	Business Manager	Mar 2019	Highlight report to Boa improve accessibility o	ard , with recommendat of information	ions on how to		GREEN
1.17	Providers who deliver services are able to influence the work of the SAB	Task and finish group to consider models of provider involvement	Business Manager / Independent Chair	Mar 2020		Task group will have identified a range of models to be tested by the steering group. Participants in the steering group will have been identified, this will include representation from the voluntary care			GREEN

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Ref	of the widest range of Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
						sector and membership agreed			
Page 302 1.18		Steering Group to test and implement models of provider involvement to coproduce the work of the SAB, including exploration of a linking in with existing provider forums and working with the CQC.	Business Manager / Independent Chair/Steering Group	Sep 2020			The steering group will have tested a selection of models and identified the preferred model and what resources or infrastructure will be required to achieve this – this will be provided by delivery of a report and recommendation s to the board		GREEN
1.19		Formal proposal to Board on recommending model and how to effectively implement this	Business Manager / Independent Chair/Steering Group	Dec 2020			A preferred model for involving providers in coproduction around strategic aims of the SAB		GREEN

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experience of the widest range of local people

Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
Page 30							will have been agreed and work will be underway to embed provider in coproduction with the board around the strategic aims of the SAB		
1.20		Implementation of provider involvement model	Business Manager / Independent Chair/Steering Group	April 2021			Agreed model goes live		GREEN
1.21		Review of provider involvement model	Business Manager / Independent Chair/Steering Group	June 2021			Review of model presented to the board setting out recommendation s		GREEN

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### Business Plan 2018 -21

# **Priority 2**

We will extend our links with other partnerships to work together to break down barriers across agencies and to promote approaches that safeguard people with those that care

about them, in their family and community

Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
<b>1.24</b>	We are assured that partners work together to recognise and respond to Domestic Abuse, including in respect of coercive control	Event on Domestic Abuse for partners to explore issues, understand priorities of the Domestic Abuse Strategy, and identify areas for improvement	SAB, with partners from LSCB, CSP's.	June 2019	Event held, areas for improvement identified and reflected in updated actions for the SAB or relevant subgroups			To be arranged at SAB in March 2019.	GREEN
1.22	We are assured that partners work together to recognise and respond to Domestic Abuse, including in respect of coercive control	All relevant training, guidance and awareness raising activities within partner agencies to include dynamics and impact of coercive control	Learning, Development & Dissemination subgroup	Dec 2019	Partner agencies have moderated all materials and confirmed content is reflective of this			Awaiting outcome of action 1.23.	GREEN
1.23		Domestic Abuse considered and areas for monitoring or improving practise identified.	Performance and Quality	Dec 2018	The subgroup puts mechanisms in place to 'test' the impact of actions 1.22 and 1.24			Will be added to Dashbaro d by Q4 18/19	RED

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### Business Plan 2018 -21

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	t them, in their family and co			Ву	Success Criteria	Success Criteria	Success Criteria	Progress	Current
Ref	Outcome	Action	By Who	When	2018-19	2019-20	2020-21	Update	RAG Status
<b>1.25</b> ეგ გემ	We are assured that relevant staff across agencies know how to identify risk of significant harm or escalation in Domestic Abuse and understand the relevance and application of Inherent Jurisdiction in this respect	Use of Safe Lives DASH-RIC to be promoted as best practice for risk assessment in Domestic Abuse and relevant support and training provided to staff	Safeguarding Leads & Principal Social Worker for 3 Local Authorities	June 2019	The workforce will be demonstrating application of appropriate risk assessment tools in practice and referrals being received by MARAC and DARIM will be reflective of this – the board expect to see an increase in referrals to monitor success	Continued increase in referrals	Level of referrals stabilises	Collection template with safeguar ding leads for completi on 31/12/18	GREEN
1.26		Independent audit will be arranged to review model of risk assessment being promoted and content of training material as assurance. Sample of Safeguarding Concerns for Domestic Abuse to be audited to	Performance and Quality	Decem eber 2019	The audit will demonstrate inclusion of relevant knowledge and skills in training, effective use of risk assessment tools, appropriate responses to identified risk and appropriate referral to MARAC and	Recommendations from audit 'tested' for compliance	Recommendation s from audit 'tested' for compliance	Awaiting outcome of 1.25	GREEN

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Ref	Outcome	Action	By Who	Ву	Success Criteria	Success Criteria	Success Criteria	Progress	Current
	Cutome		2,	When	2018-19	2019-20	2020-21	Update	RAG Status
		explore progress			DARIM,				
		and identify			recommendations				
		remaining			from audit				
		strengths and			considered by Board				
		tensions in practice			and implemented				
		Monitoring of level	Performance and	March	There is an increase of	non-police agencies ref	erring to MARAC	As per	
τ	,	of referrals to Multi	Quality	2019				1.23	
1.2%		Agency Risk							GREEN
1.2 O		Assessment							GILLIN
30		Conference							
J		(MARAC)							
	We are assured that staff	All agencies to	Safeguarding			Leads will be able to		Awaiting	
	across all agencies	identify and	Leads in all			feedback to the		response	
	recognise and respond	implement	organisations			Business Manager		s from	
	appropriately where there	appropriate				and Independent		Safeguar	
	are interdependencies in	methods to ensure		Dec		Chair what actions		ding	
1.28	relationships that mean	that staff apply		2018		their organisation		Leads,	RED
1.20	intervention with one	Think Family/Think		2010		has taken to achieve		deadline	
	person has implications	Community				this and what		30/11/18	
	for another, including	approaches in their				methods have been		not met.	
	recognition and response	practice				implemented and			
	to carers and other					how success will be			
	complex relationships					monitored.			
		Learning from SARs	Learning,	Jun		A learning event (or			
1.29		specific to this	Development &	2019		other mechanism)			AMBER
		context is	Dissemination			will have been			

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Ref	Outcome	Action	By Who	Ву	Success Criteria	Success Criteria	Success Criteria	Progress	Current
			<b>-,</b>	When	2018-19	2019-20	2020-21	Update	RAG Status
		disseminated to	subgroup			delivered including			
		the workforce and				these elements and			
		a simple survey has				a survey will			
		been undertaken				evidence the			
		(e.g. Survey				message has reached			
		Monkey) to				an acceptable (to be			
		measure what				agreed by the			
Pa		proportion of the				Independent Chair)			
age		workforce this has				proportion of the			
30		reached				workforce across			
)7						partner agencies. If			
						success criteria are			
						not achieved, this			
						will inform review of			
						how to more			
						effectively			
						disseminate			
						information			
	We are assured that local	Review and	Local Authority		A report on the			Governa	
	safeguarding	monitor current	Safeguarding	Mar	governance			nce	
	arrangements for people	governance	Leads	2019	structures within			report	
3.31	who have Mental Health	structures and			each area will have			presente	GREEN
3.31	issues are effective	accountability for			been provided to the			d in June	GREEN
		safeguarding in			Board, with analysis			2018	
		local mental health			of the strengths and			Board,	
		services			any tensions. This			will be	

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Ref	Outcome	Action	By Who	Ву	Success Criteria	Success Criteria	Success Criteria	Progress	Current
rage				When	will be used for the Board to consider in conjunction with the outcomes of the independent audit (below)	2019-20	2020-21	presente d on a six monthly basis. LA safeguar ding leads to report by 31/3/19.	RAG Status
3.32		Independent audit of a random selection of Safeguarding Concerns in the three CMHT areas to be undertaken to measure compliance with policies and procedures and effectiveness of safeguarding interventions in a multiagency context	Performance and Quality	Jan 2020		A report on the outcomes of this audit will have been provided to the Board with analysis and recommendations. This will be used for the Board to consider in conjunction with the outcomes of the review of governance structure (above)		Awaiting completi on of 3.31	GREEN

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about	t them, in their family and co			D.	Success Criteria	Success Criteria	Success Criteria	Виолиоло	Current
Ref	Outcome	Action	By Who	By When	2018-19	2019-20	2020-21	Progress Update	RAG Status
3.33 Page	We are assured that partners work together to respond to Modern Slavery and Human Trafficking issues	Modern Slavery and Human Trafficking strategic pathway agreed and published	Business Manager	June 2020	2010-13	2013-20	The strategic pathway is in place, has been published and is in an accessible format to all stakeholders and the workforce	Currently in draft with the P&P Group	GREEN
3.34		Strategic pathway is referenced and promoted via training and other learning materials/events	Learning, Development & Dissemination subgroup	Dec 2020			There is auditable evidence of this in place		GREEN
3.35		Audit template to be developed and agreed for audit of relevant cases for local implementation	Safeguarding Leads, 3 Local Authorities	Dec 2020			A consistent audit template is in use across the three local authority areas and a copy of the template has been provided to the Business Manager		GREEN
3.36		Relevant cases to be audited to	Safeguarding Leads in Local	Dec 2020			A sample of cases across the AOR		GREEN

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Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
Page 310		confirm whether strategic pathway is being followed and best practice adhered to locally	Authorities, TVP		2020-23		has been audited and both good practice and tensions identified and collated thematically. The outcome of this will inform further work in this area.	Opuate	
1.37	Organisations have in place policies and processes to manage allegations against persons in position of trust	Framework for the Management of Allegations against Persons in Position of Trust – is published	Policy and Procedures – Berkshire wide	Dec 2018	Framework endorsed by Board in 2017/18 is published.			Awaiting publicati on	GREEN
1.38	We are assured that local arrangements to support and minimise risks for people who self-neglect are effective including; clear policies and procedures, recognition of risk, management of	Review to be undertaken to inform the SAB with an objective perspective on current status	Commissioned Independent Auditor	Dec 2018	Review will be completed and submitted with clear recommendations			Endorsed by Board in Decembe r 2018	COMPLETE D

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Ref	Outcome	Action	By Who	Ву	Success Criteria	Success Criteria	Success Criteria	Progress	Current
			,	When	2018-19	2019-20	2020-21	Update	RAG Status
	complex cases and	All agencies to	Safeguarding		Reviewer will be			Informati	
	outcomes for individuals	proactively engage	Leads all agencies		provided with access			on	
		with independent		Sept	to all information			received	COMPLETE
1.39		review to enable		2018	required in a timely				D
		this work to be			manner to enable				D
		concluded in a			completion of the				
		timely manner			work				
رة		Recommendations	All subgroups in		Audit tool devised	Continue	Continue	Added to	
ge		from review to be	context of each		(or current audit	measurement	measurement	Learning	
4		implemented and	groups TORs		tools amended) to			from	
1.40		compliance and		Mar	measure success on			SAR/Audi	COMPLETE
1.40		outcomes to be		2019	recommendations			t	D
		audited						Impleme	
								ntation	
								Plan	

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Business Plan 2018 -21

Priority 3		ning and develop inno veryone's practice	vative ways to sup	port both pa	aid and unpaid organis	ations across the partne	ership to continually	build confid	ence and the
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
age 312									

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### Business Plan 2018 -21

Priori	ority 3 We will share learning and develop innovative ways to support both paid and unpaid organisations across the partnership to continually build confidence and the effectiveness of everyone's practice										
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status		
1.42 3.73 3.73	We have considered a range of options for undertaking SARs	A range of (new) models of undertaking SARs will have been considered, including how and when they could be used. Recommendations provided back to the SAB	Safeguarding Adults Review Panel	June 2019	A range of options will have been considered with evidence as to the rationale for including them or not including them in an agreed list of options. Going forwards, panel minutes will evidence consideration of the most proportionate and effective model in the context of each SAR commissioned, with clear rationale applied	Annual review of SAR models	Annual review of SAR models	Meeting to be held with Pan Berks SAR leads.	GREEN		
4.43	Learning from SARs is shared and agencies embed this in their practice	SARs will be published in a timely manner with learning, recommendations and Action Plans shared with	Safeguarding Adults Review Panel	Upon sign off of SAR	prevent delay in sharir	e of timely sign off a pub ng and embedding of lea s to be set by Adults Saf	arning.	Endorse ment of Learning from SAR/Audi t Impleme	Completed		

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### Business Plan 2018 -21

Priority 3		rning and develop inno everyone's practice	vative ways to suppo	ort both p	paid and unpaid organis	ations across the partne	ership to continually	build confid	lence and the
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
		partner agencies and sub groups effectively and efficiently to support effective dissemination						ntation Plan	
4.44 Page 314		Learning from SARS will be logged and monitored on the Boards Learning from SAR/Audit Implementation plan	Business Manager	On Endors ement of SAR	All learning will be trac	cked and success measu	res monitored.	Endorse ment of Learning from SAR/Audi t Impleme ntation Plan	COMPLETE D
1.45		Evaluation template for training to include questions to evaluate how practitioners have taken on and embedded learning	Learning, Development & Dissemination subgroup	March 2019	template for training in	rovided evidence that the ncludes a mechanism for use and embed their lea ss will be measured	r identifying how		AMBER

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Priori	•	We will share learning and develop innovative ways to support both paid and unpaid organisations across the partnership to continually build confidence and the effectiveness of everyone's practice								
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status	
1.47		Learning from SARs completed by other boards	Business Manager/ Subgroup Chair Meeting	Ongoi ng		of published SARS and co de are appropriate for the ent		Awaiting RIPHA National Library	GREEN	
Page 315		The Learning from SAR and Audits Implementation Plan is used to monitor response to findings by partner agencies upon publication of SARs	Performance and Quality	Quart erly		vided to the board prov are being responded to c	-	Highlight report to be taken to each board.	GREEN	
2.49	Training plans reflect the priorities in the Business Plan	Review training plans to ensure they address agreed priorities	Learning, Development & Dissemination subgroup	Dec 2018	their training plans hav	provided feedback to th ve been reviewed and w dress agreed priorities. T Chair	hat assurances		RED	
2.50		Deliver core training at all levels of organisations to support the sector	Safeguarding Lead each organisation	Dec 2018	delivered at all levels o	to the subgroup that co of the organisation ne core training and acc			RED	
1.51	We are assured that effective supervision is taking place within agencies	Audit template to be designed, which includes a range of measurable	Performance and Quality Subgroup	Dec 2018	An audit template has been agreed, which has been signed off by board	Annual review of audit tool	Annual review of audit tool	Audit template approved however	AMBER	

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Priority 3		earning and develop inno feveryone's practice	vative ways to suppo	ort both p	paid and unpaid organis	ations across the partn	ership to continually	build confid	lence and the
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
		outcomes on the delivery and effectiveness of supervision, leadership and case oversight in Adult Safeguarding			and is ready to be used in agencies			currently being redrafted by safeguar ding leads.	
<b>1.52</b> age 316		Audit to be undertaken within each organisation using agreed tool to look at effectiveness and type of supervision being delivered (e.g. reflective, informal, ad-hoc, peer, clinical, group, observational), frequency and effectiveness (including that safeguarding is being considered), and strengths and tensions. Findings	Safeguarding Leads all agencies	June 2019	Audit has been undertaken in each organisation and a report received for each, including strengths, tensions and recommendations fed back to subgroup	Ongoing monitoring of the effectiveness of supervision, with specific priority identified and improvements recommended.	Ongoing monitoring of the effectiveness of supervision, with specific priority identified and improvements recommended.	Audit due to start April 2019.	GREEN

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Priori	ty 3 We will share lear effectiveness of ev	•	vative ways to suppo	ort both p	paid and unpaid organis	ations across the partne	ership to continually	build confid	ence and the
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
		to be reported back to Performance and Quality Subgroup.							
<b>1.53</b> Page 317		Results of audits discussed and key themes for learning identified.	Performance & Quality	Dec 2019		Key learning identified and shared with LD&D Subgroup			GREEN
1.53 b		Learning from this exercise to be shared with agencies to encourage use of a diverse range of effective models	Learning, Development & Dissemination subgroup	June 2020		The sub group has reported to the board on what methods of dissemination have been used to share the findings of this audit with stakeholders	The subgroup seek feedback to how useful the information shared with stakeholders has been.		GREEN
1.54	Staff and volunteers are supported to improve their skills and confidence	Develop opportunities for peer support both within and across agencies	Learning, Development & Dissemination subgroup	June 2019	Implementation plan to board including success targets	Update report to board on outcomes of peer support		SAB RAMP Roadsho w to be develope d	AMBER
1.55		Develop opportunities for	Learning, Development &	June 2019	Quarterly Adult Safegut focuses on reflective le	uarding Forums establish earning.	ned and agenda		AMBER

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Priorit	•	will share learning and develop innovative ways to support both paid and unpaid organisations across the partnership to contectiveness of everyone's practice							
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
F		practitioners to discuss and reflect on cases, including use of quarterly Adult Safeguarding forums for managers and practitioners	Dissemination subgroup		There will be a publish Regular 'testing' of me	learning are identified.  ned programme of evente  ethods used completed to  ng methods are effective	to assure the		
age 31 <mark>8</mark>		Develop Standardised Development & Development & Dissemination Sized sessions for VCS Regular 'testing' of methods used completed to assure the Subgroups that learning methods are effective.					GREEN		
1.57		Develop and promote learning opportunities for volunteers	Reading Voluntary Action, Involve Wokingham, Volunteer Centre West Berkshire and the Learning, Development & Dissemination subgroup	Mar 2020	Inclusion of volunteers will be considered and implemented where appropriate for all learning opportunities created by the subgroup	Mechanisms for peer sacross agencies will be opportunities will be paccessed  Regular 'testing' of mecompleted to assure the learning methods are sacrossed	support within and e in place and publicised and being ethods used he subgroups that		GREEN
1.58		Joint Children's and Adults Safeguarding	Learning, Development & Dissemination	Jan 2019	•	s for volunteers will be in d will have been publicis	•		GREEN

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Priori	y 3 We will share learn effectiveness of ev	•	vative ways to suppo	ort both p	aid and unpaid organisa	ations across the partne	ership to continually	build confid	ence and the
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
1.59		Conference on theme of Prevention and Early Intervention	subgroup Joint safeguarding conference group	March 2019	• '	ew the conference and recesses and recommend	•		GREEN
4.60		Deliver Safeguarding Adults Train the Trainer programme	Learning, Development & Dissemination subgroup	March 2019	•	ch includes key prioritie d level of attendance ex	• •		RED
Page 319 4.6		Report on training activity for 2017-18 for SAB annual report	Learning, Development & Dissemination subgroup	Dec 2018	Report delivered recor planning	mmendations will steer t	future business	Data received	COMPLETE D
1.62	Adult safeguarding services are person led and outcomes focused because people are encouraged and supported to make their own decisions				Safeguarding Personal Interest Duty and Information Making Safeguarding Padult Safeguarding, from abuse or neglect where People are involved in earliest opportunity (1) or their representative participants in decision	safeguarding interventions about me, without (where appropriate) are	the culture of sing indicators of ons from the cult me') and they,		
		Ensure that adult safeguarding	Learning, Development &	March 2019	Audit of training content completed				RED

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Priori	ity 3 We will share lear effectiveness of ev		vative ways to supp	ort both p	paid and unpaid organisa	ations across the partne	ership to continually	build confid	ence and the
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
Page 320		training is based on Making Safeguarding Personal principles balanced with understanding of Duty of Care and Public Interest Duty	Dissemination subgroup		and subgroup are satisfied that the criteria has been met, or where is has not been changes have been made.				
1.65	We provide feedback to those who raise a safeguarding concern	Training emphasises the importance of providing feedback to the referrer	Learning, Development & Dissemination subgroup	Mar 2019	All agencies understand when feedback should be provided and are active participants in seeking out feedback, subgroup will create and implement monitoring process to ensure occurring and highlight issues to the board.			To link in with training audit action 1.62	RED
1.66		Compliance with	Performance and	Mar	Audit evidences that				RED

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Prior	ty 3 We will share learn effectiveness of ev	•	vative ways to suppo	ort both p	paid and unpaid organis	ations across the partne	ership to continually	build confid	ence and the
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
rage		providing feedback at the point of decision (whether to proceed to Sec 42 enquiry) and at conclusion, to be measured via all (existing) internal and independent audit processes	Quality	2019	feedback is being provided to referrers as appropriate, and in a timely manner, subgroup to set timely manner.				
1.67	Independent providers deliver safe, high quality services and the Board is assured that safeguarding processes are adhered to in line with Care Act requirements	Assurances will be provided to the Board that safeguarding processes are robust and fit for purpose in independent provision, including Home Care.	DASS and other commissioners	Mar 2019	The annual self- assessment audit will be submitted in a timely manner and will provide an evidence base	The annual self- assessment audit will be submitted in a timely manner and will provide an evidence base	The annual self- assessment audit will be submitted in a timely manner and will provide an evidence base	Self- Assessme nt Deadline Jan 2019	GREEN
1.68	We are assured that all stakeholders are following the <i>Berkshire Pressure Ulcer Pathway</i> to ensure effective delivery of care and robust consideration of safeguarding concerns	Recommendations from audit conducted in 2017/18 will be published	CCG Safeguarding Lead / Business Manager	Dec 2018	Findings will have been shared with all relevant agencies			Report endorsed by Board June 2018 Task and Finish	GREEN

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Priority 3	We will share learning and develop innovative ways to support both paid and unpaid organisations across the partnership to continually build confidence and the effectiveness of everyone's practice									
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status	
1.69 Pagg	this context	Recommendations from that review will be implemented	Pressure Care Task and Finish Group – managed by Performance and Quality	March 2019	Task and Finish Group to present progress to the Board in March 2019			Group in place to address learning.  T&F Group in place led by CCG.	No Longer applicable	
1.70		Review audit will be undertaken to measure progress in respect of compliance and effectiveness and extended to also include consideration of Grade 2 pressure wounds as well.	Performance and Quality	June 2019	There will be improved compliance with application of the pathway and the strengths and tensions around its impact on effective delivery of care and consideration of safeguarding concerns will be understood to inform any further strategic work			Await steer from task and finish group.	Amber	

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Priorit	ty 3 We will share lear effectiveness of ev	•	vative ways to supp	ort both p	aid and unpaid organis	ations across the partne	ership to continually	build confid	ence and the
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status

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Priori	ty 4 We will understan	We will understand how effective adult safeguarding is across the West of Berkshire to ensure that we identify emerging risks and take action accordingly										
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status			
						2013-20	2020-21	Opuate	NAG Status			
3.71	We have verified that the	Survey Monkey will	Business Manager	Cont	An acceptable (to be							
	workforce is accessing and	be used to obtain		Sept 2019	agreed by				GREEN			
	using the Pan Berkshire	subjective			Independent Chair)							
	policies and procedures	feedback from the			proportion of the							

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Priority 4 We will understand how effective adult safeguarding is across the West of Berkshire to ensure that we identify emerging risks and take action accordingly									
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
	following their launch	workforce as to whether they are accessing the policies & procedures and to capture their perspective on the strengths and tensions			workforce will be accessing the policies and procedures				
3.72		Website hits will have been analysed to provide an objective perspective on how often and from where the documents are being accessed	Business Manager	Sept 2019	Analysis will evidence the website is being accessed proportionately across the AOR and that website hits are at an expected/acceptable level				GREEN
1.73		Internal and Independent audits of Adult Safeguarding work will include consideration of whether Pan Berkshire policies and procedures are being correctly	Performance and Quality		Audit will evidence Pan Berkshire policies and procedures being appropriately applied in practice			To be included within any audits that take place.	GREEN

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Priori	ty 4 We will understan	d how effective adult	safeguarding is acros	ss the We	st of Berkshire to ensur	e that we identify emer	ging risks and take a	action accord	dingly
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
1.74	We understand what the data tells us about where the risks are and who are the most vulnerable groups	implemented Audit outcomes are analysed and the Board takes required actions to address identified areas of concern across partner	Performance and Quality and Safeguarding Leads	Quart erly	and strategic focus and	audit outcomes are known, are informing relevant action plans and strategic focus and are being fed into training to ensure equired actions are embedded in culture		All audit outcome are added to learning from sar/audit	COMPLETE D
<b>1.75</b> age 325		agencies.  Dashboard is monitored and developed to ensure Board is informed of the KPI data	Performance and Quality	Quart erly	The Dashboard is mon provided with accurate	itored dynamically and see and timely data	the Board is	plan.	GREEN
1.76		Develop understanding of the local level of risk for victims of FGM by reviewing local and national FGM data	Performance and Quality	Mar 2019	The local level of risk is known, in order to inform future strategic work and any key messages are disseminated in a timely manner, including in training where required				RED
1.77		Develop understanding of local level of risk for victims of	Performance and Quality	Mar 2019	The local level of risk is known, in order to inform future strategic work and				AMBER

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Priori	ty 4 We will understan	d how effective adult :	safeguarding is acros	ss the We	st of Berkshire to ensure	e that we identify emer	ging risks and take a	action accord	dingly
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
		Modern Slavery by reviewing local and national Modern Slavery data			any key messages are disseminated in a timely manner, including in training where required				
1.78°	Feedback from people having experienced intervention via a Sec 42 Enquiry is used to inform practice development and the strategic aims of the SAB	Ensure feedback is routinely obtained from all people subject to a Sec 42 enquiry via mandatory review of desired outcomes expressed at outset	Safeguarding Leads in the 3 Local Authorities	Mar 2019	There is evidence that desired outcomes expressed at the start of the intervention are being reviewed with the individual or their representative at the end of an intervention			Safeguar ding Leads to summari se data collectio n methods no response received.	RED
1.79		Provide mechanism for collating and analysing this feedback to inform practice development and strategic focus	Performance and Quality	March 2019	There is a mechanism in place to collate this feedback and to extract themes for feedback to the board			Waiting completi on of 1.78	RED
1.80		Ensure feedback obtained is being shared across partners and is informing learning	Learning, Development & Dissemination subgroup	June 2019	There is evidence that themes have been shared with stakeholders and relevant knowledge				AMBER

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# Business Plan 2018 -21

Priori	ty 4 We will understan	d how effective adult	safeguarding is acros	ss the We	st of Berkshire to ensure	e that we identify emer	ging risks and take a	action accord	dingly
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
		events and training			and information is				
					embedded in				
					training and culture				
	The Board is assured that	A thematic audit	Performance and		A consistent method			Audit	
	local arrangements to	programme will be	Quality		for auditing			schedule	
	support and minimise risks	agreed, based on	Quanty		multiagency work			will be	
	are effective	areas of risk and			across the three			planned	
7,00		learning from SARs.			Local Authority areas			as part of	
1.85		Audits will use an			will be in place.			the	
, C		agreed template			Findings are being			Learning	
1		and review			fed into the board			from	
		interventions in a			and there is evidence			SAR/Audi	
		multiagency			of learning being			t	
		context and be		Mar	disseminated across			Impleme	COMPLETE
		undertaken		2019	organisations and			ntation	D
		consistently across			into the work of the			Plan.	
		the AOR. Note. For			subgroups				
		efficiency, this							
		action may							
		incorporate other			Audits carried over				
		references to audit			17/18:				
		in this business			Tissue Viability				
		plan i.e. audits are			Dementia				
		designed to cover			Abuse in own home				
		multiple actions							
1.82	The Board is assured that	Local guidance	Safeguarding	Dec	Relevant documents			Awaiting	AMBER

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Priori	ity 4 We will understan	d how effective adult	safeguarding is acros	ss the We	st of Berkshire to ensur	e that we identify emer	rging risks and take a	action accord	dingly
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
Page	Adult Safeguarding interventions are compliant with the MCA 2005 and that the principles of MSP are adhered to, including; appropriate involvement of advocacy to ensure person-centred responses	documents and tools to be reviewed to ensure they promote compliance with formal assessment of capacity to consent to a safeguarding intervention, where required	Leads 3 Local Authorities	2018	will support compliant formal assessment of mental capacity and direct the workforce to evidence rationale for decisions reached			response from Safeguar ding Leads	
1.83		Audit of completed Safeguarding cases to include analysis whether decisions that service users lack capacity to consent, demonstrate compliance with application of the diagnostic and functional tests	Performance and Quality	Mar 2019	Audit will evidence that the workforce is correctly applying the MCA and decisions that a person lacks capacity to consent to a safeguarding intervention (or associated decisions) have an auditable and lawful rationale recorded				GREEN
1.84		Compliance to be raised amongst the workforce about how and when to	Safeguarding Leads, Principal Social Workers and Learning,	Jun 2019	There will be a clear understanding of when access to advocacy must be			Complian ce is increasing reported	GREEN

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# Business Plan 2018 -21

Priori	ty 4 We will understan	d how effective adult	safeguarding is acros	ss the We	st of Berkshire to ensur	e that we identify emer	ging risks and take a	ction accord	lingly
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
Page 329		involve advocacy and how to ensure this is effective	Development & Dissemination subgroup		facilitated and what its role is. Audit will demonstrate application of this in practice			on Dashboar d and as part of section 42 audits.	
1.85	The Board has a comprehensive and effective Quality Assurance Framework	Review, update and implement current SAB Quality Assurance Framework	Business Manager, Performance and Quality	March 2020		There will be a revised Quality Assurance Framework in place that partners have completed and	Annual review of SAB Quality Assurance Framework, completion of assessment for all		GREEN

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Priori	ty 4 We will understan	We will understand how effective adult safeguarding is across the West of Berkshire to ensure that we identify emerging risks and take action accordingly					lingly		
Ref	Outcome	Action	By Who	By When	Success Criteria 2018-19	Success Criteria 2019-20	Success Criteria 2020-21	Progress Update	Current RAG Status
						summarised to the	partners, key		
						Board.	themes and		
							actions presented		
							to the Board.		

Reference Key	Priority Level	Deadline Date
1	High	6 Months or under
2	Medium	6-18 months
3	Low	Over 18 months
4	Business As Usual Task	

RAG Criteria	RAG Status	Scenario	Boards Responsibility
	Red	The implementation plan is not in place or there are delays which means the action will not be achieved in timescale.	To understand issues impacts on action and agree how to mitigate the risk, by using risk mitigation log.
Progress against Business Plan	Amber	The implementation plan is in place there is a risk that the deadline will not be met.	To Note
	Green/Completed	The action has been completed or there is an implementation plan in place and the timescale is expected to be met.	To Note

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#### Business Plan 2018 -21

#### Amendments to the Business Plan

In order to ensure that the plan is reflective of current priorities and incorporates ongoing learning, amendments will be made to the business plan. Any amendments will be approved by the Board.

#### Subgroups

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All subgroup are required to set an action plan to deliver the outcomes within the business plan, providing clear measures for success. Subgroup chairs and West Berkshire lead for the Policies and Procedures group, will meet on a quarterly basis, with the Independent Chair and Business Manager; to discuss business plan progress and to ensure that the Subgroups are working together effectively.

#### **Performance and Quality**

- To set an action plan to deliver the outcomes within the business plan
- Provide an interface with the Pan Berkshire 'Policy and Procedure' group
- Develop a range of mechanisms for measuring outcomes in respect of assuring the SAB about the effectiveness of safeguarding activity in practice, including implementation of Action Plans from SARs and trends being identified through data reporting
- Oversee performance and data quality of all safeguarding activity across the area
- Develop and maintain a framework, which ensures there are effective and accountable quality performance indicators and monitoring systems in place
- Produce regular reports to the SAB, which ensures a consistent approach and good quality of safeguarding provision is maintained across all partner agencies
- Consider trends in safeguarding activity and share these with the SAB and the other subgroups for them to support relevant work, as required

# **Learning, Development & Dissemination**

- Ensure there is a skilled workforce to help protect adults at risk and ensure there is awareness across all organisations, including independent and voluntary sectors
- Develop the training competency framework, ensuring this remains up to date and is informed by practice
- Ensure learning from SARs is embedded in training and that a range of methods are used to disseminate the learning to organisations and the workforce

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#### Business Plan 2018 -21

• Ensure organisations and the workforce are kept informed on the work of the SAB, awareness around relevant information and issues is maintained and that promotional learning messages are delivered ('soft touch learning')

#### **Safeguarding Adults Review Panel**

- Develop a range of options/models for undertaking SARs
- Consider all requests for SARs
- Where it is agreed a SAR is required to agree the most effective and proportionate type of SAR to commission
- Commission, manager and monitor any reviews
- Keep the SAB informed of any reviews
- Share Action Plans from reviews with SAB and with relevant

# Policy and Procedures - Berkshire wide

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The Policy and Procedures Sub Group has the responsibility for undertaking the development and review of Policy and Procedures by:

- Considering suggested changes to the "Berkshire Multi Agency Adult Safeguarding Policy & Procedures";
- Approving draft/update Board Safeguarding policies/guidance and procedures which will be sent to the four Boards for final ratification and adoption;
- Addressing gaps in the "Berkshire Multi Agency Adult Safeguarding Policy & Procedures";
- Considering the implications of changes to national policy guidance and legislation;
- Considering recommendations arising from local and national serious case reviews, domestic homicide reviews and Safeguarding Adults Reviews;
- Ensuring Making Safeguarding Personal is embedded in the "Berkshire Multi Agency Adult Safeguarding Policy & Procedures";
- Ensuring the "Berkshire Multi Agency Adult Safeguarding Policy & Procedures" is subject to appropriate equality impact assessment;
- Presenting policy and procedures to the four SABs in Berkshire for agreement and adoption;
- Making recommendations to the four Safeguarding Adults Boards in Berkshire for hosting, ongoing maintenance and updating of the "Berkshire Multi Agency Adult Safeguarding Policy & Procedures";
- Sharing information and good practice and promoting, where appropriate, joint development of common procedures.

The lead for the Berkshire SAB will be responsible for:

- Co-ordination of local policies and procedures updates when the Policy and Procedures Subgroup introduce/update a policy or procedure
- Ensure local standards, policies and procedures are in place and are updated at least annually, both in line with Pan Berkshire developments and wider legislative or guidance changes

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• Ensure the importance of safeguarding adults is included in other policy documents, e.g. Domestic Abuse, Safeguarding Children etc.

# **Task and Finish Groups**

In order to achieve the actions within the plan the following Task and Finish Groups will be established these will be led by the appropriate subgroup as listed.

Ref	Action	Lead Subgroup
1.6	Task and finish group to consider models of service user involvement	Performance and Quality
1.7	Task and finish group to consider models of provider involvement	Performance and Quality

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# **Safeguarding Annual Report**

April 2017 - March 2018

**Author**: Jane Fowler – Head of Safeguarding

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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 children and adults at risk and to provide a review of recent service developments highlighting areas of ongoing work and any risks to be noted.

Since September 2016, BHFT have amalgamated safeguarding children and adult work under one team to promote a 'Think Family' approach to safeguarding.

# 2. The Statutory Context

All organisations who work with children and young people share a responsibility to safeguard and promote their welfare. This responsibility is underpinned by a statutory duty under Section 11 of the Children's Act 2004, which requires all NHS bodies to demonstrate substantive and effective arrangements for safeguarding children and young people.

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 and the *Francis Report (2013)* and safeguarding work operates within the legal framework of the Care Act 2014.

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 Arrangements

The Chief Executive Officer holds responsibility for safeguarding for the Trust which is delegated to the Director of Nursing and Governance. This responsibility is clearly defined in the job description. The structure for the Safeguarding Team and current lines of accountability are attached as Appendix one.

The Safeguarding and Looked After Children Group and the Safeguarding Adults Group are chaired by the Deputy Director of Nursing. These are formal sub-groups of the Safety, Experience and Clinical Effectiveness Group which reports to the Quality Executive Group and ultimately to the Trust board. These groups are established to lead and monitor safeguarding work within BHFT and meet quarterly. The board also receives a monthly update on safeguarding cases of concern.

The Head of Safeguarding chairs monthly Safeguarding 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 Two). There are currently 2.8 whole-time equivalent (WTE) adult safeguarding named professional posts divided between three staff members, and 5.6 WTE posts for child safeguarding. A one year secondment has been agreed to support Mental Capacity Act work within the Trust from April 2018. 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. Three Specialist Practitioners and two Nursery Nurses also work within the team providing information from across the health economy to the six Multi-agency Safeguarding Hubs (MASH)

across Berkshire. The Head of Safeguarding works as a full time manager for the whole team. In September 2017 one of the named professional posts became a joint named professional/Assistant Head of Safeguarding post to support with management and strategic safeguarding work. The Trust also has a Named Doctor for Child Protection who is a Consultant working within CAMHS and who works closely with the safeguarding leads. There are named leads for the following areas:

- PREVENT (including Children and Adults)
- Missing, Exploited and Trafficked
- Looked After Children
- Female Genital mutilation
- Safeguarding Manager for Managing Allegations
- Mental Capacity Act and Deprivation of Liberty Safeguards

The Deputy Director of Nursing and the Head of Safeguarding attend the quarterly East and West Berkshire Health Economy Safeguarding Committees chaired by the Director 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 Berkshire Named and Designated Safeguarding Groups, which report to the health economy safeguarding committees. The purpose of these groups is to communicate local and national safeguarding issues. These meetings encourage shared learning from safeguarding practice and include case discussion and monitoring of action plans from inspections, serious case reviews and partnership reviews to provide assurance.

Safeguarding representation is also provided as required at patient safety and quality groups (PSQ) and other working groups providing advice and oversight on safeguarding matters. The Head of Safeguarding is a member of the Child Death Overview Panel for Berkshire.

# 4. Assurance Processes, including Audit

#### Section 11 Audit.

This is a working document measuring statutory compliance required under Section 11 of the Children's Act 2004. It is monitored and updated on a biannual basis. The Section 11 audit for BHFT is submitted as required to the designated LSCB Section 11 monitoring group. This group has responsibility for monitoring all statutory and non-statutory organisations that are required to complete Section 11 audits across Berkshire. This document is available for submission during Local Authority Ofsted/CQC inspections; all categories are considered effective. Actions to be taken by BHFT are documented within the assessment and are monitored by the Safeguarding Children Team and the Safeguarding Children and Looked After Children Group.

#### **Self-assessment Safeguarding Audit**

In addition Clinical Commissioning Groups (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 adult and child safeguarding arrangements to 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.

#### **Quality Schedule**

The Trust submits a quality schedule report for safeguarding to the CCG's on a quarterly basis which measures Trust safeguarding performance against nine standards.

# Safeguarding Audits.

Audit is an effective means of monitoring compliance with policy and procedure as well as analysing the effectiveness of current practice. Six internal safeguarding audits were undertaken during 2017/18 and named professionals participated in multi-agency audits across the localities.

Audit	Completion
Audit of Safeguarding children advice line	Completed October 2017
Audit of Safeguarding Children Form on RiO Electronic Record	Completed January 2018
Audit of Patients who go absent without leave (AWOL) at Prospect Park hospital	Completed January 2018
Two Mental Capacity Act Audits - November and March	Complete
Audit of Child Protection Record Keeping March 2018	In progress

#### 1) Audit of Safeguarding Advice line

A random sample of communication sheets completed by named professionals for safeguarding children were audited. The purpose of the audit was to identify whether staff across the Trust are seeking advice about child protection matters and whether advice given is documented in the records by the practitioner seeking the advice and actions are taken as advised. Ten percent of advice sheets were audited from Quarter One, between April and June 2017. Twenty advice sheets were audited in total.

Findings: The amount of calls to the advice line during the period audited was similar to the same period the previous year. The range of callers was diverse coming from both children and adult services across the Trust. Twenty percent of calls came from Talking Therapies. However, a review of the whole period showed very few calls from Community Mental Health Services. The highest number of calls came from practitioners working within Reading which corresponds with the locality where the highest number of child protection cases are held. The advice given was recorded in the records of eight out of ten (80%) of the cases where it was possible to access the record for the purpose of the audit. Six could not be reviewed as the name of the child was not recorded on the advice sheet; four were advice given to Talking Therapies which uses a different record keeping system which could not be accessed. Actions were evidenced as completed in five of the ten cases however, it was identified that in some of the remaining cases, the value was in the discussion and no further actions were required. As a result of the findings of the audit seminars

have been given to all Community Mental Health Teams on the voice of the child when working with adults under stress and staff have been reminded about where to seek advice.

#### 2) Audit of Safeguarding Children Form on RiO Electronic Record.

The safeguarding children risk form, on the RiO electronic health record for each child, has now been in use for two years. After six months the safeguarding form was audited to see how easy practitioners found it to use the form and whether it was useful in practice. Following the initial audit, minor changes were made to the form. The safeguarding form was designed to enable practitioners to see at a glance if there were any the safeguarding issues for a child, whilst at the same time holding important information about the contact details for the social worker and the details of future meetings. This information was to be held all in one place, allowing anyone viewing the record to quickly access the information. The purpose of this audit was to look at whether the form is being used and completed correctly by staff.

The audit cross referenced the RiO safeguarding children at risk form, which is accessed from the demographic page of a child's record, with other information held in the progress notes and document sections of the RIO electronic health record for each selected case. The form was checked to see if the form corresponded with the information in the record. A total of 22 child health records were audited, from across the locality areas of Reading, West Berkshire, Wokingham, Bracknell and also CAMHS who cover all areas across Berkshire. The results were positive, with 20 out of 22 (91%) of the forms being filled in correctly and indicating the correct level of risk. In two of the cases the level of risk had not been updated from child protection to child in need. Other information on the form includes dates of future key meetings, name and contact details of the social worker, any domestic abuse incidents, and changing level of intervention.

#### Findings:

The audit found evidence that the safeguarding form is being used correctly. 91% were fully completed and updated with the correct level of risk to the child. Two forms were completed but required updating. Staff commented that they found the safeguarding form useful but it is time consuming to complete when there are several children in a family as each form is required to be filled in separately. The audit provided assurance and there were no actions identified from the audit. The two members of staff who had not updated the level of risk were reminded to do so.

#### 3) Audit of AWOLs at Prospect Park Hospital

The aim of the audit was to look at whether staff at Prospect Park Hospital follow procedures when patients held under section 2 or 3 of the Mental Health Act 2005, either leave the ward without permission or do not return from section 17 leave within the agreed time period and become absent without leave (AWOL). The audit also aimed to address concerns raised by the police during the Berkshire-wide Protocol in Practice meeting. The police reported that there have been a number of occasions where staff did not inform them when patients return from AWOL. This has led to the police using already constrained time needlessly searching for a patient. The audit also reviewed whether patients returning from AWOL were given one to one support to try to understand why they left the hospital without permission or did not return from leave on time, in order to facilitate learning. The four acute wards at Prospect Park Hospital were audited during the month of August 2017.

#### Findings:

The total number of patients signed in and out of the ward record books for the month of August 2017 was 5,285. There was a total number of 25 AWOLs reported to the Datix department in the month, of which 20 AWOL records were for patients under section and the remaining were for informal patients. The

percentage of patients going AWOL was 0.47% of all episodes of leave from the four acute wards during the month of August including informal patients. Periods of negotiated time out of the ward, or to go on leave, are an important part of a patient's care and are designed to assess mental state and risk & prepare patients for discharge.

- There were some inconsistency in the way wards have been following policy and procedures on reporting and recording missing/absent patient. However, overall the policy and procedure have been followed either fully or partly by the ward staff.
- Only 50% of the patients who reported being absent/missing from the hospital wards were given a 1 to 1 by staff when they returned, to find out the reason for their absence.
- For all the AWOL incidents reported during August, patients returned to the ward either of their
  own accord or escorted by the police. There was no harm to the patients or others reported during
  the AWOL period.
- For all episodes where the AWOL was reported to the police, the police were also informed when the patient returned to the ward.
- There were no records to show that the Local Authority was notified when a patient returned to the ward.
- Sectioned patients who managed to leave the ward without section 17 leave were reported being absent/missing from the ward, even if they were not out of the hospital.
- There were only 3 cases where staff made an effort to search patients home or requested support from the crisis team.
- Only 5 cases of AWOL were reported to a member of the patient's medical team, as required by the policy.
- Record keeping- One absence reported on Datix was omitted from the audit as there was no record
  of it on the patient progress notes.

Overall the audit found that staff have been following Trust policy and procedure on missing/absent patients from mental health services. However, there were some inconsistencies and gaps identified in the way the policy has been followed by staff. The policy aims to ensure that BHFT staff effectively report and find missing patients, learn from incidents and minimise risk. There will be a further audit in August 2018 to test against learning from the audit around informing the police in a timely manner when a patient returns and ensuring patients are offered a one to one with staff.

#### 4) Mental capacity Act Audit

Two Mental Capacity Act audits were undertaken by the Safeguarding Team in 2017/18. These are summarised later in the report under MCA/DoLS.

#### 5) Child Protection Record Keeping Audit

The data for this audit was collected in March 2018 and analysis of the data is in progress.

# 5. National and Local Reports

The safeguarding team review significant reports, recommendations and guidance in relation to safeguarding and these are considered as part of the safeguarding teams annual planning. Any new guidance is disseminated to managers and frontline staff through team meetings, safeguarding forums, the

safeguarding newsletter and screen savers. New guidance is also brought to Patient Safety and Quality meetings, the Safeguarding and Looked after Children Group and the Safeguarding Adult Group.

#### **Setting out Shifting Policy Direction**

#### Children and Social Work Act 2017

This legislation received Royal Assent in April 2017 and included changes to the Local Safeguarding Children's Board (LSCB) arrangements, the Serious Case Review process and the Child Death Overview Process. These recommendations were as a result of a review led by Alan Wood into the effectiveness of LSCB's. Each area has discretion on how to discharge their responsibilities. Working Together will be updated to reflect the changes in statute and is due to be publishes in June 2018.

# Deprivation of Liberty (DoL) Judgement and practice effects on DoL standards.

The Government initiated a fundamental review of the Deprivation of Liberty Safeguards (DoLS) legislation by the Law Commission from July to November 2015. The Government has agreed to legislate to replace the DoLS with a new system to authorise the confinement of people in care arrangements they lack the capacity to consent to, when parliamentary time allows. This will not be completed until the end of 2019 at the earliest.

The agreed proposals include:

- The Liberty Protection Safeguards (LPS) would apply to deprivations of liberty in all settings, not
  just care homes and hospitals, as with DoLS. This would mean that it would no longer be necessary
  to apply for a Court of Protection welfare order to authorise deprivations of liberty outside of care
  homes and hospitals.
- Hospitals and clinical commissioning groups would be able to authorise deprivations of liberty in England, not just councils, as with DoLS.
- The current best interests assessor (BIA) role, which coordinates the DoLS process, carries out the best interests assessment and is mostly performed by social workers, would be replaced by that of an approved mental capacity professional (AMCP).

The Trust named professionals for safeguarding Adults have attended specialist training provided by legal teams on DoLS and impending changes the law during 2017/18.

#### **Prevent Duty Guidance (revised) 2015**

Statutory guidance issued under section 29 of the Counter-Terrorism and Security Act 2015. The Prevent strategy, published by the Government in 2011 aims to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism. The strategy has three specific strategic objectives:

- respond to the ideological challenge of terrorism and the threat we face from those who promote
  it;
- prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support;
- work with sectors and institutions where there are risks of radicalisation that we need to address.

The Act states that the authorities must have regard to this guidance when carrying out the duty.

#### **Modern Slavery Act 2015**

There is a duty to notify the Home Office of potential victims of Modern Slavery and 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. Health Professionals are not subject to the duty but 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. BHFT named safeguarding adult professionals participate in Local Safeguarding Adult Board sub-committees in relation to Modern Slavery and exploitation.

#### **Independent Inquiry into Child Sexual Abuse**

This inquiry which opened in June 2015 continues to progress in England and Wales. The inquiry was established to examine how the country's institutions handled their duty of care to protect children from sexual abuse. The enquiry is unlikely to be completed for several years but an interim enquiry is due to be published during 2018.

# **Child Protection Information System (CP-IS)**

This system is being introduced to allow communication to children's services where children subject to child protection plans, children in care or unborn babies with child protection plans have received unscheduled care (for example in A&E, Out of Hours, walk in centres and ambulance services). This has been mandated to be implemented across the NHS by 2018 with leadership support from the designated professionals. The benefits of this structure are the future ability to report progress to the board and to request support for any issues that may arise. The Head of Safeguarding and the Head of Clinical Transformation and Technology IT have participated in a working group led by the designated nurses for Berkshire to implement CP-IS and the work is nearing completion.

# Multi-agency statutory guidance on Female Genital Mutilation

This statutory guidance set out under The Female Genital Mutilation (FGM) Act, 2003 was published in April 2016. It sets out the responsibilities of chief executives, directors, senior managers and front-line professionals within agencies involved in safeguarding and supporting women and girls affected by FGM. It also provides information on FGM, including information on the law on FGM in England and Wales. FGM is a criminal offence – it is child abuse and a form of violence against women and girls, and therefore should be treated as such. Cases are dealt with as part of existing structures, policies and procedures on child protection and adult safeguarding.

Section 5B of the Female Genital Mutilation Act, 2003, introduced a mandatory reporting duty which requires regulated health, education and social care professionals in England and Wales to report 'known' cases of FGM in children under the age of 18 which they identify in the course of their professional work to the police. Additionally, the legislation requires health professionals to make a report to the police where they observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth. The specialist practitioner for domestic abuse is the named trust lead for FGM. FGM is included in all trust safeguarding training including the mandatory reporting duty for specified professionals within The Serious Crime Act, 2015.

#### NICE Guideline (NG76) Child Abuse and Neglect

The Head of Safeguarding met with the Clinical Effectiveness Facilitator (NICE) and the Children, Young People and Families Governance Lead in February 2018 to undergo a gap analysis of the NICE guideline (NG76) Child Abuse and Neglect. The GAP analysis was completed in May 2018 and the Trust were found to be 100% compliant to the domains which applied to the Trust. An audit will be identified from the Gap analysis for the safeguarding audit programme 2018/19 to provide assurance of compliance.

# Improving knowledge from national reports, research and guidance:

The safeguarding team review national Serious Case Reviews (SCR) through SCR sub-groups and relevant actions are considered for health.

#### **Exploitation**

Information and research about exploitation of children and adults at risk continues to increase at a fast pace. Trust representation is provided across the six LSCB localities at all operational and strategic exploitation sub-groups including Modern Slavery. The Head of safeguarding attends the pan-Berkshire CSE group which has recently been reconstituted.

# Learning from local serious case reviews and partnership reviews:

During 2017/18 there have been two child serious case reviews and two partnership reviews conducted across Berkshire and seven safeguarding adult reviews, two adult partnership reviews and an independent health review. It is of note that there has been a rise in the number of adult reviews in the past year which have been diverse and have covered a wide range of groups. Three of the reviews related to people with learning disabilities. BHFT are committed to learning from reviews and fully engage in the SCR and SAR process. Named professionals have provided reports and chronologies for all the reviews and supported practitioners throughout the process. Changes in the way serious case reviews are conducted have meant more practitioner involvement through learning events and feedback around this process has been positive. The Head of Safeguarding or the deputy attend all serious case review and safeguarding adult review sub-groups across Berkshire and serious case review panels and are responsible for ensuring lessons are disseminated to BHFT staff and action plans are developed, completed and reported on. Many of these reviews are currently on-going and action plans have been formulated from identified learning for BHFT and are in progress.

Clear pathways are in place to disseminate learning, monitor action plans and ensure oversight at board level. The Head of Safeguarding reports to the quarterly Safeguarding Groups and sits on the Children, Young People and Families (CYPF) and Adult and Community Patient Safety and Quality Groups. The Assistant Head of Safeguarding attends the Children and Adolescent Mental Health (CAMHS) leadership groups and the Safeguarding Adult Named Professional (mental health) attends the Prospect Park Hospital PSQ. Audit processes have been strengthened and operational managers are leading audits monitoring the quality of documentation within children's services. Action plans are also monitored externally through safeguarding committees, LSCB sub-groups and CQC.

# 6. Safeguarding Policies/Protocols

The following policies and procedures have been reviewed and implemented during 2017/18: in accordance with the policy scrutiny group and the safety and clinical effectiveness group

- Mental Capacity Act and Deprivation of Liberty safeguards Policy CCR096 new policy which including update and incorporation of DoLS;
- Safeguarding Adults at Risk from Abuse or Harm Policy CCR089 minor amendments were made;
- Domestic Abuse Policy CCR111 policy reviewed and a flowchart was added to clarify process for staff;
- Child Protection (Safeguarding and Promoting the Welfare of Children Policy CCR072 Review and update of policy.

There are also safeguarding children protocols and guidance designed by the safeguarding team and disseminated to relevant teams as appropriate and where a need arises. All BHFT policies incorporate the themes of safeguarding.

#### **Safeguarding Procedures Online**

BHFT, alongside multi-agency partners, are governed by the Berkshire child protection and adult safeguarding procedures online. Named professionals are members of the Pan-Berkshire subcommittees who oversee and update the procedures.

# 7. Local Safeguarding Children's Boards (LSCBs) and Safeguarding Adult Boards (SABs)

BHFT regularly reviews its membership of the six Berkshire LSCBs and four SAB's to ensure it fully participates in the statutory mechanism for agreeing how organisations in each area co-operate to safeguard children and adults at risk. The Trust is represented by a locality or clinical director or the Deputy Director of Nursing at each board and members of the safeguarding team are actively engaged and valued sub-committee members.

The Head of Safeguarding or Assistant Head of Safeguarding are members of the serious case review sub-committees across Berkshire. Named professionals are active members of the quality and performance sub-groups for their locality and the exploitation strategic and operational groups. The Head of Safeguarding is a member of the Pan-Berkshire CSE strategic group. Named professionals also attend all training and development sub-groups, policy and procedure sub-groups and any safeguarding task and finish groups such as the FGM groups and the working party which developed an exploitation conference in East Berkshire in November 2017. The Head of Safeguarding chairs the training sub-group in Slough.

BHFT provides a quarterly report to each LSCB.

# 8. Inspections

#### Joint Targeted Area Inspection - Neglect.

In May 2017 a joint targeted area inspection (JTAI) took place in Wokingham under the theme of neglect. Recommendations from the report were formulated into an action plan which was monitored by a JTAI monitoring group and is now complete. Learning for Community Mental Health Teams around including the impact of mental ill health in assessments was identified. This had already been identified by the safeguarding team as a training need following an audit and seminars are being rolled out across the teams to address this gap.

#### 9. Domestic Abuse

Domestic abuse remains a key feature in many safeguarding cases and serious case reviews. The negative health impact of domestic abuse is huge both for the victim and to children who witness the abuse so health input into protection and support plans are crucial. The amalgamation of the adult and children's safeguarding teams has led to improvements in joined up working between adult and child services in domestic abuse work. Knowledge and expertise can be shared between the teams which can enhance the safeguarding support for both BHFT staff and users of the services. BHFT employs a specialist practitioner for domestic abuse who has a dedicated role to provide support and advice to staff working with adults and children who are experiencing or witnessing abuse, this includes:

- Providing consultation and support to staff members working with service users when domestic abuse is an issue;
- Providing support for BHFT staff who may be themselves affected by domestic abuse;
- Developing policy and procedures in relation to domestic abuse;
- Awareness raising and training/continuous development of training courses;
- Representing BHFT community health services at Multi-Agency Risk Assessment Conferences (MARAC) and Domestic Abuse Repeat Incidents Meeting (DARIM);
- Representing BHFT at strategic meetings and forums where appropriate;
- Maintaining and further developing links with CCG's, health and wellbeing boards and other key partners with a view to improving safety and reducing harm to service users.

With the introduction of Multi Agency Safeguarding Hubs (MASH), health representation is provided by health staff from the BHFT safeguarding team. Domestic abuse police reports are received into the MASH and triaged with the advantage of being able to have prompt access to health information.

Domestic Abuse training can be accessed by all BHFT staff. There are regular training dates for *domestic abuse basic awareness* and *domestic abuse and mental health* provided by the specialist practitioner, but also 'bespoke' training is delivered to different practitioner groups. All sessions include DASH and MARAC training. BHFT nursery managers have been trained and a competency has been attached for health visiting staff to attend Basic Awareness Training. Staff can also be signposted to domestic abuse training via the LSCB training programme and also local authorities who regularly provide DASH/MARAC training.

In December 2015, Coercive Control in an intimate or family relationship became a crime and as a response the domestic abuse training now includes: identifying controlling behaviours; consequences of this for both those being controlled and the wider family; and also how those being affected may behave in response to

the control, particularly around safeguarding. Training has also focused on increasing the use of the DASH (Domestic Abuse Stalking and Harassment) risk assessment tool by health services.

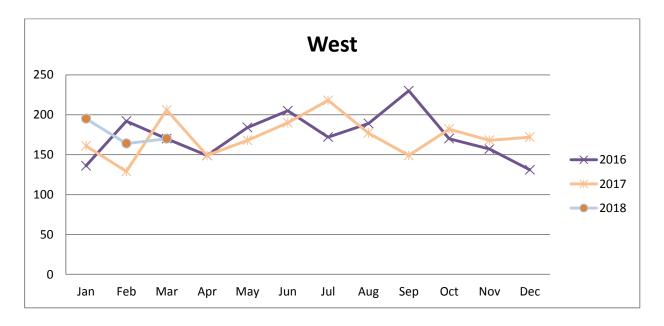
The majority of referrals into Multi Agency Risk Assessment Conference (MARAC) are made by the police and domestic abuse agencies however, we are slowly seeing an increase in referrals made from health.

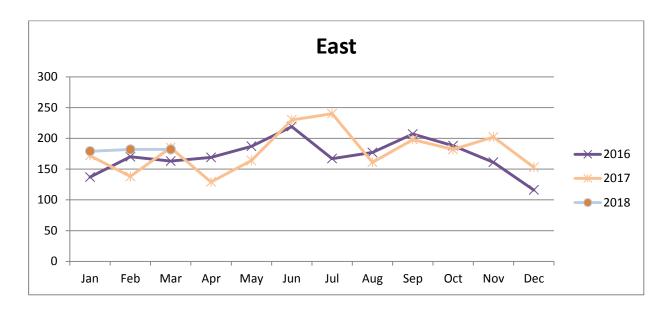
Health Visitor teams routinely ask mothers if they have concerns about domestic abuse in their relationships. Where abuse is reported, health visitors are encouraged to complete a DASH assessment and support families, signposting or referring to other agencies such as children's social care and domestic abuse support agencies or if high risk to MARAC via their Designated MARAC Officer (DMO).

Domestic abuse notifications are generated by police for all incidents reported to them and the safeguarding office receives these where there is a child under 5 years old or where the victim is pregnant. The teams are also informed of serious incidents where older children are present. The named professionals and specialist practitioner for domestic abuse review all high risk domestic abuse notifications and discuss any serious incidents with the health visitor and, if applicable, school nurse/community children's nurse/CAMHS worker for the child. The safeguarding team can also offer support to practitioners on how best to respond to domestic abuse incidents. Police incident forms continue to be sent to the health visiting and school nurse teams no longer provided by BHFT.

#### **Figures**

For 2017 – 2018, the total number of reports received for the West area (Newbury, Reading and Wokingham), were 2102. Total number for the East area (Bracknell, Slough & WAM), were 2205. A total of 4307 for Berkshire. This is a small increase on the previous year. Slough continues to receive the highest number of domestic incidents and also has the highest number of MARAC referrals.





#### Looking to the future

A draft Domestic Abuse Bill is being drawn up which is proposing tougher sentences for perpetrators where there are children and also more support for victims who testify in court. It is also redefining economic abuse and proposed Domestic Abuse Protection Orders (DAPOs) will allow police and courts to intervene earlier, including electronic tagging of perpetrators. There will also be an independent Domestic Abuse Commissioner appointed.

# 10. Safeguarding Training

All internal safeguarding training in BHFT is facilitated by the named professionals for safeguarding. The safeguarding training strategy is firmly embedded in the induction programme and the team offer monthly induction courses to all new staff. Combined safeguarding children and adult training with a 'Think Family' focus is provided at level one. All clinical staff also receive level two safeguarding children training at induction, PREVENT, MCA and DoLS training. All volunteers starting with the trust receive safeguarding adults and children training at level one as part of their induction. The provision of training is an area of strength within the team and requires flexibility and commitment. The team acknowledges the need for a positive attitude towards training and operates within the Trust inclusion policy, offering training in accordance with respecting and providing for the diverse need of a large workforce. Bespoke training is facilitated for hard to reach staff groups.

The specialist practitioner for domestic abuse attends induction for all staff to present information about domestic abuse. Domestic abuse awareness training sessions including asking the question about abuse is available for all staff and essential training for clinical staff working directly with children. Bespoke domestic abuse training is also provided by the specialist practitioner for staff working in mental health services. Child sexual exploitation (CSE), forced marriage, honour based violence and FGM including mandatory reporting responsibility are included in all safeguarding training. FGM and CSE online training programmes form part of essential training for all clinical staff who work directly with children. Regular screen savers in relation to these topics are used to remind staff of their responsibilities. The named professionals also cofacilitate shared responsibility targeted training on a monthly basis with the LSCB trainers in Slough.

The safeguarding team facilitate a safeguarding children forum as a level three update for all staff who work directly with children across the Trust. Three forums focussing on Neglect were held in April, September and October 2017 attended by approximately 230 staff. Presentations were facilitated by both internal and external staff including a presentation by the looked after children team on the 'Not Seen, Not Heard' document, legal aspects of neglect by the joint legal team, recognising neglect by the designated doctor and learning from local and national serious case reviews by the Head of Safeguarding. A safeguarding adult's forum at level two has been developed to replicate the safeguarding children model and was held on 2<sup>nd</sup> February 2018. The focus was on neglect and the Mental Capacity Act. Multi-agency partners were invited to attend. Two further Safeguarding adult refresher forums at level two will be facilitated in 2018 and will include learning from local serious case reviews

Safeguarding Adult training is provided at level one for all clinical staff and at level two for all shift leaders and clinical staff Band 6 and above. Staff who participate in Section 42 investigations access level three safeguarding training through the Local Authority. Safeguarding training is delivered in line with a whole family approach.

# Safeguarding training compliancy in 2017/18 was as follows:

Training	Level	Complian	ice level		Target	
		Q1	Q2	Q3	Q4	
Safeguarding Children	One	93.68%	91.90%	94.77%	91.05%	90%
Safeguarding Children	Two	94.77%	92.33%	92.04%	92.12%	90%
Safeguarding Children	Three	91.50%	92.29%	90.15%	91.62%	90%
Prevent	Awareness	84.50%	86.21%	90.07%	91.90%	85%
Prevent	Health	88.55%	89.90%	89.73%	91.80%	85%
	Wrap					
Safeguarding Adults	One	95.27%	94.66%	94.25%	94.88%	90%
Safeguarding Adults	Two	67.27%	70.32%	77.32%	85.10%	90%
DOLs		79.31%	77.54%	83.96%	80.31%	85%
MCA		85.62%	83.90%	84.46%	85.10%	85%

An action plan is in place to increase the number of safeguarding adult's level two training courses available for staff. Regrettably several courses were cancelled in April/May due to two of the three safeguarding adult named professionals who facilitate the training being unavailable – one due to extended sick leave and one vacant post. A new safeguarding named professional was appointed in May 2017 and joined the team in July. The named professional on sick leave returned to work at the beginning of August on a phased return. Extra courses were arranged and bespoke training offered to targeted staff groups. Compliance increased to 77% in quarter three which was an improvement of 7% on the previous quarter figures. Further additional training courses were organised and facilitated in quarter four including a safeguarding refresher forum at level two in February 2018. Compliance increased to 85.10%, a further rise of 7.78%, from quarter three and further additional courses are scheduled for April and May 2018.

Compliance to safeguarding adults and safeguarding children training is constantly monitored. Bespoke training is offered to services where a cohort of people are due for refresher and courses are facilitated according to demand.

All named and designated professionals working for BHFT are trained at Level 4/5 and the team are 100% compliant. The team also join local safeguarding conferences and assisted in the running of group work in the Slough annual conference.

Work has continued to ensure that staff are aware of and able to recognise risks around child sexual exploitation and the national e-learning for CSE forms part of essential training for all BHFT staff who work directly with children. Training to provide basic awareness around female genital mutilation (FGM), and what to do if FGM is suspected or reported, is delivered as part of all the BHFT safeguarding training programmes, including responsibilities around mandatory reporting for regulated professionals. Asking the question about FGM has been introduced as part of health visitor assessments at the new birth visit and transfer-in visit and health visitors and school nurses have Department of Health online FGM training as part of their essential training. The safeguarding team worked with the communications team to developed regular screen savers on safeguarding topics such as domestic abuse, child sexual exploitation and FGM to continue to embed learning. A safeguarding newsletter is produced and circulated to staff six-monthly by the safeguarding team to highlight pertinent safeguarding issues and is available on the safeguarding children page on Team Net. Training presentations are reviewed 6 monthly by the safeguarding team in response to evaluation and to highlight any new safeguarding issues/local learning.

#### Multi-agency work

The Head of Safeguarding joined a working group to organise and facilitate a violence and exploitation conference in East Berkshire which took place in November 2017. This conference was facilitated as part of learning from a previous mental health homicide review and serious case review in Berkshire and the conference included keynote speakers who had experienced different forms of violence and exploitation including child sexual exploitation, forced marriage, gangs and domestic abuse. The testimonials were extremely powerful and the conference was extremely highly evaluated. Presentations from the conference were recorded and the safeguarding team will use clips from the presentations to enhance safeguarding training in the Trust once they are available.

The named doctor made a presentation on mental health at the Safeguarding Conference in West Berkshire in October and the MCA lead facilitated multi-agency MCA workshops in West Berkshire to promote understanding of practical application of the Act. Named professionals for safeguarding children cofacilitate targeted safeguarding children training in Slough.

# 11. Developments in Mental Capacity Act Practice

The Mental Capacity Act establishes a framework of protection of the rights for people who may —through disability, injury or illness — have impaired mental capacity, or who are at risk of being wrongly thought to lack mental capacity because of a diagnostic label or some aspect of their appearance or behaviour. The Act, implemented in 2007, applies to everyone involved in the care, treatment and support of people aged 16 and over living in England and Wales who may be unable to make all or some decisions for themselves — around 2 million people. It sets out how professionals in sectors such as health and social care, finance, policing, trading standards and legal services, should support and care for people who may lack capacity. It also describes how people can prepare in advance for a time when they may lack capacity. The role of the MCA lead in the adult safeguarding team is to act as a point of reference for colleagues, to develop and train trust staff and team colleagues, review and develop the training programme and support the trust leadership with regard to the MCA Framework.

During 2017/18 the MCA/DoLS lead for the Trust worked with the MCA lead at the Royal Berkshire Hospital to develop a Mental Capacity Act policy. This was achieved and the new policy, which incorporates DoLS was endorsed by the BHFT Policy Scrutiny Group in March 2018. The policy includes a flowchart which is displayed in all inpatient wards to support staff in managing the DoLS process. During 2017/18, oversight of the DoLS application process moved from the Mental Health Office to the Safeguarding Team. The safeguarding adult advice line was also developed and this supports staff in practice with advice from named professionals for safeguarding adults.

A further development in 2017/18 was the setting up of a champions group to take the MCA agenda forward and support staff in practical ways on the community inpatient wards. The group is mentored by the MCA lead and meets quarterly. A champion has been named for each of the community inpatient wards and the work of the champion is focussing on encouraging and empowering nurses to undertake MCA assessments in areas where this role is usually allocated to Occupational Therapists (OT's) and the responsible clinician. It is planned to further develop this work with introduction of champions to the community nursing service in 2018/19.

Two Mental Capacity Act audits were undertaken by the safeguarding team in 2017/18. In each case two sets of notes were audited from three community inpatient wards, mental health wards, Campion unit and Willow House adolescent unit to assess the quality of mental capacity assessments being undertaken and to determine if decisions were being made which required a formal assessment of capacity.

# **Findings**

- All records audited had documentation that evidenced consent being obtained for admission, treatment and sharing of their information with relevant agencies;
- Prospect Park Hospital records demonstrated use of formal capacity assessment tool in patient electronic records;
- Wokingham community rehab inpatient unit evidenced a high quality of capacity assessment for admission, treatment and sharing of information. There was a high quality of assessment in areas where therapy was being provided. Care plans were completed that demonstrated patients understood and agreed to their plan where patients had cognitive impairment. Specific detail was included that highlighted they had cognitive impairment but that this was not causing them not to be able to make a decision at that time;
- Audit of Jubilee Ward and Henry Tudor wards evidenced that more support for staff is required to
  improve their understanding of mental capacity assessments. All sets of records had consent forms
  signed by the Next of Kin. None of the records audited had a capacity assessment form completed
- Willow House Both records audited demonstrated that patients were competent to provide consent to engage in treatment and support plans.

The second audit in March 2018 evidenced that MCA practice and consent is documented in the patients file for interventions. This had improved since the previous audit and it was the perception of the auditor that the level of knowledge of MCA had increased from talking to staff. During 2017/18, a proposal was put forward to recruit a named professional for safeguarding adults on secondment for one year to add to the resource of the team and to work with staff on the practical application of MCA and to strengthen support for DoLS applications. This was agreed and the post has been recruited to from April 2018 for one year. It is a full-time post.

# **Deprivation of liberty referrals for authorisations 2017-2018**

Ward	<u>Q1</u>	Q2	<u>Q3</u>	<u>Q4</u>	Total applied for	Total DOLS not granted	Total DOLS granted
Campion unit							
Application made to Local	2	1	<u>1</u>	<u>0</u>			
<u>Authority</u>							
Authorisation granted	2		<u>1</u>	<u>0</u>			
Authorisation not granted	<u>0</u>	<u>1</u>	<u>0</u>	<u>0</u>			
					4	1	<u>3</u>
Orchid Ward							
Application made to Local	1	<u>0</u>	0	1			
Authority							
Authorisations granted	1	0	0	<u>1</u>			
authorisations not granted	0	0	0	0			
					2	0	2
Rowan Ward					_	_	_
applications to the local Authority	3	8	5	<u>5</u>			
authorisations granted	1	7	5	4			
authorisations not granted	<u>2</u>	1	<del> </del>	1			
authorioations not grantea	+=-	=		=	21	4	17
Ascot Ward					<u> </u>	<del>  -</del>	<u> </u>
applications made to Local	0	0	0	1			
Authority	=	=	<u>=</u>	=			
authorisations granted							
authorisations not granted				1			
authorisations not granteu				=	1	1	0
Windsor Ward					<u> </u>	<u> </u>	<u> </u>
applications made to local	0	1	0	<u>0</u>			
authority	0	*	<u>0</u>	<u> </u>			
Authorisations granted							
Authorisations not granted		1					
Authorisations not granted		<u> </u>			1	1	0
Donnington Ward					<u>+</u>	<u> </u>	<u> </u>
	0	2	0	0			
Applications made to local	0	<u>2</u>	0	<u>0</u>			
authority Authorisations granted							
Authorisations granted	_	1		0			
Authorisations not granted	0	<u>2</u>	0	<u>0</u>			
					2	2	0
Highclere Ward					_	_	
Applications made to Local	<u>0</u>	1	1	1			
authority	1 -	=	=	=			
Authorisations granted		1	1	1			
Authorisations not granted	0	0	0	0			
racionaciona not granteu	<del>  -</del>	=	<del>                                     </del>	<del>                                     </del>	3	<u>0</u>	3
Henry Tudor Ward			+				<u> </u>
Applications made to Local	0	<u>2</u>	0	<u>0</u>			
authority	0	_	0	=			
autionty		<b>.</b>	1	1	<del> </del>		
		1					
Authorisations granted Authorisations not granted		1					

Jubilee Ward							
Applications made to Local	0	<u>o</u>	0	<u>0</u>			
authority							
Authorisations granted							
authorisations not granted					<u>0</u>	<u>o</u>	<u>0</u>
Oakwood Ward							
Applications made to local	0	<u>o</u>	<u>3</u>	<u>0</u>			
<u>Authority</u>							
Authorisations granted			<u>3</u>				
Authorisations not granted							
					<u>3</u>	<u>0</u>	<u>3</u>
<u>Totals</u>					<u>39</u>	<u>10</u>	<u>29</u>

It has been identified that it is unusual in the course of the year, that there were no patients on the ward who lacked capacity in relation to the decision to remain on the ward for care and treatment. Work is being undertaken by the Safeguarding Named Professional to increase the level of knowledge regarding criteria for referral for DOLs assessment and support staff to identify when a deprivation of liberty is likely to be occurring.

#### Deprivation of Liberty (DoL) Judgement and practice effects on DoL standards.

On 30 October 2017, the Government published its interim response to the law commission' report. The response welcomed the Law Commission's report and confirmed that they will be engaging with a range of stakeholders to understand in greater detail how the Commission's recommended changes can be implemented. The Government's final response was published on 14 March 2018. The changes are not imminent and are likely to not be implemented until late 2019 at the earliest.

#### What does this mean for the Trust?

The work of ensuring all the steps to authorising a 'liberty protection safeguard 'will be detailed and the responsible clinician, ward doctor and multi-disciplinary team will need time to consult with interested parties, representatives and advocates'.

- Advising patients and their representatives of the new process keeping the patient at the centre of decision making and planning;
- More demand on healthcare professional time and resources;
- Training for all staff who work on inpatient units regarding their legal responsibility for ensuring all stages of the process are clear. New documentation is also envisaged;
- Training for Safeguarding adults named professionals and other governance personnel on new process;
- Multi-agency working to create the required training, application and governance.

# 12. Child Protection Supervision

A formal process for child protection supervision enables front line staff to review cases, reflecting and analysing current progress, assessing risk, planning and evaluating care and interventions in complex

clinical situations. All named professionals working for the trust have received specialist child protection supervision training from the NSPCC.

The BHFT child protection supervision policy CCR123 provides guidance for staff and has standardised child protection supervision across the trust. All health visitors and school nurses receive individual supervision from a named professional at least four monthly, with newly qualified staff receiving supervision two monthly for the first six months. Staff can request extra supervision sessions if required. All health visitors and school nurses received a minimum of three sessions of child protection supervision during 2017/18, a positive achievement for the safeguarding team. Group supervision was provided to all CAMHS teams, community children's nurses and to community children's respite nursing teams. Group child protection supervision was also facilitated to the teams of specialist looked after children nurses and to all allied professionals who work directly with children. Child protection supervision is provided to the young person health advisors at the Garden clinic and a Named Nurse attends the bi-monthly safeguarding meeting at the sexual health clinic. Group supervision is also facilitated for staff at the Minor Injuries Unit (MIU) at West Berkshire Community Hospital and the Slough Walk In Centre (SWIC). An on-call advice line manned by named professionals provides ad-hoc advice as required.

Named professionals attend health visitor and school nursing locality meetings quarterly to disseminate current safeguarding information to teams and to provide an opportunity for face to face contact with all bands of staff. Child protection supervision is also now provided to the BHFT nursery managers as required, following learning from the Slough partnership review relating to Child MB.

Compliance to child protection supervision by CAMHS staff has continued to rise with all staff receiving at least two sessions in 2017/18 and a much greater engagement in sessions. The Named Professional (mental health) has worked extremely hard to continue to increase compliance offering a flexible service across the Trust to make attendance at child protection supervision easier for staff to access. All supervision sessions are now dedicated sessions and are no longer an add-on to team meetings. Monthly supervision is now offered to staff at the tier four Berkshire Adolescent Unit.

The safeguarding team receive regular safeguarding supervision from the designated nurses and the head of safeguarding, named doctor and named nurse (mental health) have monthly peer supervision. The named doctor has supervision from the designated doctor for child protection.

The provision of telephone advice and support is an integral part of the service delivered by the safeguarding team. The 'On-Call' urgent advice line where a named professional is immediately available for advice across BHFT during the hours of 9-5 pm Monday to Friday, is well used by staff with over 900 enquiries from staff during 2017/18 from a wide variety of services across the trust. The Domestic Abuse Specialist Practitioner is also available for individual advice around issues relating to domestic abuse and support to staff across BHFT. An on-call advice line for safeguarding adult enquiries has been developed during 2017/18 to replicate the safeguarding children advice line and has been very well received by staff.

#### 13. 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 duty. Its aim is to stop people being drawn into terrorism or supporting terrorism.

The Prevent Lead for the Trust is assisted by two named professionals for safeguarding children. Links with the Local Authority and the police remain strong. The Trust is represented on all six Channel panels and Prevent management meetings across the six Localities in Berkshire. Prevent training is part of induction and compliance to training this year has increased to 91.9% of staff for both Wrap and basic awareness training. This is a significant achievement and the team have continued to offer 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. Knowledge of PREVENT is refreshed through all the safeguarding refresher courses offered by the Trust.

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. The safeguarding team are available for telephone advice and have seen an increase in calls for advice on Prevent matters.

In November 2017, the Government released guidance for mental health services in exercising duties to safeguard people from the risk of radicalisation. Mental Health services are now required to review a referral within 2-3 days. This fits into our current structure where initial referrals are screened by Common Point of Entry (CPE) and then referred to the correct service. There are clear pathways for emergency and routine secondary mental health care. For secondary assessment, a contact must be made within one week however, an assessment is then in line with local and national access standards.

# 14. Modern Slavery

There is now a duty to notify the Home Office of potential victims of Modern Slavery and 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 policy 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 the 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.

# 15. Multi-Agency Safeguarding Hubs (MASH)

During 2016/17 six multi-agency safeguarding hubs were established in each locality across Berkshire and staff were recruited into the safeguarding team to provide health information in the hubs. Named professionals continue to be members of both the strategic and operational MASH sub-groups to develop the way the Hubs function. Two different models have been adopted in Berkshire. In East Berkshire, two health co-ordinators collect health information for the hub from across the health economy supported in the role by Health Visitors who take part in MASH assessments. In West Berkshire, three specialist community health practitioners undertake the health role. Management support and supervision is provided by named professionals in the team.

# 16. Summary

2017/18 has been another busy year of continuous development of safeguarding practice and joint team working on adult and child safeguarding matters. The Care Act (2014) and Care and Support Statutory Guidance has clarified organisations responsibilities relevant to safeguarding adults vulnerable to abuse or neglect. This legislation along with safeguarding children legislation underpins the standards and principles of safeguarding practice at the heart of patient care in the Trust and provides a legal requirement to work closely with local authorities and other partnership members of the Berkshire multi-agency safeguarding response. Team Achievements 2017 – 2018 have included the following:

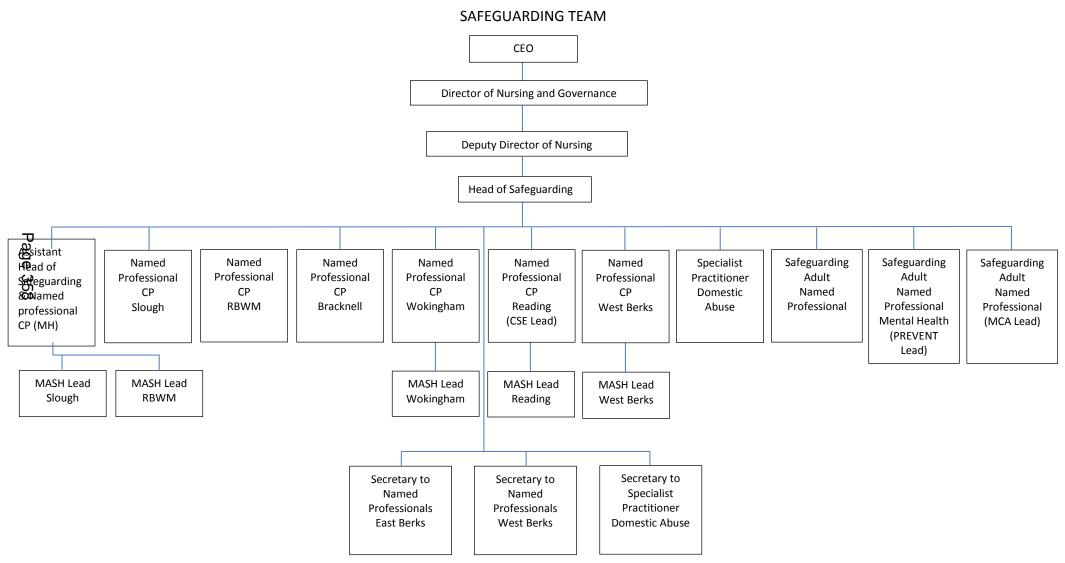
- Development of the safeguarding adult named professional role at Prospect Park Hospital to provide daily safeguarding oversight and advice and support to staff;
- Development of an on-call adult advice line to mirror the child protection advice line which is already well established;
- High level of compliance to safeguarding children training and safeguarding adults level one;
- Safeguarding adults level two training compliance increased from 67% to 85%;
- Drive to increase compliance to PREVENT training resulted in compliance at over 90%;
- Introduction of MCA champions to support community inpatients wards staff in the practical application of the Act;
- New secondment fulltime post to continue the work of improving compliance to the Mental Capacity Act recruited to;
- Increase in compliance to group child protection supervision for CAMHS staff and allied professionals who work with children;
- Specialist practitioner domestic abuse extended role to support adult safeguarding matters as well as domestic abuse affecting children;
- Active participation in in fourteen multi-agency adult and child serious case reviews and work to influence change in systems and embed learning;
- Three safeguarding children forums with theme of neglect following learning from a serious case review;
- Introduction of an adult safeguarding forum to embed learning from serious case reviews which will be established as a regular event going forward to 2018/19;
- Regular screen saver messages to remind staff of key safeguarding issues and production of two safeguarding news letters;
- Participation in multi-agency safeguarding training and high level of compliance across LSCB's and SAB's and their corresponding sub-groups;
- Six safeguarding audits including monitoring and implementation of action plans;
- Evidence of increased referrals from health into MARAC.

# **Future Plans**

- Continue to embed good practice;
- MCA post on secondment to continue to support staff in application of the Act;
- Improve system for monitoring section 42 investigations and improve staff skills in producing reports;
- All safeguarding children training to be minimum 90% compliant across the Trust;

- Ensure CAMHS child protection supervision compliance to three sessions annually is minimum 85% end March 2019;
- Share learning across the Trust in multi-media formats and through the CYPF patient safety and quality group and the leadership sub-groups;
- Continue to provide strong representation on the LSCB;
- Continue to develop services in regard to prevention, disruption and reporting of exploitation;
- Establish MCA champions in community nursing service;
- Embed making safeguarding personal into practice.

# **APPENDIX ONE**





# **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.
- $\Pullet$  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 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 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 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.







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# **Appendix E**

# **Reading Annual Performance Report 2017/18**

The 2017-18 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) has been collected since 2015/16 and is an updated version of the Safeguarding Adults Return (SAR) which collected safeguarding data for the 2013/14 and 2014/15 reporting periods. Therefore it 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 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 1542 safeguarding concerns received in 2017/18. The number of Concerns has decreased considerably over the past year with a large decrease of 507 over the previous year (from 2049 in 2016-17). This is mainly due to local process changes 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 accurate way. It is a change from recording every possible incident as a Concern. Coupled with this was the decrease in Concerns passed through from the Police and Ambulance Services which previously may have come through for further investigation. This follows a similar trend identified in other authorities within West Berkshire.

542 s42 Enquiries were opened during 2017/18, with a conversion rate from Concern to s42 Enquiry of 35% 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 50% in 2015/16. 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 bringing us more into line with other West Berkshire authorities.

There were 457 individuals who had an s42 Enquiry opened during 2017/18 which is an increase of 41 which is a 9.9% rise since 2016/17.

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Classification: UNCLASSIFIED

Table 1 – Safeguarding Activity for the past 3 Years since 2015/16

Year	Alerts / Concerns received	Safeguarding referrals / s42 Enquiries	Individuals who had Safeguarding Referral / s42 Enquiry	Conversion rate of Concern to s42 Enquiry
2015/16	1075	538	511	50%
2016/17	2049	481	416	23%
2017/18	1542	542	457	35%

# **Section 2 - Source of Safeguarding Enquiries**

As Figure 1 shows the largest percentage of safeguarding enquiries for 2017/18 were referred from both Social Care staff (39.5%) and also by Health staff (25.3%) with Family members also providing a larger than average proportion (14.4%). The Police and Housing have also each been responsible for referring 5.2% 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 - 2017/18

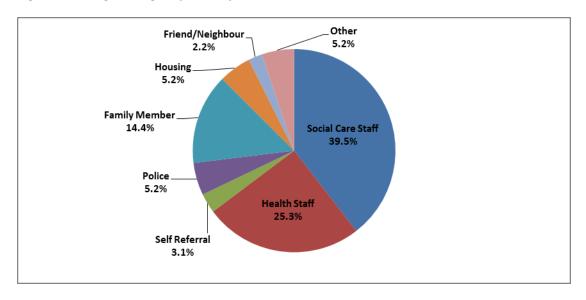


Table 2 shows the breakdown of the number of safeguarding enquiries by Referral Source over the past 3 years since 2015/16. It breaks the overarching categories of Social Care and Health staff down especially into more detailed groups where available, so a clearer picture can be provided of the numbers coming in from various areas.

For Social Care the actual numbers coming in have increased over the year by 67 which is a 45.6% rise. The biggest increase in numbers can be found for both Domiciliary and Residential / Nursing staff which have seen a 66.6% and 64.5% increase over the year respectively. Those referrals coming from Social Workers and Care Managers have also risen but not by as much (up 36.3%).

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Classification: UNCLASSIFIED

The numbers of referrals coming in from Health Staff have also increased from 123 to 137 referrals since 2016/17 (up 11.4%). This is mainly due to a 53.5% increase in those coming from Secondary Health staff (up 23 referrals over the year). Primary / Community Health (down 10.2%) and Mental Health staff (down 14.3%) have seen reductions however in referrals being made since 2016/17.

In terms of Other Sources of Referral there has been a slight drop in the last year (down 9.5%). There has been a noticeable increase in those coming in from Housing however which has more than doubled in number (up from 13 to 28 in the past year). We have also seen a large decrease for those coming via the Police (down from 46 to 28 during the year).

Table 2 - Safeguarding s42 Enquiries by Referral Source over past 3 Years since 2015/16

	Referrals	2015/16 (s42 only)	2016/17 (s42 only)	2017/18 (s42 only)
	Social Care Staff total (CASSR & Independent)	180	147	214
	Domiciliary Staff	34	36	60
Social Care	Residential/ Nursing Care Staff	48	31	51
Staff	Day Care Staff	5	3	6
	Social Worker/ Care Manager	56	44	60
	Self-Directed Care Staff	2	3	7
	Other	35	30	30
	Health Staff - Total	144	123	137
Health Staff	Primary/ Community Health Staff	66	59	53
ricultii Staii	Secondary Health Staff	47	43	66
	Mental Health Staff	31	21	18
	Other Sources of Referral - Total	214	211	191
	Self-Referral	21	22	17
	Family member	89	83	78
	Friend/ Neighbour	9	8	12
Other sources	Other service user	1	0	3
of referral	Care Quality Commission	2	4	1
	Housing	15	13	28
	Education/ Training/ Workplace Establishment	0	4	1
	Police	39	46	28
	Other	38	31	23
	Total	538	481	542

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## **Section 3 - Individuals with Safeguarding Enquiries**

#### **Age Group and Gender**

Classification: UNCLASSIFIED

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 58% of enquiries in 2017/18 which is down 4% over the year. Between the ages of 65 and 84 the older the individual becomes the more enquiries are raised. The 18-64 age cohorts has seen an increase of 4% proportionately since 2016/17 whereas there has been a 3% drop in the 85-94 age cohort. Other age groups have stayed fairly consistent over the past year.

Table 3 – Age Group of Individuals with Safeguarding s42 Enquiries over past 3 Years since 2015/16

Age band	2015-16	% of total	2016-17	% of total	2017-18	% of total
18-64	216	42%	160	38%	192	42%
65-74	66	13%	60	14%	65	14%
75-84	97	19%	83	20%	95	21%
85-94	108	21%	96	23%	90	20%
95+	21	4%	17	4%	15	3%
Age unknown	3	1%	0	0%	0	0%
Grand total	511		416		457	

In terms of the gender breakdown there are still more Females with enquiries than Males (58% compared to 42% for 2017/18). The gap however between the two has doubled over the last year i.e. it was 8% in 2016/17 whereas it is now 16% for the current year.

Table 4 – Gender of Individuals with Safeguarding s42 Enquiries over past 3 Years since 2015/16

Gender	2015-16	% of total	2016-17	% of total	2017-18	% of total
Male	208	41%	190	46%	192	42%
Female	303	59%	226	54%	265	58%
Total	511	100%	416	100%	457	100%

When looking at Age and Gender together for 2017/18 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 - 24.9% and Males - 12.5%) and the 95+ age groups (Females - 5.7% and Males - 0.0%). For Males there is a larger proportion in the 18-64 group which makes up 51.6% of that total whereas the proportion is only 35.1% for the Females in that group.

Table 5 – Age Group and Gender of Individuals with Safeguarding s42 Enquiries - 2017/18

Age group	Female	Female %	Male	Male %
18-64	93	35.1%	99	51.6%
65-74	36	13.6%	29	15.1%
75-84	55	20.8%	40	20.8%
85-94	66	24.9%	24	12.5%
95+	15	5.7%	0	0.0%
Unknown	0	0.0%	0	0.0%
Total	265	100.0%	192	100.0%
	58%		42%	

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#### **Ethnicity**

87.1% of individuals involved in s42 enquiries for 2017/18 were of a White ethnicity with the next biggest groups being Black or Black British (6.3%) and Asian or Asian British (5.1%). The White Group has fallen this year by 1.7% (88.8% in 2016/17) whereas the Mixed / Multiple and Black or Black British Groups have risen by 1.1% and 0.4% respectively. The Asian or Asian British and Other Ethnic Groups have remained at a similar proportion over the past year. This is shown in Figure 2 below.

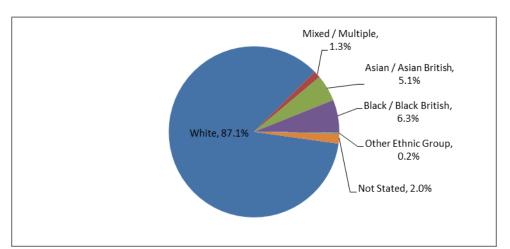


Figure 2 – Ethnicity of Individuals involved in Safeguarding s42 Enquiries - 2017/18

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 2017/18 compared to 2016/17. Any Enquiries where the ethnicity was not stated have been excluded from this data in order to be able to compare all the breakdowns accurately.

Table 6 – Ethnicity of Reading Population / Safeguarding s42 Enquiries over 2 Years since 2016/17

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 2017/18
White	74.5%	85.6%	88.8%	87.1%
Mixed	3.7%	2.3%	0.2%	1.3%
Asian or Asian British	12.6%	7.0%	5.1%	5.1%
Black or Black British	7.3%	3.4%	5.9%	6.3%
Other Ethnic group	1.9%	1.7%	0.0%	0.2%

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 especially at a local level (12.6% in whole Reading population whereas those involved in a safeguarding enquiry is still only 5.1%). Once again the Black or Black British Ethnic Group is more comparable to the local picture but is higher than that at a national level.

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#### **Primary Support Reason**

Table 7 shows the breakdown of individuals who had a safeguarding enquiry by Primary Support Reason (PSR). The largest number of individuals in 2017/18 had a PSR of Physical Support (42.9%) which has seen a drop in its proportion of 7.8% over the year. Most Primary Support Reasons have seen a small proportionate drop or increase of approximately 1-2% over the last year, whereas the Support with Memory and Cognition one has almost doubled this year (from 8.4% in 2016/17 to 16.2% in 2017/18).

Table 7 – Primary Support Reason for Individuals with a Safeguarding s42 Enquiry over past 3 years

Primary support reason	2015/16	% of total	2016/17	% of total	2017/18	% of total
Physical Support	262	51.3%	211	50.7%	196	42.9%
Sensory Support	8	1.6%	1	0.2%	4	0.9%
Support with Memory and Cognition	44	8.6%	35	8.4%	74	16.2%
Learning Disability Support	84	16.4%	63	15.1%	79	17.3%
Mental Health Support	83	16.2%	83	20.0%	83	18.2%
Social Support	30	5.9%	23	5.5%	21	4.6%
Total	511	100%	416	100%	457	100%

# <u>Section 4 – Case details for Concluded s42 Enquiries</u>

#### **Type of Alleged Abuse**

Classification: UNCLASSIFIED

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 2017/18 were still for Neglect and Acts of Omission (40.5%), Financial or Material Abuse (22.6%) and Psychological Abuse (21.7%) with the former two types seeing increases since last year (1.2% and 3.5% respectively).

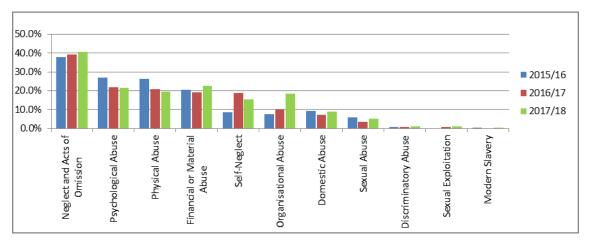
The main type of abuse that saw an increase since last year is for Organisational Abuse (up 8.5%). Self-Neglect was one of the newer abuse types added in 2015/16 and has also seen one of the few decreases over the year (down 3.4% to 15.5% of all concluded enquiries).

Table 8 – Concluded Safeguarding s42 Enquiries by Type of Abuse over past 3 Years since 2015/16

Concluded enquiries	2015/16	%	2016/17	%	2017/18	%
Neglect and Acts of Omission	215	37.9%	187	39.3%	233	40.5%
Psychological Abuse	153	26.9%	104	21.8%	125	21.7%
Physical Abuse	149	26.2%	99	20.8%	113	19.6%
Financial or Material Abuse	117	20.6%	91	19.1%	130	22.6%
Self-Neglect *	49	8.6%	90	18.9%	89	15.5%
Organisational Abuse	43	7.6%	48	10.1%	107	18.6%
Domestic Abuse *	53	9.3%	35	7.4%	52	9.0%
Sexual Abuse	34	6.0%	17	3.6%	31	5.4%
Discriminatory Abuse	5	0.9%	4	0.8%	6	1.0%
Sexual Exploitation *	0	0.0%	4	0.8%	7	1.2%
Modern Slavery *	1	0.2%	0	0.0%	1	0.2%

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Figure 3 – Type of Alleged Abuse over past 3 Years since 2015/16



#### **Location of Alleged Abuse**

Table 9 shows concluded enquiries by location of alleged abuse over the last two years only. This is because in 2016/17 the 5 overarching location types were split up to provide a more detailed picture so there are only comparator figures for this level of breakdown since then.

As shown below; 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 (66% in 2017/18) although this has seen a 1.9% decrease proportionately as compared to last year. The only other abuse location which has seen a significant proportionate change is for Mental Health Hospitals which saw a 2.4% increase (up to 4.3%).

Table 9 – Concluded S42 Enquiries by Abuse Location Type over past 2 Years since 2016/17

Location of abuse	2016-17	% of total	2017-18	% of total
Care Home - Nursing	36	7.6%	42	7.3%
Care Home - Residential	52	10.9%	63	10.9%
Own Home	323	67.9%	380	66.0%
Hospital - Acute	26	5.5%	31	5.4%
Hospital – Mental Health	9	1.9%	25	4.3%
Hospital - Community	5	1.1%	3	0.5%
In a Community Service	3	0.6%	5	0.9%
In Community (exc Comm Svs)	34	7.1%	40	6.9%
Other	13	2.7%	21	3.6%

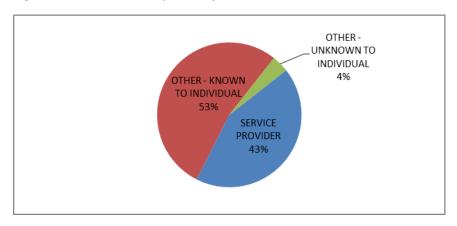
#### **Source of Risk**

Classification: UNCLASSIFIED

The majority of concluded enquiries involved a source of risk 'Known to the Individual' although this proportion is 5% down on last year (currently 53%) whereas those that were 'Unknown to the Individual' only make up 4% (was 5% in 2015/16). The 'Service Provider' category which was formerly known as 'Social Care Support' refers to any individual or organisation paid, contracted or commissioned to provide social care. This now makes up 43% of the total (up 7% on 2016/17). This is shown below in Figure 4.

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Figure 4 – Concluded Enquiries by Source of Risk 2017/18



#### **Action Taken and Result**

Table 10 below shows concluded enquiries by action taken and the results for the last three years.

The figures for Action Taken in all categories has stayed fairly consistent with those cases where the risk was removed seeing a slight decrease again this year (down 1% on 2016/17 to a level of 8%). Those with a risk reduced have seen a 1% rise in the year up to 30% of the total. Those with no further action have fallen by 1% only to a level of 55% which is still high. This figure is expected to fall in 2018/19 when more robust recording practices coupled with the use of newer forms will take effect.

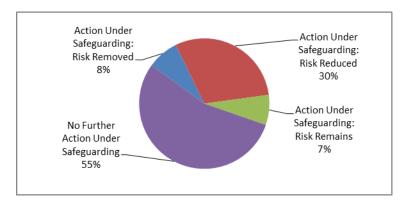
Table 10 – Concluded Enquiries by Action Taken and Result over past 3 Years since 2015/16

Result	2015-16	% of total	2016-17	% of total	2017-18	% of total
Action Under Safeguarding: Risk Removed	54	10%	41	9%	45	8%
Action Under Safeguarding: Risk Reduced	214	38%	139	29%	173	30%
Action Under Safeguarding: Risk Remains	58	10%	31	7%	43	7%
No Further Action Under Safeguarding	242	42%	265	56%	315	55%
Total Concluded Enquiries	568	100%	476	100%	576	100%

Figure 5 shows concluded enquiries by result for 2017/18. No further action was taken under safeguarding in 55% of cases, while the risk was reduced or removed in 38% of cases which is at the same level as for 2016/17.

Figure 5 – Concluded Enquiries by Result, 2017/18

Classification: UNCLASSIFIED



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Figure 6 shows a breakdown of the results of action taken for concluded enquiries by source of risk for 2017/18.

For the majority of cases where action was taken and the risk remained the main source of risk was 'Other - Known to Individual' (84% of alleged perpetrators were known to the individual). In 2016/17 this source of risk made up 94% of the total.

For those where action was taken and the risk was reduced there is an equal proportion between 'Service Provider' and 'Other - Known to Individual' (48% and 50% respectively) whereas in 2016/17 this split was more like 35% to 60% respectively.

In cases where action was taken and the risk has been removed a larger proportion are from the 'Service Provider' group (64%) which is a shift from 2016/17 when this was only 44% of the total and was equally as likely to be via a known individual at that time.

Where No Action was taken the largest proportion (54%) was attributed to people known to the individual so probably relates to family members for example where an enquiry was raised but not substantiated. The breakdown of this outcome is almost identical to last year.

100% 2% 4% 4% 9% 90% 80% 31% 50% 70% 54% 60% OTHER - UNKNOWN TO INDIVIDUAL 50% 84% OTHER - KNOWN TO INDIVIDUAL 40% ■ SERVICE PROVIDER 64% 30% 48% 42% 20% 10% 0% NO ACTION ACTION TAKEN ACTION TAKEN ACTION TAKEN AND RISK AND RISK TAKEN AND RISK REMAINS REDUCED REMOVED

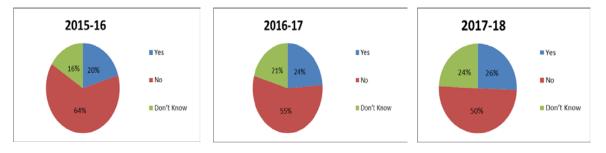
Figure 6 – Concluded Enquiries by Result of Action Taken and Source of Risk 2017/18

#### **Section 5 - Mental Capacity**

Figure 7 shows the breakdown of mental capacity for concluded enquiries over the past 3 years since 2015/16 and shows if they lacked capacity at the time of the enquiry.

The data basically shows that over time those that lacked capacity has increased slowly year on year with a 2% increase since 2016/17. Those who do not lack capacity however have decreased at a higher rate, so for 2017/18 only 50% now did not lack capacity whereas in 2016/17 it was at 55%.





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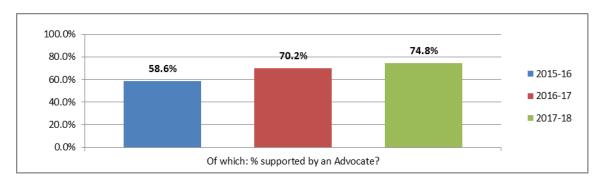
Classification: UNCLASSIFIED

Of those 147 concluded enquiries where the person involved was identified as lacking capacity during 2017/18 a larger proportion are being supported by an advocate, family or friend than in the previous years (up 4.6% to 74.8% for the current year). Table 11 and Figure 8 show how the numbers and proportion have continued to rise over the previous 3 years due to a focus on this area locally.

Table 11 – Concluded S42 Enquiries by Mental Capacity over past 3 Years since 2015/16

Lacking Capacity to make Decisions?	2015-16	2016-17	2017-18
Yes	116	114	147
Of which: how many supported by an Advocate?	68	80	110
Of which: % supported by an Advocate?	58.6%	70.2%	74.8%

Figure 8 – Concluded S42 Enquiries by Mental Capacity over past 3 Years since 2015/16



# 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, 79% 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 2016/17 this figure was 86% of which 10% did not express what they wanted their outcomes to be). This is shown below in Figure 9.

Figure 9 – Concluded Enquiries by Expression of Outcome over past 3 Years since 2015/16

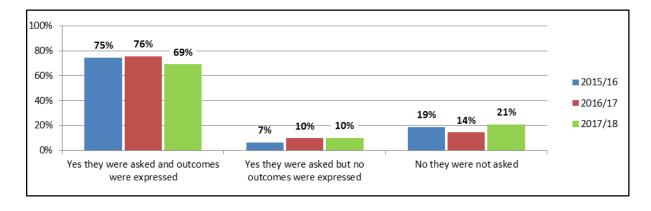
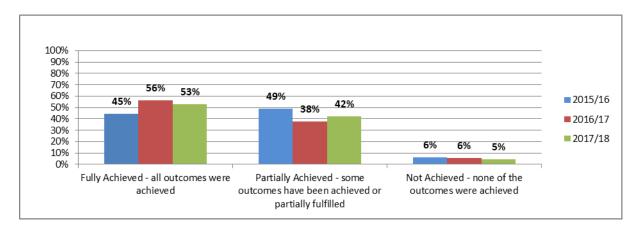


Figure 10 – Concluded Enquiries by Expressed Outcomes Achieved over past 3 Years since 2015/16



Of those who were asked and expressed a desired outcome, there has been a drop of 3% (from 56% in 2016/17 to 53% in 2017/18) for those who were able to achieve those outcomes fully, as a result of intervention by safeguarding workers.

A further 42% in 2017/18 managed to partially achieve their stated outcomes meaning only 5% did not achieve their outcomes during the previous year which is a 1% improvement. This is shown above in Figure 10.

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# Safeguarding Adults Annual Report 2017/18



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# **Executive Summary**

Safeguarding Adults is a strategic priority for West Berkshire Council and a core activity of Adult Social Care.

2017/18 has been a busy year for the Safeguarding Adult service in West Berkshire. Delivery of the safeguarding function is shared between the operational social care teams who complete the majority of investigations into allegations of abuse and a small safeguarding team that provide a triage and scrutiny function, signing off all investigations and leading on investigations into organisational abuse. They also coordinate the response in relation to Deprivation of Liberty Safeguards (DoLS).

There have been a number of changes in key personnel during the year, with both interim and locum staff in place whilst a new service manager was recruited. Despite this safeguarding performance has been managed and data shows evidence of improvements.

The number of safeguarding 'concerns' received in 2017/18 that met the threshold for a response within the safeguarding framework has decreased over the last few years which we believe is as a result of improved threshold decision making and reducing inappropriate referrals. Locally we are monitoring notifications that do not meet the safeguarding threshold, appropriate action is still taken for these notifications and will help us to understand the true volume of enquiries that the Safeguarding team are working with.

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 2017/18 318 S42 enquiries were opened, with an increased conversion rate from concern to enquiry of 65%.

Whilst the number of concerns is lower by 20% than those recorded during 2016/17, the conversion rate at 65%, is 14% higher than the previous reporting year, providing greater evidence that concerns coming through were more appropriate and relevant to be processed through the safeguarding framework. We would expect the conversion rate to increase as the number of concerns has reduced but will continue to monitor this trend and ensure that all concerns progress to a S42 investigation where required.

The number of Deprivations of Liberty Safeguard applications remains high. We now report on both new and existing applications. The number of applications where the outcome was 'pending' was significantly higher in 2017/18.

Despite pressures in the service, and high activity from both Safeguarding and DoLS, West Berkshire has continued to drive forward the Safeguarding agenda supporting the West of Berkshire in the delivery of its action plan.

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. This year the forum and local operational management teams have progressively worked through the established action plan and achievements include:

- Enhanced engagement by West Berkshire partners in the Safeguarding agenda, attending West of Berkshire events.
- Making Safeguarding initiative continues to be promoted and embedded in practice through further training and monitoring, with local data indicating improvements for achieving stated outcomes.
- Further Mental Capacity training to support good practice and requirements under the Safeguarding Framework.
- Ensuring effective learning from good and bad practice is shared.
- Ensuring a robust oversight of safeguarding activity. 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 with regular quality assurance reports to Senior Management and Members.
- Development of an audit approach to practice which will be further implemented in 2018/19.
- Introduction of a Risk and Management Panel (RaMP) this panel is designed for practitioners to take key cases that are high risk for multi-agency discussion and ensure that S42 cases are managed in a timely way.

West Berkshire have introduced a new case management recording system – Care Director. The introduction of this system allows greater opportunity to improve recording and monitoring of key safeguarding activity. i.e better identify ongoing S42s and monitor time frames.

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 is a statutory responsibility for all Local Authorities and as such is a strategic priority for West Berkshire Council and core activity for Adult Social Care.

This annual report evidences the key 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 2017/18, 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 Board developed the 2017-18 business plan – **Appendix 1** to progress identified priorities. For 2017/18 these included:

- We have oversight of the quality of safeguarding performance
- We listen to service users, raise awareness of safeguarding adults and help people engage
- We learn from experience and have a skilled and knowledgeable workforce
- We work together effectively to support people at risk

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. This year the forum and local operational management teams have progressively worked through the established action plan; achievements include:

- Enhanced engagement by West Berkshire partners in the Safeguarding agenda, attending West of Berkshire events.
- Making Safeguarding Personal (MSP) initiative continues to be promoted and embedded in practice through further training and monitoring, with local data indicating improvements for achieving stated outcomes.
- Further Mental Capacity training to support good practice and requirements under the Safeguarding Framework
- Ensuring effective learning from good and bad practice is shared.
- Ensuring a robust oversight of safeguarding activity, with regular quality assurance reports to Senior Management and Members
- Development of an audit approach to practice which will be further implemented in 2018/19
- Introduction of a Risk and Management Panel (RaMP) this panel is designed for practitioners to take key cases that are high risk for multi-agency discussion and ensure that S42 cases are managed in a timely way.

West Berkshire have introduced a case management recording system – Care Director. The introduction of this system allows greater opportunity to improve recording and monitoring of key safeguarding activity. i.e better identify ongoing s42s and monitor time frames.

The Safeguarding Adults Board are developing the <u>business plan for 2018-21</u>,to detail the way in which partner agencies will contribute to delivering agreed priorities, this will published on SAB website when available.

## **Volumes and Performance**

# Safeguarding activity

## **Concerns and S42 Enquiries**

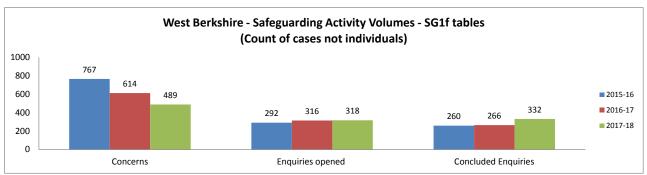
There were 489 safeguarding concerns received in 2017/18 that met the threshold for a response within the safeguarding framework. The number of concerns has decreased over the last few years and we believe this is as a result of working closely with providers, in particular Thames Valley Police (TVP) and Southern Central Ambulance Service (SCAS), to ensure referrals made are appropriate for safeguarding and reducing in appropriate referrals.

It should be noted that regardless of this streamlined process, <u>all</u> notifications received by the safeguarding adults team deemed not to meet the threshold for Safeguarding (often social welfare concerns from providers) are referred onto the relevant Adult Social Care or Mental Health teams to ensure they are reviewed by the relevant service and appropriate action taken.

Locally this is now being monitored to understand the true volume of activity that the Safeguarding team are working with. The data indicates a significant volume of activity and during 2018/19 we will monitor this to understand further the impact.

Table 1 – Safeguarding act	ivity for the reporting i	period 2015/16 - 2017/18

	Concerns	Enquiries opened	Concluded Enquiries	Concern to Enquiry Rate
2015-16	767	292	260	38%
2016-17	614	316	266	51%
2017-18	489	318	332	65%



Source – Safeguarding Adults Collection (SAC) statutory return SG1f tables and SG2 tables detail concluded enquiries

In some cases it is sufficient for the Local Authority to note the concern with no further action required. 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 2017/18 318 s42 enquiries were opened, with an increased conversion rate from concern to s42 enquiry of 65%.

Whilst the number of concerns is lower by 20% than those recorded during 2016/17, the conversion rate at 65%, is 14% higher than the previous reporting year, providing greater evidence that concerns coming through were more appropriate and relevant to be processed through the safeguarding framework. We would expect the conversion rate to increase as the number of concerns has reduced but will continue to monitor this trend and ensure that all concerns progress to a S42 investigation where required.

The number of concluded enquiries has increased by 25%. There were a number of enquiries concluded that had 'drifted' from previous reporting year, a retrospective check of all previously open enquiries from the preceding financial year was undertaken to ensure that all appropriate action was taken and individuals were safe. The transition to Care Director now provides the mechanisms to highlight these cases and ensure conclusion in a timely way.

# 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 s42 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 64 % of enquiries in 2017/18.
- In line with national average greater proportion of safeguarding concerns received for females. However, 2017/18 indicates a slight increase in Male safeguarding enquires.

Table 2 – Age group of individuals with safeguarding enquiries opened, 2015-16 – 2017-18

Table SG1a	Number of individuals by age							
	18-64 65-74 75-84 85+							
2015/16	34%	15%	23%	28%				
2016/17	37%	11%	19%	33%				
2017/18	36%	14%	22%	28%				

Table 3 – Gender of individuals with safeguarding enquiries opened, 2015-16 – 2017-18

Table SG1b	Number of Individuals by gender					
	Male Female Total					
2015/16	43%	57%	100%			
2016/17	38%	62%	100%			
2017 /18	44%	56%	100%			

# **Primary support reason**

Table 4 shows a breakdown of individuals who had a safeguarding enquiry by Primary Support Reason (PSR).

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
2015/16	37%	1%	29%	17%	11%	3%	0%	
2016 /17	36%	3%	27%	17%	12%	4%	0%	2%
2017/18	32%	1%	25%	20%	8%	3%	12%	0%

Just under a third of individuals had a PSR of Physical Support, and a further 25% Memory and Cognition.

S42 enquiries opened for 'No support reason' has increased significantly in 2017/18. This is due to the revised reports from Care Director and review of statutory guidance that confirmed that where an individual was not receiving, nor did they need, any social services support at the time of the safeguarding incident, the PSR will remain unknown.

# Case details for concluded enquiries

# Type of alleged abuse

Table 5 shows concluded enquiries by type of alleged abuse in the last three years. 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. 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.

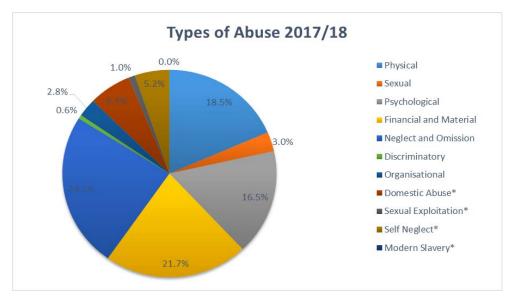
The most common types of abuse for 2017/18 were neglect and acts of omission 24%, finance and material 22%, physical 18.5% and psychological abuse 16%.

Financial and Material abuse has seen a significant increase this year compared to previous year; we consider this may be due to greater awareness of financial abuse across operational teams, being more robust in our financial assessment process, providing more in-depth financial reviews and therefore better detection and recording of financial abuse.

Table 5 - Concluded enquiries by type of abuse

Type of Abuse	2015/16	2016/17	2017/18
Physical	74	78	92
Sexual	20	18	15
Psychological	66	84	82
Financial and Material	62	67	108
Neglect and Omission	86	100	120
Discriminatory	0	4	3
Organisational	7	9	14
Domestic Abuse*	28	22	32
Sexual Exploitation*	1	0	5
Self Neglect*	45	21	26
Modern Slavery*	0	0	0

Graph 1 - Type of abuse 2017-18 by concluded enquiries



## Location of alleged abuse

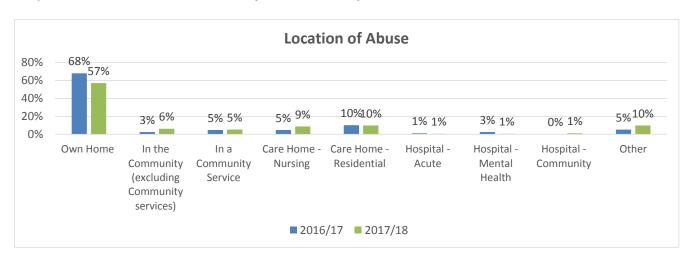
As with previous years the most common locations where the alleged abuse took place were a person's own home, 57%, and a care home (Residential or Nursing), 19%.

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. One of the West of Berkshire Safeguarding Adult Boards' priorities is to work with communities to raise awareness of adult safeguarding; we will continue to work with the Board to raise awareness and ensure that members of the public know what action to take.

Table 6 - Location of abuse by concluded enquiries

Location of Abuse	2016/17	2016/17 England	2017/18
Own Home	68%	44%	57%
In the Community (excluding Community services)	3%	3%	6%
In a Community Service	5%	3%	5%
Care Home - Nursing	5%	12%	9%
Care Home - Residential	10%	24%	10%
Hospital - Acute	1%	3%	1%
Hospital - Mental Health	3%	2%	1%
Hospital - Community	0%	1%	1%
Other	5%	8%	10%

Graph 2 - Location of abuse 2017-18 by concluded enquiries



#### Source of risk

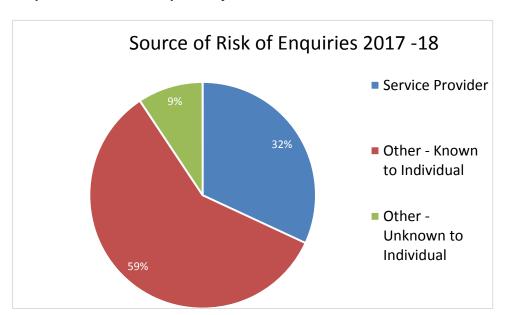
Graph 3 demonstrates those sources of risk for concluded enquiries.

The majority of concluded Safeguarding enquiries involved a source of risk known to the individual (59%), only 9% were 'unknown'.

In 32 % of cases the source of risk was a 'service provider. The service provider support category refers to any individual or organisation paid, contracted or commissioned to provide social care.

Whilst 32% attributed to the provision of a service provider 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.

This further highlights the need to work proactively with provider agencies across West Berkshire to ensure that staff receive adequate and appropriate training and that any safeguarding concerns are reported appropriately.



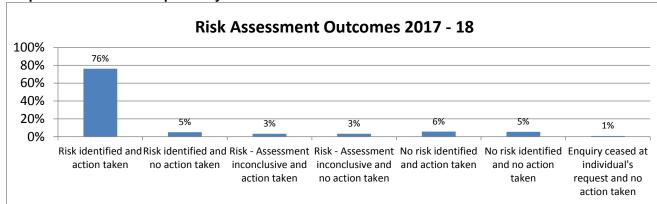
Graph 3 - Concluded enquiries by source of risk

#### Risk Assessment Outcomes, Action taken and result

Management of risk data is drawn from concluded cases. Data has been initially drawn from the 332 concluded enquiries.

Risk identified and action was taken in the majority, 76%, of cases. Risk identified but no action was taken in just 5% of cases; there are times where an individual can refuse support / intervention and have the capacity to make such decisions.

For the remaining cases, the risk assessment was inconclusive, there was no risk identified or the enquiry ceased.

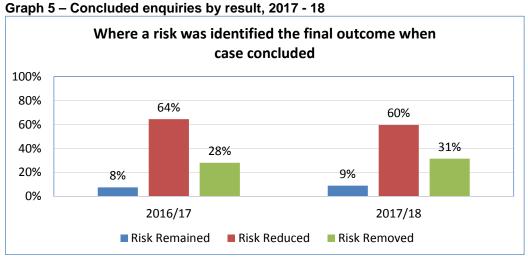


Graph 4 - Concluded enquiries by risk outcomes 2017 -18

#### Outcome of concluded case where a risk was identified

Graph 5 shows where a risk was identified the final outcome. (relates to 270 concluded enquiries)

Positively, risk was removed for 31% of cases and reduced for a further 60% of cases. Risk remains for only 9% of cases. It is acknowledged that there are some situations where an adult makes decisions that we don't necessarily agree with, but where they have capacity to make such decisions this needs to be respected. This is comparable with previous years.



# Mental Capacity and Advocacy

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 suitable person able to advocate (for example a close family member or friend if appropriate).

In 2017 -18, where the individual lacked mental capacity **all** (100%) were supported by an advocate, family or friend. It should be noted the national average for providing advocates in England, recorded for 2016/17, was 73%.

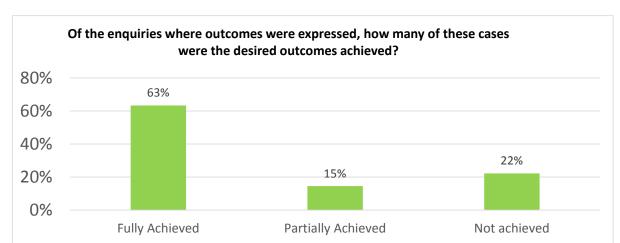
# Making Safeguarding Personal

Making Safeguarding Personal (MSP) is a national initiative 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. By definition, a personal response to a safeguarding incident will mean different things to different people. Therefore obtaining data for outcomes has presented challenges. In 2017/18, 75% of all clients for whom there was a concluded case were asked about the outcomes they desired (either directly or through an advocate).

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 who were asked and expressed a desired outcome, 63% were able to achieve those outcomes fully, with a further 22% partially achieved. This is an improvement from 2016-17 where only 55 % fully achieved stated outcomes.



**Graph 7 – Concluded enquiries by expressed outcomes 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.

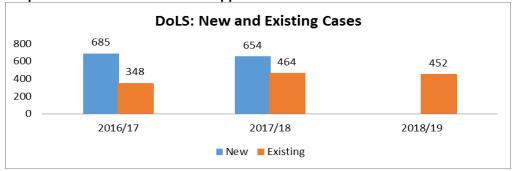
In 2017/18 further clarification from the Department of Health was issued regarding the reporting of DoLS, there are a few areas to note:

- We are now required to report 'Existing' (active in the reporting year) and 'New' applications; previously we only reported new applications or those carried over 'pending' a decision.
- The status of withdrawn is only to be used on rare occasions based on guidance from NHS Digital this year; non-urgent applications that were withdrawn were revised to Not Granted for 2017/18 reporting.

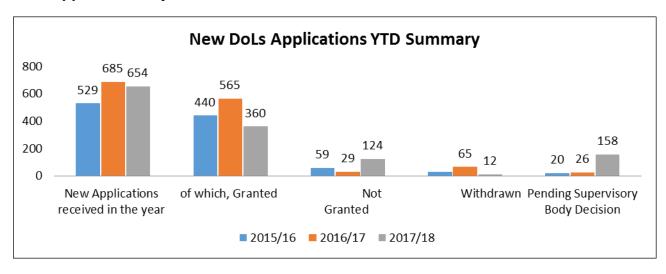
The table and graph below shows that the number of new applications has dropped slightly from 2015/16, but remains high at over 650 for 2017/18.

DoLS cases (new applications and existing cases)	2016/17	2017/18	2018/19
New and Existing	1033	1118	
of which, New	685	654	
Existing	348	464	452





#### **New Applications by outcome**



The number of 'pending' applications that we are reporting for 2017/18 is significantly higher than in previous years.

DoLS applications continues to rise nationally and remains an increasing pressure locally; as a service we are reviewing how applications are being managed.

#### The Future

Activity levels for Safeguarding will continue to be closely monitored in West Berkshire. The development of our audit approach and effectiveness of RaMP will be monitored and reviewed.

A new action plan for West of Berkshire Safeguarding Adults Board will be developed and we will continue to work in partnership to deliver the identified outcomes locally.

Adult Social Care continues to strike a balance between daily operations dealing with incoming safeguarding concerns and applications for Deprivation of Liberty Safeguards authorizations with raising awareness of safeguarding.

# 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

PRIORITY 1 We have oversight of the quality of safeguarding performance

Outcome	Action	Lood	Time a coal :	Mark in manage	DAC	C
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	West Berkshire has developed a set of questions which have been shared with Wokingham and Reading to adapt and adopt.	G	Core set of questions to collect feedback from people in place in each Council.
Page 390	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	Assurance required from each LA when complete.  West Berkshire has confirmed they have.  Reading have a form to be launched  Wokingham are working on implementation.  BM to track progress in 18/19.	A	Mandatory feedback form added to the Councils' electronic systems for every statutory S42 enquiry.

	c) Develop systems for capturing, recording and monitoring MSP outcomes.	Effectiveness and Oversight and Quality Subgroups	Jan 2018	The principles of MSP are well embedded in the peer review case file audit.	G	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 vulnerable  Page 391	a) Audit outcomes are analysed by Oversight and Quality Subgroup and the Board takes required actions to address areas of identified concerns across partner agencies.	Oversight and Quality Subgroup	September 2017 and March 2018	An audit on S42 enquiries was undertaken in September 2047 which included to what extent Making Safeguarding Personal principles have been upheld, highlight report was taken to the board. There was no audit completed in March 2018.  A number of audits have been set within the 18/21 Business Plan.	A	Improvements in practice are evidenced in subsequent S42 case file audits.
	b) Develop a dashboard to present KPI data to the Board	Oversight and	December	Has gone live and is a	G	A clear overview of KPI

Outcome	Action	Lead	Timescale	Work in progress	RAG	Success criteria	
PRIORITY 2 -We listen to service users, raise awareness of safeguarding adults and help people engage							
				Business Plan – Ref			
				Carried over to 18/21			
				Slavery.		modern slavery	
N	Modern Slavery data			of abuse which includes Modern		level of risk for victims of modern slavery	
392	of Modern Slavery by reviewing local and national	Subgroup		S42 enquiries by type		understanding of local	
Page	local level of risk for victims	Quality	March 2018	numbers of concluded		supports the Board's	
U	d) Develop understanding of	Oversight and	Annually –	Dashboard reports on	R	Modern slavery data	
				1.75			
				Business Plan – Ref			
				Carried over to 18/21			
				Dashboard.		FGM	
	and national r divi data			on the Boards		level of risk for victims of	
	of FGM by reviewing local and national FGM data	Subgroup		Berkshire, is reported		understanding of local	
	local level of risk for victims	Quality	March 2018	FGM victims in West		supports the Board's	
	c) Develop understanding of	Oversight and	Annually –	Numbers of identified	Α	FGM data provided	
		Subgroup		item.		Board on a quarterly basis	
	on a quarterly basis	Quality	2017	standing Board agenda		data is presented to the	

2.1 Board membership	a) Representatives from	Independent	Sept 2017	Housing	G	Representatives from
reflects a wide and varied	Housing and Provider	Chair		representative invited		Housing and Provider
group of stakeholders	organisations to be invited			from each LA.		organisations attend
	to attend Board meetings					Board meetings.
2.2 Local communities know	a) Easy read version of the	Communication	May 2017	CLASP commissioned	G	Wider range of people are
about safeguarding adults and	Board's Annual Report	& Publicity		to produce easy read		able to understand the
the work of the Board	2015-16 to be published	Subgroup		version of 2015-16		Board's work and
				annual report;		priorities
				published on website		
	b) Community Awareness	Communication	March	Events held in each	G	Community Awareness
	Event to raise awareness	& Publicity	2018	area.		Event held in each area.
Pa	of safeguarding adults	Subgroup				
Page 393						
393						
	c) The Board is assured that	Communication	June 2017		G	Safeguarding information
	accessible safeguarding	& Publicity				is available in public places
	leaflets for customers and	Subgroup				and partner agencies'
	staff are available					websites
	d) Map partner agencies'	Communication	Nov 2017		G	Subgroup aware of
	external communication channels	& Publicity				partners' external

		Subgroup				communication channels
	e) Develop calendar of local and national events relevant to safeguarding	Communication & Publicity Subgroup	Nov 2017		G	Local and national events relevant to safeguarding are promoted
2.3 Raise awareness across partner organisations and amongst practitioners about the role of the Board, the website and Berkshire Policy and Procedures	a) a) New Berkshire Policy and Procedures website launched and promoted	Berkshire Policy and Procedures Subgroup	Dec 2017	Website for the Berkshire Policy and Procedures complete and launched	G	New Berkshire Policy and Procedures website launched and promoted
	b) b) Produce flyer for practitioners to raise awareness of the Board	Business Manager	April 2017	Developed and distributed across partner organisations	G	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	Annual Report complete and due to be presented to HWB in January.	G	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	a) Opportunities for practitioners	Learning and	May 2017	Quarterly DA Forum	G	Practitioners understand
the capacity, capability,	to explore issues when working	Development		established in		the dynamics of DA in
knowledge and skills to	with people in Domestic Abuse	Subgroup		Reading. Good		terms of coercion and
keep people safe and				attendance from a		

improve safeguarding	situations			wide range of		control
outcomes				practitioners. Has		
				been opened up to		
				West Berkshire and		
				Wokingham and has		
				been promoted.		
	b) Ensure Domestic Abuse	Learning and	May 2017	Consistent training	G	Consistent training
	awareness training and	Development		standards for Level 1		standards for Level 1
	safeguarding training cross	Subgroup		have been agreed and		produced.
	reference.			produced.		
	c) Promote good record keeping	Learning and	Sept 2017	Record keeping is	G	Case file audit peer review
Page		Development		embedded across all		in August and February
θ ω		Subgroup		safeguarding training		reveals improvement in
395				standards. Issue to be		recording skills.
				raised at trainer		
				meeting 25 May.		
				Promote tools and		
				training resources via		
				Board's website and		
				Briefing. Review		
				results of case file		
				audit peer review in		
				August to confirm		
				whether there is still		

Page 396	d) Deliver Safeguarding Adults Train the Trainer programme (Wokingham BC deliver, open across the area)	Learning and Development Subgroup	April 2017	an issue. To be addressed through supervision.  Course delivered; 8 attendees.	G	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	Conference took place as planned. Feedback is currently being evaluated.	G	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 2017	SAR Findings workshop took place in Sept; further workshops planned: Jan- Advocacy March - Allegations management.	G	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	Learning and Development Subgroup	Ongoing		G	Training programmes delivered and evaluated.

	agreed standards.  Measure the impact of training on a biannual basis  h) Report on training activity for	Learning and	May 2017	Complete.	G	Training data collated and
	2016-17 for SAB annual report	Development Subgroup	,			reviewed
	<ul><li>i) Review and update the Workforce Development Strategy</li></ul>	Learning and Development Subgroup	Dec 2017	Complete.	G	Updated Strategy published on SAB website
3.2 Learning from SARs  and other reviews has been shared and used to incorrove practice	a) The SAR Learning Monitoring Tool is used to monitor response to findings by partner agencies upon publication of SARs.	Effectiveness Subgroup	June 2017 and ongoing	Populated with information from Mrs H and Mr I.	G	The SAR Learning Monitoring Tool is completed and presented to the Board quarterly showing that learning from SARs is embedded within partner agencies.
	b) 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	Dementia audit complete and report due presented to Board in June. Tissue Viability Audit	R	Results of thematic audits are published and areas for development are identified for the Board to take appropriate action.

				presented to SAB.  Carried over to 18/21  Business Plan – Ref  1.80		
Page 398	c) Evaluation template for training to include question to evaluate how practitioners have taken on and embedded learning	Learning & Development Subgroup	May 2017	Training impact evaluation form agreed for use includes question on applying learning to practice	G	Amended evaluation template used to assess how practitioners have embedded learning

PRIORITY 4 We work together effectivel	y to support people at risk
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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	Awareness raising article included in April's Board briefing. Bite size learning session planned for January. New	G	New approaches to person centred responses are promoted. Quarterly PI data indicates improvement in use of advocates.

				indicator included in KPI set.		
4.2 Providers are supported to deliver safe, high quality services and the Board is assured that robust safeguarding processes are adhered to in line with Care Act requirements	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 with Care Act requirements.	DASS and other commissioners provide assurance	Jan 2018	Question included in Self-Assessment audit: B2  2/3 LA's assessed as Green  1/3 LA assessed as Amber with an action plan in place to address shortfalls.	G	Board is assured that robust arrangements are in place to support and challenge providers
We work within a fremework 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	Draft Framework for the Management of Allegations against Persons in Position of Trust endorsed by Board in September. Under consideration by the Berkshire Policy and Procedures group for inclusion in the P&P.  Carried over to 18/21	A	Board is assured that partner agencies have robust policy in place to manage allegations

				Business Plan – Ref 1.37		
	b) Promote e-learning Safe Recruitment module	Learning and Development Subgroup	July 2017	Promoted in January 2018 Boards Briefing	G	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	Sept 2017	Indicator included in KPI set for Q3 and 4 data	G	Board is assured that feedback is provided to the referrer and takes actions to ensure practice is improved
4.9 We are assured that local arrangements to support and minimise risks for people who selfneglect are effective	<ul> <li>a) Raise awareness of the issues and improve practice for working with those who self- neglect</li> </ul>	Learning and Development Subgroup	Sept 2017	Workshop included in Conference programme and embedded in training standards	G	Raise awareness of self- neglect through website and workshop
		Business Manager	June 2017	Link to the Hoarding film produced by Birmingham SAB via Youtube to be included on Board's website and promoted in Board's Briefing		

	b) Review undertaken to inform the Board of prevalence of self-neglect cases reported under safeguarding framework, and outcomes for the individual	Effectiveness Subgroup	Sept 2017	External resources commissioned to undertake review, due to be presented at the Board in September 2018  Carried over to 18/21Business Plan – Ref 1.38-1.40	A	The Board understands how cases of self-neglect are responded to and identifies areas for further development
Page 401	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	Wording amended in section B1 of self-assessment audit template.  To be incorporated in external review 4.5b.  Carried over to 18/21 Business Plan – Ref 1.38-1.40	A	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	a) MCA focused week of workshops for practitioners	Effectiveness / Learning and Development / Communication	October 2017	Funding confirmed. Workshops scheduled for week of 16 Oct.	G	MCA focused week of workshops attended by practitioners

interest, DoLS and		Subgroups				
restraint)						
4.7 We are assured that	a) Raise awareness of current	Independent	June 2017	Presentation at	G	Partner agencies have
local arrangements to	governance structures and	Chair		September Board		clarity about current
support people who	accountability for mental			meeting; mental		governance structures for
have Mental Health	health in the locality			health subgroups		mental health
issues are effective				asked to consider		
				safeguarding issues		
				and escalation		
				processes; results		
				feedback at		
η				December Board		
Page				meeting.		
48 We are assured that	a) Event on Domestic Abuse for	Independent	Feb 2017	Carried over to 18/21	R	The Board is assured that
local arrangements to	partners to explore issues,	Chair / Business		Business Plan – Ref		commissioned DA services
support and minimise	understand priorities of each	Manager		1.24		in each area are effective.
risks for people who	Domestic Abuse Strategy and					
experience Domestic	identify gaps.					
Abuse	b) A&E data shared to help each	Oversight and	Oct 2017	Carried over to 18/21	R	Data shared to inform
	LA identify hotspots in their	Quality Subgroup		Business Plan – Ref		Board's understanding of
	area and triangulate			1.23		DA
	information					
4.9 We have a Modern	a) Modern Slavery strategic	Policy and	Dec 2017	Carried over to 18/21	R	Modern Slavery strategic
Slavery strategic	pathway agreed and	Procedures		Business Plan – Ref		pathway agreed and

pathway in place	published	Subgroup		3.33		published
	b) Review and promote modern	Learning and	Dec 2017	E-learning module	Α	Modern slavery e-learning
	slavery e-learning	Development Subgroup		available to all LA's, who are able to share		reviewed and promoted
				e learning tools with partners.		
				pureners.		

#### **RAG Status**

Here are a number of actions in this Business Plan that are Red and Amber. Progress has not been made as expected due to a significant number of staff anges in partner organisations in Quarter 4, and the absence of a Safeguarding Adults Board Business Manager from January 2018 until June 2018.

Membership of the Board and Subgroups is under review and outstanding actions will be brought over to the 2018/21 Business Plan.

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# Wokingham Borough Council Annual Safeguarding Report 2017-2018

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Classification: OFFICIAL

#### The Context

This report forms part of the West of 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 2017/2018.

#### Part One

# How did Wokingham achieve the priority areas as set out by the Safeguarding Adult Board?

The Safeguarding Adult Board business plan for 2017/2018 set out 4 priorities for 2017/2018. Below is a summary of Wokingham's achievements against these priorities.

# Priority 1 – We have oversight of the quality of safeguarding performance.

• As part of the Board's work in ensuring quality in safeguarding practice Wokingham participates in monthly 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. Audit outcomes are shared with the Board which takes required actions to address areas of identified. Twice yearly case audit on S42 enquiries are undertaken and include to what extent Improvements in practice are evidenced in subsequent S42 case file.

# <u>Priority 2 - We listen to service users, raise awareness of safeguarding adults and help people engage.</u>

 We continue to co-ordinate the Safer Places Scheme across the borough with 39 shops/businesses signed up. This is 2 less than last year. The number of shops/businesses fluctuates due mainly to closure or change in management. Over the past year 1 new shop has signed up as well as the 3 Smoke Free Berkshire Mobile Buses that operate across the Wokingham Borough.

Page **2** of **18** 

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The Wokingham report for the West of Berkshire Safeguarding Adults Board 2017/18

Safer Places Cards for residents who may have difficulty explaining their needs when seeking support from a Safer Place. 22 people currently have a card. This is an increase of 7 from last year. Not all live in the Wokingham Borough. Although the Safer Places cards are mentioned in Children's Safeguarding Training, no children (people under 18 years of age) have yet applied. The Safer Places Champions also continue to support the promotion of the cards. Of those who have a card:

- 10 are female and 12 are male
- All are adults
- The youngest person to have a Safer Places card is 19 years old and the oldest is 73
- The commonest age is 24
- The majority (largest number) of people with a card have a learning disability.

A person's disability is not asked on the application form as anyone can apply to have a card. The Adult Safeguarding Prevention Advisor only knows that most people have a learning disability because they personally knows most of the people, who have applied, through their prevention work.

We continue to produce our literature in variety of styles including easy read. All our literature has been updated to ensure that contact details are consistent with that displayed on the council website. Our Adult Safeguarding leaflets & posters can be downloaded from the council website as well as available upon request.

The easy read version of the **Adult Safeguarding Process** is also available on the council website and discussed during all 3 levels of our Adult Safeguarding Training. The planned review of its use and effectiveness to people supported did not go ahead as planned, due to the ongoing 21st Century changes.

The SAB now produces regular briefing notes to update both professionals and the community with what has been discussed in board meetings as well as giving guidance on current practice and legislation. These briefing notes are shared with our local Forum members and the wider professional and community network. Feedback from the Forum has been that the briefing notes are useful.

# Priority 3 - We learn from experience and have a skilled and knowledgeable workforce

We continue to facilitate a variety of training courses based around the Adult Safeguarding agenda as well as contribute overall to the workforce development as directed by the SAB. Our core sessions we have facilitated are as follows with attendance:

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Training	Occurrence 2016-17/ 2017-18	Possible attendance 2016-17 2017-18		Actual Attend 2016-17	ance 2017-18
Level 1	13/13 sessions	163	198	141	153
L1 Train	1/1 session	10	10	6	10
the trainer					
Level 2	8/3 sessions	128	48	85	24
Level 3	3/2 sessions	48	32	15	11

With the various changes introduced as part of our move towards becoming a 21<sup>st</sup> Century Council, this has contributed greatly to the wide ranging differences in the number of sessions available and attendance from the previous year's statistics.

The Level 1 is facilitated by our Adult Safeguarding Prevention Adviser as part of their day-to-day role, with the annual target of facilitating 11 sessions throughout the year, i.e. 1 session per month. In 2017-18 this target was met with an additional 2 sessions commissioned by a local Care Provider thorough our Care Governance.

Our Levels 2 & 3 is now specifically commissioned from an approved facilitator with the SAB (previously the facilitator had been on a long term contract with the Council). Subsequently because of the 21<sup>st</sup> Century changes, they were commissioned to only facilitate 3 x Level 2 Sessions and 2 x Level 3 sessions. It should be noted that for next year (2018 -19) there could be an increase in demand for the Level 2 & 3 sessions as it is the local authorities statutory requirement to provide the training and realisation sets in from colleagues & partner agencies that staff need to be refreshed.

The Train the Trainer last year included 4 providers who came from Reading and were therefore assessed by recognised observers from Reading Borough Council.

Additionally as a service during this last year we provided:

- Care Certificate Workshops focusing upon Standards 1&2 specifically for Support with Confidence Approved Providers. This training is arranged on an ad-hoc basis and varies due to number of applicants. It was attended by 4 providers/SWC applicants over 1 session.
- Support to the Community Wardens to present PREVENT training across the workforce.
- Reviewed individual organisations training programmes to ensure that they were up to date, met legislative requirements and the SAB Workforce Development Strategy.
- Held network meetings for the Approved Level 1 Facilitators to keep them updated with training requirements – locally, nationally and

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The Wokingham report for the West of Berkshire Safeguarding Adults Board 2017/18 legislatively, including their own continuing personal development.

- Our Joint Children's & Adults E-Learning programme was updated to bring it in line with all current Children's & Adult Safeguarding & other relevant legislation, policy & current best practice. It forms part of our Corporate Induction for all new staff, Members, volunteers & contractors as well as providing a refresher for non-People Services colleagues. It is also available to partner organisations.
- Facilitated MCA/DoLS Application into Practice workshops. This is a 4 modular set of workshops aimed at ASC staff who have previously attended the full 1 day course.
- 10 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.

# Priority 4 - We work together effectively to support people at risk

We continue to proactively work with colleagues from the Police and Trading Standards to raise awareness of scams and other forms of financial abuse.

Additionally we provide a safeguarding oversight of the **Support with Confidence Scheme** (SWC) in Wokingham, providing advice and support through attendance as part of the steering group locally. Currently there are 24 accredited SWC providers based within the Wokingham Borough. Liaison also continues with our Care Governance.

Our Adult Safeguarding Prevention Advisor is now a member of the local **Independent Advisory Group** (IAG) facilitated by the Police. The aim of this group is to: 'increase the trust and confidence in policing amongst the communities within the local police area (LPA) through the extension of communication and accountability of policing to the diverse communities'. Some discussions have focused upon Hate Crime, Domestic Abuse and PREVENT.

Guidance & support has been given to providers on **training and policy development** based around current legislation, SAB Workforce Development Strategy and best practice.

Representation is made to the **Carers Strategic Group** who meet on a quarterly basis.

As a member of the **Annual Joint Safeguarding Children & Adults Conference** Steering Group, our Adult Safeguarding Prevention Advisor took an active role in supporting colleagues from Reading with the planning, preparation & delivery of the conference in September 2017. The theme was Safeguarding & Mental Health. 160 delegates from various LA services, Community Partners & Health across the 3 boroughs attended. Feedback was positive with an overall view that the joint conferences should continue.

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The Wokingham report for the West of Berkshire Safeguarding Adults Board 2017/18 Regular discussions are also held with our Community safety partnership Manager on matters relating to personal safety, hate crime etc.

In April 2017 with support from Involve we hosted an **Adult Safeguarding Community Awareness event**. Presentations were made by the Chair of the SAB, the LPA Commander and our Adult Safeguarding Duty Team. 35 people including customers & carers attended.

In the last year we have given advice to provider organisations about their own **policy and procedure** relating to Adult Safeguarding, including where to go to get advice and support to develop their own, DBS and risk assessment relating to lone working.

Following an incident of hate crime, work has begun with a large learning disability provider based in the borough. A **project plan** has been developed which includes:

- Staff training & awareness, including hate crime
- Community presence and developing links
- Developing Skills of people supported around their understanding of safeguarding and hate crime
- Safer Places Scheme

This is an ongoing piece of work and will be adapted to meet the changing needs of the people supported and staff development.

For the 9<sup>th</sup> year running we held our annual **Have a Safe Christmas** Event. The Prevention Advisor hosted stands at 4 major supermarkets across the borough and was supported by colleagues from the Police, Trading Standards, Community Wardens, Public Health and others. The aim of this event is to raise awareness of some of the safety issues/concerns that are increased as a result of the festive season. Information is also given as to what support networks are also available during this time. We even had the Royal Berkshire Fire & Rescue Service turn up with their Fire Engines! This is a popular event and on each occasion the Prevention Advisor had to return to the office to collect more information/leaflets.

#### **Priorities for the Year Ahead**

Over the next 12 months, Wokingham Borough Council intends to improve its practice in regards to adult safeguarding by doing the following -

### Redesigning our Adult Safeguarding Forms.

A redesign of the Part 1 (safeguarding referral) and Part 2 (Section 42 Enquiry) forms used as part of carrying out a safeguarding enquiry started in Summer

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The Wokingham report for the West of Berkshire Safeguarding Adults Board 2017/18 2017. Part of the drive to change the forms comes from a wish to make sure that the forms are more accessible and streamlined. It was also important to support promotion of making safeguarding personal (e.g. indicating persons desired wishes and outcomes). Workshops were held with staff from across adult social care including representation from CMHT, COAMHS, Optalis and WISH. Workshops took place in October and November 2017. As an outcome of the workshops, the forms were piloted across service areas before final implementation. At the end of 2017/2018, following the pilot, the forms have been successfully checked by our performance team to ensure that data for the statutory safeguarding returns is captured. As we move into 2018/2019, our priority is to make sure that the forms are fully implemented and integrated into our Mosaic case management system.

Alongside the redesign of our safeguarding forms we have also introduced a safeguarding triage form. The aim of the form is to ensure that when a safeguarding alert is raised and sent to the local authority, the case can be triaged and risk assessed to determine the most appropriate response to a referral under the adult safeguarding framework. The triage form is most likely to be used by Duty Safeguarding Officers within WISH and Optalis as this is where the majority of safeguarding referrals are received. We will report on use of the tool in our 2018/2019 safeguarding performance report.

# **Positive Risk Taking Framework**

The Positive Risk Taking Framework will support practitioners with managing complex cases. A positive risk panel forms part of the framework. The purpose of the panel is to provide a forum where staff at different levels can seek high level approval, decision making and support when the level of risk raises such a concern that advice above the Service Manager needs to be sought. It is a forum that is to be used alongside, not instead of the traditional safeguarding pathway. The forum will chaired by The Principal Social Worker and attendees will include Safeguarding Adults Team Manager / or member, relevant key worker, other agencies and the person themselves (if appropriate).

The framework will ensure that there is a clear connection and accountability for decision making at an operational and strategic level. With the aim that practitioners can practice defensible decision making and people we work with are kept safe.

#### **Safeguarding Champions Meeting**

The role of the Safeguarding Champion's Meeting is to help build stronger ties between the different services working within Wokingham and to promote understanding of Safeguarding within the Council. A champion from each service area – CMHT, COAMHS, Optalis and WISH will attend a quarterly meeting held at Shute End Civic Centre.

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The purpose of the meeting is to identify best practice in the borough in regards to adult safeguarding. The meeting will look at what's working well, opportunities for improvement, practice issues and training and development. We will also look at updates from the Safeguarding Adult Board including information about Safeguarding Adult Reviews.

The champions meeting will play a key part in maintaining discussion of safeguarding policies and procedures within the Council and partner organisations, in order to maintain awareness and contribute to updates as required.

### Part 2 - Annual Performance data and analysis 2017-18

### Safeguarding activity - Concerns and enquiries

A safeguarding *concern* is reported to the local authority's Adult Social Care service by someone (i.e. a professional, family member or carer) who is worried about the adult at risk who may be being neglected or abused.

A total of 1,232 safeguarding *concerns* were raised for the 2017-18 reporting year. This is a significant decrease on the amount of concerns raised in 2016-2017. This decrease could suggest that safeguarding awareness amongst the public and professionals has reduced for the first time since implementation of The Care Act 2014.

An *enquiry* is where a *concern* is progressed to a formal investigation stage and for 2017/18 there were 478 enquiries. In 2016/2017, 41% of concerns went on to the enquiry stage. This year there has been a slight decrease (39%) in concerns that were converted to s42 enquiries. We continue to triage and assess safeguarding cases using our Safeguarding Referral Triage Form which may account for some of the reduction in cases being converted into a S42 enquiry. The tool is helpful in diverting some referrals to other frameworks (such as care management, CPA etc.)

Table 1 – Safeguarding activity, 2015-18

		Safeguarding	Individuals who had	Conversion rate of
	Concerns	referrals/S42	safeguarding referral	concern to S42
		enquiries	/S42 enquiry	enquiry
2014-15	868	499	408	57%
2015-16	1,495	586	479	39%
2016-17	1,523	620	510	41%
2017-18	1232	478	415	39%

#### Source of safeguarding enquiries

Fifty eight percent of safeguarding enquiries came from social care staff followed by 14% of enquiries referred by health staff. Social care staff category includes LA and

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The Wokingham report for the West of Berkshire Safeguarding Adults Board 2017/18 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 16%. This is slightly down on last year's figure of 19% but indicates that there is still good awareness of safeguarding within the local community.

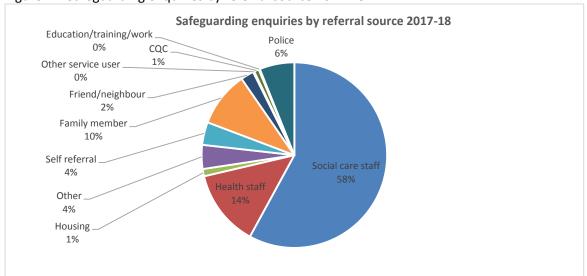


Figure 1 – Safeguarding enquiries by referral source 2017-18

The table below shows comparison of safeguarding enquiries over the past 4 years. As with previous years, the majority of enquiries continue to come from social care staff and health care staff.

Over the last two years there has been a noticeable decline in the number of referrals received from residential and nursing care staff. This may indicate that the implementation and use of the adult safeguarding threshold toolkit provided to local care providers has been a success. The aim of the adult safeguarding toolkit was to reduce the number of unnecessary referrals from care providers.

There has also been a significant decrease in the amount of health staff referring to the local authority particularly noticeable from the reduction in referrals from mental health and primary / community health staff.

Table 2 – Safeguarding enquiries by referral source, 2014-16	Referrals	2014-15	2015-16	2016-17	2017-18
Social	Social Care Staff total (CASSR & Independent)	259	306	313	277
Care Staff	Of which: Domiciliary Staff	48	46	46	34
Stall	Residential/ Nursing Care Staff	139	186	164	159

The Wokingham report for the West of Berkshire Safeguarding Adults Board 2017/18

	Day Care Staff	21	15	20	10
	Social Worker/ Care Manager	25	35	44	42
	Self-Directed Care Staff	3	4	5	2
	Other	23	20	34	30
	Health Staff - Total	77	112	115	64
Health Staff	Of which: Primary/ Community Health Staff	38	51	65	45
Stall	Secondary Health Staff	21	40	30	13
	Mental Health Staff	18	21	20	6
	Self-Referral	33	21	28	19
	Family member	68	65	79	46
	Friend/ Neighbour	12	12	10	11
Othor	Other service user	0	1	0	1
Other	Care Quality Commission	3	1	1	4
sources	Housing	8	3	8	6
of referral	Education/ Training/ Workplace Establishment	0	2	2	1
	Police	6	27	32	29
	Other	33	36	32	20
	Total	499	586	620	478

# Individuals with safeguarding enquiries

## Age group and gender

The table below shows age groups for individuals who had a safeguarding enquiry in the previous four years. The majority of enquiries (67%) were for individuals aged 65 and over. There has been a slight increase (5%) in the amount of enquiries carried out for people aged 18-64.

Table 3 – Age group of individuals with safeguarding enquiries, 2014-18

Tubic 5 71gc 8	able 5 Age group of materiadas with suregularding enquiries, 2014 10							
Age	2014-15	% of total	2015-	% of	2016-	% of	2017-	% of
band	2014-15	% 01 t0tai	16	total	17	total	18	total
18-64	117	29%	128	27%	138	27%	132	32%
65-74	36	9%	61	13%	58	11%	43	10%
75-84	98	24%	120	25%	150	30%	101	24%
85-94	131	32%	141	29%	133	26%	111	27%
95+	23	6%	26	5%	24	5%	26	6%
Age unknown	3	1%	3	1%	7	1%	2	1%
Grand total	408		479		510		415	

As with previous years, more women were the subject of a Section 42 safeguarding enquiry than males. 55% of safeguarding enquiries started in the year were for females. This figure reflects what has been found nationally that 60% of all safeguarding enquiries in 2016-17 involved females.

Table 4 – Age group and gender of individuals with safeguarding enquiries 2017-18

Age group   Female   Male
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18-64	52	85
65-74	22	24
75-84	68	37
85-94	75	33
95+	13	4
Unknown	0	2

The chart below shows safeguarding enquiries increases with age for women indicating increased likelihood of abuse for older women.

Enquiries by age group and gender 2017-18

120%

100%

80%

62%

62%

52%

65%

69%

76%

100%

18-64

65-74

75-84

85-94

95+

Unknown

Figure 2 - Safeguarding enquiries by age group and gender, 2017-18

# **Ethnicity**

Eighty one percent of all individuals who had a safeguarding enquiry were of white ethnicity. 14% did not have any ethnicity recorded. 4% were recorded as as belonging to a BME ethnic 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.

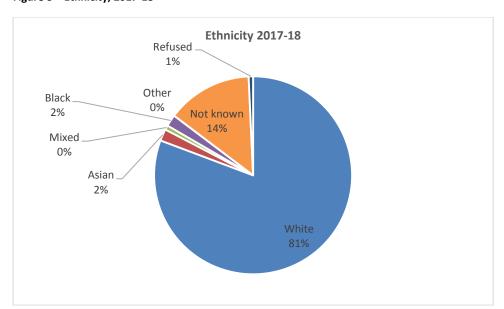


Figure 3 – Ethnicity, 2017-18

# **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 (45%) followed by learning disability support (22%) and support for memory and cognition (14%).

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, 2014-18

Drimany augment reason	2014-	% of	2015-	% of	2016-	% of	2017-	% of
Primary support reason	15	total	16	total	17	total	18	total
Physical support	197	48%	225	47%	237	47%	187	45%
Sensory support	8	2%	13	3%	14	3%	8	2%
Support with memory and cognition	69	17%	87	18%	111	22%	60	14%
Learning disability support	99	24%	101	21%	91	18%	92	22%
Mental health support	17	4%	24	5%	28	5%	19	5%
Social support	6	1%	9	2%	8	1%	4	1%
No support reason	12	3%	19	4%	21	4%	45	11%
Not known	0	0%	1	0%	0	0%	0	0%
	408		479		510		415	

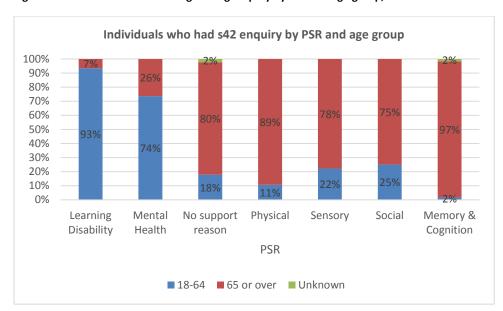


Figure 4 - Individuals who had safeguarding enquiry by PSR and age group, 2017-18

# Case details for concluded enquiries

# Type of alleged abuse

The table below shows enquiries by type of alleged abuse in the last four years.

The majority of the allegations were for neglect accounting for 30% of all recorded risks followed by physical abuse at 20% and emotional abuse at 19%. The number of enquiries with physical alleged abuse increased over the last two years, however the number accounts for a smaller proportion of the overall number of concluded enquiries.

The types of abuse that increased in 2017-18 as a proportion of total concluded enquiries were self-neglect, discriminatory, sexual exploitation and financial abuse.

Table 6 - Concluded	enquiries by type	of abuse 2017-18
Table 0 - Collciuded	eliquilles by type	: UI abuse, 2017-10

Concluded enquiries	201	14-15	201	5-16	2016-17		2017-18	
Physical	150	29%	165	26%	171	20%	180	20%
Sexual	19	4%	9	1%	17	2%	42	5%
Emotional/Psychological	78	15%	94	15%	123	15%	170	19%
Financial	58	11%	57	9%	98	12%	117	13%
Neglect	195	38%	254	41%	329	39%	268	30%
Discriminatory	6	1%	4	1%	4	0%	13	1%
Institutional	13	3%	23	4%	35	4%	15	2%
Domestic abuse	ı		8	1%	28	3%	29	3%
Sexual exploitation	ı		0	0%	2	0%	6	1%
Modern slavery	-		0	0%	0	0%	0	0%
Self-neglect	-		10	2%	39	5%	58	6%

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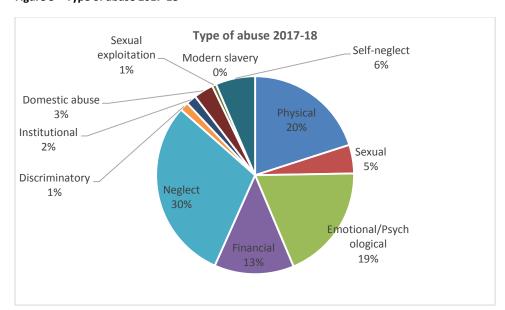


Figure 5 – Type of abuse 2017-18

#### Location of alleged abuse

As with previous years the most common locations where the alleged abuse took place was a care home or the persons own home. However there has been a significant reduction (122 > 51) in abuse reported in nursing homes and a smaller reduction (192 > 170) in residential homes. 36% of safeguarding cases were reported to have happened within care homes in England.

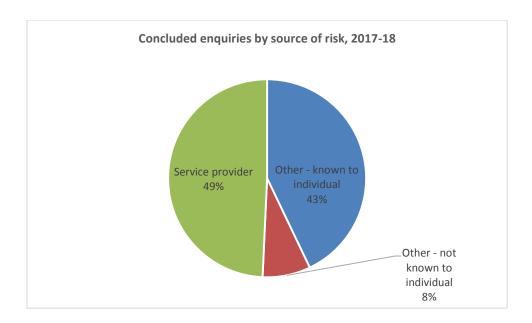
Table 5 – Location of abuse, 2017-18

Location of abuse	2017-18
Own Home	316
In the community (excluding community services)	46
In a community service	16
Care Home - Nursing	51
Care Home – Residential	170
Hospital - Acute	4
Hospital – Mental Health	4
Hospital - Community	4
Other	26

#### Source of risk

In 49% of cases, the source of risk was a service provider. Service provider refers to any individual or organisation paid, contracted or commissioned to provide social care services 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.

Figure 6 - Concluded enquiries by source of risk, 2017-18



The chart below shows a breakdown of service provider category. Where the source of risk was a service provider, residential care staff were most commonly reported as the alleged abuser (43%). Domiciliary care staff accounted for 18% of this category.

Supported
Accommodation
11%

Domiciliary Care
18%

Nursing Care
18%

Other
6%

Personal
Assistant
1%

Figure 7 - Breakdown of source of risk Service provider by service type, 2017-18

#### Action taken and result

The table below shows risk assessment outcomes for concluded enquiries. In 88% of cases, a risk was identified and action taken. Regionally (South-East) in 69% of

The Wokingham report for the West of Berkshire Safeguarding Adults Board 2017/18 cases, a risk was identified and action taken. Nationally (England) in 77% of cases a risk was identified and action was taken.

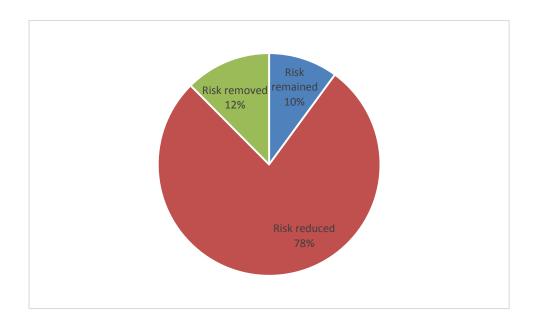
Table 6 - Concluded enquiries by risk assessment outcomes, 2017-18

Risk assessment outcome	Total
Risk identified and action taken	542
Risk identified and no action taken	4
Risk - Assessment inconclusive and action taken	40
Risk - Assessment inconclusive and no action taken	5
No risk identified and action taken	11
No risk identified and no action taken	2
Enquiry ceased at individual's request and no action taken	9

The chart below shows concluded enquiries by result in cases where a risk was identified. In the majority of cases the risk was reduced or removed. The picture nationally shows where a risk was identified, the risk was reported as being reduced at the conclusion of the enquiry in 61 per cent of cases (51,660 enquiries). The risk was removed in 26 per cent of cases and the risk remained in 13 per cent of cases.

There is a wide range of variation at a local authority level across England in terms of the risk outcome; the proportion of risks where the risk remained varied from 0 per cent to 67 per cent, and the proportion where the risk was removed varied from 3 per cent to 70 per cent.

Figure 8 - Risk outcomes of concluded enquiries, 2017-18



# **Mental Capacity and Advocacy**

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The chart below shows mental capacity for concluded enquiries. The percentage of people lacking capacity in Wokingham was 47% in 2017-18 there has been no change in the percentage of people who lack capacity since last year.

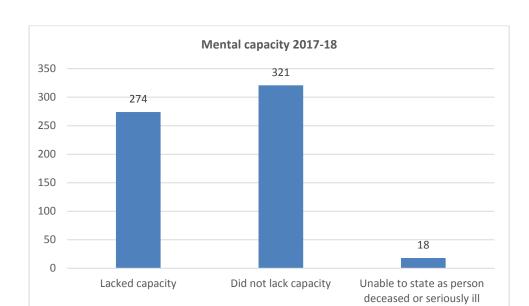


Figure 9 - Mental capacity, 2017-18

Of the 274 concluded enquiries where the person at risk lacked capacity in 253 of these cases (92%) support was provided by an advocate, family or friend.

#### **Deprivation of Liberty Standards**

477 applications were received in the financial year 2017-18. This is a reduction of 13% compared to 2016-17 (when 547 referrals were received).

An increased amount of assessments (429 - 89%) were signed off in 2017-2018. Possible explanations for this include increased capacity of assessors within the council. In November 2016, we employed 14 BIA's (within the council). By September 2017, the local authority had increased its complement of internal BIA's to 25, a figure that remained constant to end of March 2018.

Outcome	Count 2016-17	% of total signed off	Count 2017- 18	% of total signed off
Not Granted	97	25.2%	58	14%
Granted	235	74.8%	371	86%
Awaiting allocation for	215			
assessment			141	

Total signed off	357	429
Total signed on	001	723

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In 2017/2018, we have been able to reduce the amount of people awaiting allocation for assessment at the end of the financial year.

The number not granted due to assessment criteria not being met has fallen due to fewer assessments taking place.

Reason not granted	Count 2016-	Count 2017-
Assessment criteria not met	17	18 19
	17	13
Mental Capacity Requirement	13	14
Mental Health Requirement	2	2
Eligibility Requirement	2	3
Best Interests Requirement	0	0
Change of circumstances	25	15
Death	55	2